Center Name: Maria Fernandez			Address: 736 Williams Drive Las Vegas, NM 87701					Phone: (505)425-9467		
License Number:	Issue Date:	Expiration	Date:	Type:			Status:			
128180	04/28/2016	04/27/2017		2 Star Gro	up Child Care Home		Licensed			
Capacity				•		Cei	nsus			
Over Age 2: 8	Under Age 2:	4 Night	Care:	0 F	Playground: 0	Ove	er 2:	1	Unde	er 2: 2
Days and Hours of Operation										
	<u>Monday</u>	Tuesda	ı <u>y</u> W	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	5	Saturday	<u>Sunday</u>
Opening Times	: 07:30 AM	07:30 AI	M	07:30 AM	07:30 AM	07:3	0 AM		Closed	Closed
Closing Times	: 05:30 PM	05:30 PI	M (05:30 PM	05:30 PM	05:3	:30 PM			
# of Classrooms:	F	Purpose:			Date:			Tim	ie:	
1	A	Annual			02/08/2017			10:3	80 AM	
Comments Provided provider copy of new Regs effective 10/2016. Went over new Regs										

Provided provider copy of new Regs effective 10/2016. Went over new Regs			
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	Compliance		
8.16.2.31 B CAPACITY OF A HOME	Compliance		
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	Compliance		
8.16.2.32 C PARENT HANDBOOK Deficiencies The child care home does not have a complete parent handbook. The following general information needs to be included: explusion policy. Regulation: 8.16.2.32C(1)(2) Corrective Action Plan A parent handbook with required general information and policies and procedures will be completed and distributed. Date to be Completed: 03/08/2017	Non-compliance		
8.16.2.32 D CHILDREN'S RECORDS	Non-compliance		

Survey Report Form Page 1 of 4

Center Name:	License Number:	Date:	
Maria Fernandez	128180	02/08/2017	

Administrative Requirements

Deficiencies

Of the 9children's records reviewed, 1 is/are missing complete parental/guardian information as follows: 1. See Children's Records 8.16.2.32 form for the child(ren) with missing information.

Regulation: 8.16.2.32D(1)(b)

Corrective Action Plan

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

Date to be Completed: 02/22/2017

Deficiencies

Of the 9 children's records reviewed, 1 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.32 form for the child(ren) with no immunization/exemption.

 $\textbf{Regulation:}\ 8.16.2.32D(1)(e)$

Corrective Action Plan

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

Date to be Completed: 02/15/2017

Deficiencies

Of the 9 children's records reviewed, 2 is/are missing the name and telephone number of a physician or emergency medical center authorized by a parent or guardian to contact in case of illness or emergency. See Children's Records 8.16.2.32 form for the child(ren) with missing information.

Regulation: 8.16.2.32D(2)(c)

Corrective Action Plan

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

Date to be Completed: 02/15/2017

8.16.2.32 E PERSONNEL RECORDS	Compliance
8.16.2.32 F PERSONNEL HANDBOOK	Compliance
Personnel & Staffing	
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Compliance
Services & Care of Children	
8.16.2.34 A GUIDANCE	Compliance
8.16.2.34 B NAPS OR REST PERIOD	Not Inspected
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

Survey Report Form Page 2 of 4

Center Name: Maria Fernandez	License Number:	Date: 02/08/2017	
		02/08/2017	
	& Care of Children		On any linear
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			N/A
8.16.2.34 L FIELD TRIPS			Not Inspected
Fo	ood Service		
8.16.2.35 B MEALS AND SNACKS			Compliance
8.16.2.35 C MENUS			Compliance
8.16.2.35 D KITCHENS			Non-compliance
<u>Deficiencies</u> A drink; leftover is not properly stored; the item is not properly in bottle left out on the cabinet. Regulation: 8.16.2.35D(4)	stored as evidenced by milk		
Corrective Action Plan Proper food storage practices will be implemented. Date to be Completed: 02/08/2017			
8.16.2.35 E MEAL TIMES			Compliance
Health & S	afety Requirements		
8.16.2.36 A HYGIENE	,		Compliance
8.16.2.36 B FIRST AID REQUIREMENTS			Compliance
8.16.2.36 C MEDICATION			Compliance
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Compliance
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES			
	0 - 1 0 0 5 1		
	, Grounds & Safety		Non compliance
8.16.2.38 A HOUSEKEEPING Deficiencies The floors; are not in good repair as evidenced by broken tiles Regulation: 8.16.2.38A(1)	causing a tripping hazard.		Non-compliance
Corrective Action Plan Repairs will be completed and a system for routine inspection of be established. Date to be Completed: 03/08/2017	of the home and premises will		
<u>Deficiencies</u> Debris was observed in the Playground area. Regulation: 8.16.2.38A(1)			
Corrective Action Plan The home and premises will be kept free of debris. Date to be Completed: 02/13/2017			

Survey Report Form Page 3 of 4

Center Name:	License Number:	Date:		
Maria Fernandez	128180	02/08/2017		
Buildings, Grounds & Safety				
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			Compliance	
8.16.2.38 G SAFETY COMPLIANCE			Compliance	
<u>Deficiencies</u> The home failed to conduct a fire drill for the month(s) of January; Decen	nber.			
Regulation: 8.16.2.38G(3)				
Corrective Action Plan				
A monthly fire drill will be held and recorded.				
Date to be Completed:				
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	AND CONTROLLED SUBSTAN	CES	Compliance	
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.

02/08/2017

02/08/2017

Surveyor:Franchesca Archuleta

Date

Facility Rep:Maria G Fernandez

Date