Provider Name:			Address:				Phor	Phone:	
Maria Galarza de Perez			Anthony, NM 88021				(915)	503-7214	
Registration Num	Issue Date:	Expiration I	Date:	Туре:		Status:			
132870	04/1/2016	03/31/2017		Child Care	Reg. Self-Cert Part		Registered		
Capacity				•		Cei	nsus		
Over Age 2: 4	Under Age 2:	2 Night	Care:	0 P	layground: 0	Ove	Over 2: 0 Under 2: 0		
Days and Hours of Operation									
	<u>Monday</u>	<u>Tuesda</u>	<u>y</u> <u>W</u>	/ednesday	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturda	<u>Sunday</u>
Opening Times:	07:30 AM	07:30 Al	M (	07:30 AM	07:30 AM	07:3	0 AM	Closed	Closed
Closing Times: 06:00 PM 06:0		06:00 PI	И (	06:00 PM	PM 06:00 PM 06:00		0 PM		
# of Classrooms: Purpose:				Date:			Time:		
0	Fo	llow-up			03/28/2017			10:50 AM	
Comments									

Follow up to annual visit conducted on 02/21/2017 at 1:25 p.m.

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	Not Inspected			
8.17.2.11 E DOCUMENTATION	Not Inspected			
8.17.2.13 VISITS BY AGENCY AND REGISTERED AUTHORITY	Not Inspected			
8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION	Not Inspected			
8.17.2.15 A-C INCIDENT REPORTS	Not Inspected			
Record Keeping Requirements				
8.17.2.24 RECORD KEEPING REQUIREMENTS	Compliance			
Caregiver Requirements				
8.17.2.10 A CAREGIVER REIMBURSEMENTS	Not Inspected			
8.17.2.10 B AGE REQUIREMENT	Not Inspected			
8.17.2.10 E F CAREGIVER REPORTING	Not Inspected			
8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING	Non-compliance			

Survey Report Form Page 1 of 4

Provider Name:	Registration Number:	Date:	
Maria Galarza de Perez	132870	03/28/2017	

## **Caregiver Requirements**

## **Deficiencies**

Primary caregiver did not complete the following training within three months of their date of initial registration prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food or other allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome and abusive head trauma; emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused; handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children (if applicable); first aid and cardiopulmonary resuscitation (CPR) certification; recognition and reporting of child abuse and neglect.

Regulation: 8.17.2.10 G

## **Corrective Action Plan**

All new primary and substitute caregivers of registered family child care homes, with the exception of registered family child care food-only homes, must complete the following training within three months of their date of initial registration.

Date to be Completed: 03/31/2017

8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING	Non-compliance		
<u>Deficiencies</u>			
Primary caregiver did not attend six (6) hours of training annually.			
Caregiver still needs 2 hours of training for current registration.			
Regulation: 8.17.2.10H			
Corrective Action Plan			
All primary and substitute caregivers will attend six (6) hours of training annually.			
Date to be Completed: 03/31/2017			
8.17.2.10 I PRIMARY CAREGIVER FOR INFANTS	Not Inspected		
8.17.2.10 K CPR AND FIRST AID CERTIFICATION	Not Inspected		
8.17.2.10 L COMPETENCY TRAINING	Compliance		
Group Composition			
8.17.2.21 A NON-RESIDENT CHILDREN	Not Inspected		
8.17.2.21 B CHILDREN UNDER 2	Not Inspected		
8.17.2.21 C CHILDREN UNDER 6	Not Inspected		
8.17.2.21 D DROP IN CHILDREN	Not Inspected		
8.17.2.21 E SHIFT CHANGES	Not Inspected		
8.17.2.21 F CAREGIVER INVOLVEMENT	Not Inspected		
Health & Safety Requirements	·		
8.17.2.22 A SAFE CONDITION	Not Inspected		
8.17.2.22 B, C ELECTRICAL OUTLETS	Not Inspected		
8.17.2.22 D TEMPERATURE	Not Inspected		
8.17.2.22 E VENTILATION	Not Inspected		

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Provider Name:  Maria Galarza de Perez	Registration Number: 132870	<b>Date:</b> 03/28/2017		
Health & Safety	y Requirements			
8.17.2.22 F HEATERS AND HEATING UNITS			Not Inspected	
8.17.2.22 G HOT AND COLD RUNNING WATER			Compliance	
8.17.2.22 H, I, J INSIDE AND OUTSIDE PLAY AREAS				
8.17.2.22 K STORAGE OF DANGEROUS MATERIALS			Not Inspected	
8.17.2.22 L WORKING TELEPHONE				
8.17.2.22 M EMERGENCY NUMBERS			Not Inspected	
8.17.2.22 N SMOKE / CARBON MONOXIDE DETECTOR			Not Inspected	
8.17.2.22 O,P FIREARM SAFETY/STORAGE				
8.17.2.22 Q. SMOKING, ALCOHOL, AND ILLEGAL DRUG USE			Not Inspected	
8.17.2.22 R FIRE EXTINGUISHER				
8.17.2.22 S COMBUSTIBLE AND FLAMMABLE MATERIALS				
8.17.2.22 T EMERGENCY EVACUATION AND DIASTER PREPAREDNESS PLAN			Compliance	
8.17.2.22 U MAJOR EXITS			Not Inspected	
8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS				
8.17.2.22 W TOILET ROOMS				
8.17.2.22 X FIRST AID KIT				
8.17.2.22 Y PETS				
8.17.2.22 Z DIAPER CHANGING				
8.17.2.22 AA TRANSPORTATION			Not Inspected	
Meal Req	uirements			
8.17.2.23 H REFRIGERATION			Not Inspected	
8.17.2.23 I REFRIGERATOR THERMOMETERS			Not Inspected	
Caregiver's Responsibilities				
8.17.2.25 A,B SUPERVISION			Not Inspected	
8.17.2.25 C GUIDANCE				
8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION				
8.17.2.25 E ACTIVITIES AND EXPERIENCES				
8.17.2.25 F CARING FOR INFANTS				
8.17.25 G. REST PERIODS				
8.17.25 H SWIMMING, WADING AND WATER			Compliance	

Survey Report Form Page 3 of 4

Provider Name:	Registration Number:	Date:
Maria Galarza de Perez	132870	03/28/2017

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.

2. Molina 12:06

03/28/2017

Monroll

03/28/2017

Surveyor:Zeelica Molina

Date

Provider Rep:Maria Galarza de Perez

Date