Provider Name:			Address:					Phone:	
Maria Escorza deMagallanes			Anthony, NM 88021				(575)882-2069		
Registration Num	Issue Date:	Expiration [Date:	Туре:			Status:	•	
101435	01/1/2017	12/31/2017	Child Care Reg. Self-Cert Part Registered			Registered			
Capacity				•		Cei	nsus		
Over Age 2: 4	Under Age 2:	2 Night	Care:	0 PI	ayground: 0	Ove	r 2: 2	Under 2	: 0
Days and Hours of Operation									
	<u>Monday</u>	<u>Tuesda</u>	<u>y</u> <u>W</u>	<u>'ednesday</u>	<u>Thursday</u>	Fri	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times	: 07:00 AM	07:00 AN	И (07:00 AM	07:00 AM	07:0	0 AM	Closed	Closed
Closing Times	: 08:00 PM	08:00 PM	M (08:00 PM	08:00 PM	08:0	0 PM		
# of Classrooms:	Pu	rpose:			Date:		Ti	ime:	
0	Anı	nual			10/19/2017		01	1:26 PM	

Comments

Background check clearance dates:

Caregiver cleared on August 29, 2016.

Husband cleared on November 7, 2016.

Caregiver cares for 7 and non resident children ages 3, 4, 7,10, 12, 12 and 12...

Childrens days and times vary. Caregiver does not care for more than 4 children at one time. Schedule in file.

Caregiver is a food and subsidy participant.

Her food sponsor is CAA and their last visit was on 7/20/2017.

First aid/CPR certification expires on April 2018.

Health and Safety Training completed on 5/20/2017.

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS	AS NOTED BELOW:
Registration	
8.17.2.11 A,B BACKGROUND CHECKS	Compliance
8.17.2.11 C OTHER PERSONS BACKGROUND CHECKS	Compliance
8.17.2.11 E DOCUMENTATION	Compliance
8.17.2.13 VISITS BY AGENCY AND REGISTERED AUTHORITY	Compliance
8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION	Compliance
8.17.2.15 A-C INCIDENT REPORTS	Compliance
Record Keeping Requirements	
8.17.2.24 RECORD KEEPING REQUIREMENTS	Non-compliance
<u>Deficiencies</u> Information card is missing written permission from parent to transport children outside of the registered home. Regulation: 8.17.2.24	
Corrective Action Plan Caregivers will collect and have parent/guardian complete/fill in any missing information on each child's information card. Date to be Completed: 11/19/2017	
Caregiver Requirements	

Survey Report Form Page 1 of 4

Provider Name:	Registration Number:	Date:	
Maria Escorza deMagallanes	101435	10/19/2017	
Caregive	r Requirements		
8.17.2.10 A CAREGIVER REIMBURSEMENTS			Compliance
8.17.2.10 B AGE REQUIREMENT			Compliance
8.17.2.10 E F CAREGIVER REPORTING			Compliance
8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING			Compliance
8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING			Compliance
8.17.2.10 I PRIMARY CAREGIVER FOR INFANTS			N/A
8.17.2.10 K CPR AND FIRST AID CERTIFICATION			Compliance
8.17.2.10 L COMPETENCY TRAINING			Compliance
Group	Composition	·	
8.17.2.21 A NON-RESIDENT CHILDREN			Compliance
8.17.2.21 B CHILDREN UNDER 2			Compliance
8.17.2.21 C CHILDREN UNDER 6			Compliance
8.17.2.21 D DROP IN CHILDREN			Compliance
8.17.2.21 E SHIFT CHANGES			Compliance
8.17.2.21 F CAREGIVER INVOLVEMENT			Compliance
Health & Sa	fety Requirements		
8.17.2.22 A SAFE CONDITION			Compliance
8.17.2.22 B, C ELECTRICAL OUTLETS			Compliance
8.17.2.22 D TEMPERATURE			Compliance
8.17.2.22 E VENTILATION			Compliance
8.17.2.22 F HEATERS AND HEATING UNITS			N/A
8.17.2.22 G HOT AND COLD RUNNING WATER			Compliance
8.17.2.22 H, I, J INSIDE AND OUTSIDE PLAY AREAS			Compliance
8.17.2.22 K STORAGE OF DANGEROUS MATERIALS			Compliance
8.17.2.22 L WORKING TELEPHONE			Compliance
8.17.2.22 M EMERGENCY NUMBERS			Compliance
8.17.2.22 N SMOKE / CARBON MONOXIDE DETECTOR			Compliance
8.17.2.22 O,P FIREARM SAFETY/STORAGE			N/A
8.17.2.22 Q. SMOKING, ALCOHOL, AND ILLEGAL DRUG USE			Compliance
8.17.2.22 R FIRE EXTINGUISHER			Non-compliance

Survey Report Form Page 2 of 4

Provider Name:	Registration Number:	Date:
Maria Escorza deMagallanes	101435	10/19/2017

Health & Safety Requirements

Deficiencies

Fire extinguisher is not Certified once a year, with official tags noting the date of inspection.

Fire extinguisher expired expired September 2017.

Regulation: 8.17.2.22R

Corrective Action Plan

Fire extinguisher will be easily accessible. Must be certified once a year and will have official tags noting the date of inspection.

Date to be Completed: 11/19/2017

Date to be Completed: 11/19/2017	
8.17.2.22 S COMBUSTIBLE AND FLAMMABLE MATERIALS	Compliance
8.17.2.22 T EMERGENCY EVACUATION AND DIASTER PREPAREDNESS PLAN	Compliance
8.17.2.22 U MAJOR EXITS	Compliance
8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS	Compliance
8.17.2.22 W TOILET ROOMS	Compliance
8.17.2.22 X FIRST AID KIT	Compliance
8.17.2.22 Y PETS Deficiencies Caregiver did not inform parents or guardians in writing before the pets were allowed at the residence. Regulation: 8.17.22Y	Non-compliance
Corrective Action Plan Caregiver will inform parents or guardians in writing before pets are allowed at the residence. Date to be Completed: 11/19/2017	
8.17.2.22 Z DIAPER CHANGING	N/A
8.17.2.22 AA TRANSPORTATION	Compliance
Meal Requirements	
8.17.2.23 H REFRIGERATION	Compliance
8.17.2.23 I REFRIGERATOR THERMOMETERS	Compliance
Caregiver's Responsibilities	
8.17.2.25 A,B SUPERVISION	Compliance
8.17.2.25 C GUIDANCE	Compliance
8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION	Compliance
8.17.2.25 E ACTIVITIES AND EXPERIENCES	Compliance
8.17.2.25 F CARING FOR INFANTS	N/A
8.17.25 G. REST PERIODS	Compliance
8.17.25 H SWIMMING, WADING AND WATER	N/A

Survey Report Form Page 3 of 4

 Provider Name:
 Registration Number:
 Date:

 Maria Escorza deMagallanes
 101435
 10/19/2017

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 provider.

Zmolina 3:50

10/19/2017

.... M

10/19/2017

Surveyor:Zeelica Molina

Date

Provider Rep:Maria Escorza de Magallanes

Date
Page 4 of 4