

Center Name: LouAnn Murray		Address: 367 Timor Rd SE Rio Rancho, NM 87124			Phone: (505)892-1184		
License Number: 55521	Issue Date: 04/3/2016	Expiration Date: 04/2/2017	Type: 2 Star Group Child Care Home		Status: Licensed		
Capacity					Census		
Over Age 2:	8	Under Age 2:	4	Night Care:	0	Playground:	0
		Over 2:	7	Under 2:	2		
Days and Hours of Operation							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	06:00 AM	06:00 AM	06:00 AM	06:00 AM	06:00 AM	Closed	Closed
Closing Times:	06:30 PM	06:30 PM	06:30 PM	06:30 PM	06:30 PM		
# of Classrooms: 1	Purpose: Annual		Date: 02/02/2017		Time: 09:45 AM		
Comments Left provider updated regulations, background check regulations and notifiable diseases list. Health and Safety has been completed by both caregivers.							

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

Licensure

8.16.2.31 A LICENSING REQUIREMENTS	Not Inspected
8.16.2.31 B CAPACITY OF A HOME	Not Inspected
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	Not Inspected
Administrative Requirements	
8.16.2.32 A ADMINISTRATIVE RECORDS	Compliance
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected
8.16.2.32 C PARENT HANDBOOK <u>Deficiencies</u> The home's policies and procedures regarding the following need to be included: emergency procedures, safety policies, and disaster preparedness plan, which shall include steps for evacuation, relocation and reunification with parents, and individual plans for children with special needs; policies and procedures for expulsion of children. Program will add continuity of operation, accomodation for infants and toddlers and accomodations for children with chronic medical conditions. Regulation: 8.16.2.32C(1)(2) <u>Corrective Action Plan</u> A parent handbook with required general information and policies and procedures will be completed and distributed. Date to be Completed: 03/02/2017	Non-compliance
8.16.2.32 D CHILDREN'S RECORDS	Compliance
8.16.2.32 E PERSONNEL RECORDS	Non-compliance

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Administrative Requirements		
<p>Deficiencies The home does not have documentation of a background check within 5 years for care giver(s). Regulation: 8.16.2.32E(1)</p> <p>Corrective Action Plan Documentation of a background check and employment history verification for all staff members and all adults living in the home. A background check must be conducted at least once every five years on all required individuals. Date to be Completed: 02/03/2017</p>		
8.16.2.32 F PERSONNEL HANDBOOK	Not Inspected	
Personnel & Staffing		
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance	
<p>8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING</p> <p>Deficiencies The home failed to keep a training log on file with employee's name; date of hire; position; date of training; clock hours; competency area; source of training for 1 out of 2 staff. See Staff Records 8.16.2.32 form for staff who are missing a complete training log. Regulation: 8.16.2.33B(2)</p> <p>Corrective Action Plan A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificates. Date to be Completed: 03/02/2017</p>	Non-compliance	
Services & Care of Children		
8.16.2.34 A GUIDANCE	Compliance	
8.16.2.34 B NAPS OR REST PERIOD	Compliance	
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliance	
8.16.2.34 D DIAPERING AND TOILETING	Compliance	
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Compliance	
8.16.2.34 F NIGHT CARE	N/A	
8.16.2.34 G PHYSICAL ENVIRONMENT	Compliance	
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT	Compliance	
8.16.2.34 I EQUIPMENT AND PROGRAM	Compliance	
8.16.2.34 J OUTDOOR PLAY	Compliance	
8.16.2.34 K SWIMMING, WADING AND WATER	Not Inspected	
8.16.2.34 L FIELD TRIPS	Not Inspected	
Food Service		
8.16.2.35 B MEALS AND SNACKS	Compliance	
8.16.2.35 C MENUS	Compliance	

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Food Service		
8.16.2.35 D KITCHENS		Compliance
8.16.2.35 E MEAL TIMES		Compliance
Health & Safety Requirements		
8.16.2.36 A HYGIENE		Compliance
8.16.2.36 B FIRST AID REQUIREMENTS		Compliance
8.16.2.36 C MEDICATION Deficiencies The home does not have the written permission of parents or guardians; directions from the prescribing physician to administer medication. Regulation: 8.16.2.36(C)(2) Corrective Action Plan Written permission and instructions from the prescribing physician will be obtained from parents /guardians prior to administering any prescription or non-prescription medication. Date to be Completed: 03/02/2017 Deficiencies When medication is no longer needed, it is not returned to the parents or guardians or destroyed but it remains in the home. Epi Pen Regulation: 8.16.2.36C(5) Corrective Action Plan Medication no longer needed or expired will be returned to the parents or guardian or destroyed. Date to be Completed: 03/02/2017		Non-compliance
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES		Compliance
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES		Compliance
Buildings, Grounds & Safety		
8.16.2.38 A HOUSEKEEPING		Compliance
8.16.2.38 B PEST CONTROL		Compliance
8.16.2.38 C MECHANICAL SYSTEMS		Compliance
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL		Compliance
8.16.2.38 E EXITS		Compliance
8.16.2.38 F TOILET AND BATHING FACILITIES Deficiencies The toilet room used by children in care is missing disposable towels. Corrected on site. Regulation: 8.16.2.38F(1) Corrective Action Plan The toilet room will be restocked and a routine established to monitor for adequate supplies. Corrected on site. Date to be Completed: 02/02/2017		Non-compliance
8.16.2.38 G SAFETY COMPLIANCE		Compliance
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES		Compliance

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02/02/2017

Buildings, Grounds & Safety

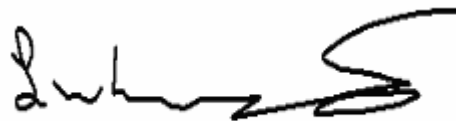
8.16.2.38 I PETS

Compliance

Please note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans as noted above, may result in further action taken against the licensee.


11.15

02/02/2017



02/02/2017

Surveyor:Kia Kennedy

Date

Facility Rep:LouAnn Murray

Date