

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Contor Nome                          |                     |                       |  |  |                      | Phone                    |                |
|--------------------------------------|---------------------|-----------------------|--|--|----------------------|--------------------------|----------------|
| Center Name:                         |                     |                       | Address:<br>4906 Canelo Ct SE                  |  |                      | (505)610-3431            |                |
| Maria Sanoguet                       |                     | F                     | Rio Rancho, NM 87124                           |  |                      | (505)61                  | 0-3431         |
| License Number:                      | Issue Date:         | Expiration Da         | te: Type:                                      |  | Status:              |                          |                |
| 166204                               | 12/29/2016          | 03/29/2017            | 2 Star Fam                                     | nily Child Care Home                       | Licensed             |                          |                |
| Capacity                             |                     |                       |  |  | Census               |                          |                |
| Over Age 2: 3                        | Under Age 2:        | 2 Night Ca            | are: 0 F                                       | Playground: 0                              | Over 2:              | 1                        | Under 2: 2     |
| Days and Hours of                    | Operation           |                       |  |  |                      |                          |                |
|                                      | <u>Monday</u>       |                       | Wednesday                                      | <u>Thursday</u>                            | <u>Friday</u>        | <u>Saturday</u>          | <u>Sunday</u>  |
| Opening Times                        |                     |                       | 06:30 AM<br>05:30 PM                           | 06:30 AM<br>05:30 PM                       | 06:30 AM<br>05:30 PM | Closed                   | Closed         |
| Closing Times                        | <u>:</u> 03.00 T M  |                       | 00.001 W                                       |  | 00.001 M             | Times                    |                |
| # of Classrooms:                     |                     | Purpose:<br>Follow-up |  | Date:<br>02/10/2017                        |                      | <b>Time:</b><br>11:15 AM |                |
| Comments                             |                     |                       |  |  |                      |                          |                |
| This is an onsite foll               | ow up to the initia | al visit.             |  |  |                      |                          |                |
| A SUR                                | VEY OF YOUR FAC     | LITY HAS BEEN MADE    | AND YOU ARE NOTIFIE                            | ED OF NON-COMPLIANC                        | E OF THE REGULATION  | ONS AS NOTED             | BELOW:         |
|                                      |                     |                       |  | nsure                                      |                      |                          |                |
| 8.16.2.31 A LICEN                    | SING REQUIREN       | IENTS                 | 2.00   |  |                      |                          | Not Inspected  |
| 8.16.2.31 B CAPAC                    | ITY OF A HOME       |                       |  |  |                      |                          | Not Inspected  |
| 8.16.2.31 C INCIDE                   | NT REPORTING        | REQUIREMENTS          |  |  |                      |                          | Not Inspected  |
|                                      |                     |                       | Administrative                                 | Requirements                               |                      |                          |                |
| 8.16.2.32 A ADMIN                    | STRATIVE RECO       | ORDS                  |  |  |                      |                          | Not Inspected  |
| 8.16.2.32 B MISSIO                   | N, PHILOSOPH        | AND CURRICULU         | M STATEMENT                                    |  |                      |                          | Compliance     |
| 8.16.2.32 C PAREN                    | T HANDBOOK          |                       |  |  |                      |                          | Non-compliance |
| <b>Deficiencies</b>                  |                     |                       |  |  |                      |                          |                |
|                                      |                     |                       | lowing need to be inc                          |  |                      |                          |                |
|                                      |                     |                       | s plan, which shall ir<br>and individual plans | nclude steps for<br>for children with spec | cial                 |                          |                |
|                                      |                     | n with chronic medic  |  |  |                      |                          |                |
| Regulation: 8.16                     | .2.32C(1)(2)        |                       |  |  |                      |                          |                |
| Corrective Acti                      | on Plan             |                       |  |  |                      |                          |                |
| A parent handboo<br>completed and di |                     | eneral information    | and policies and proc                          | cedures will be                            |                      |                          |                |
|                                      | oleted: 02/17/2017  |                       |  |  |                      |                          |                |
| 8.16.2.32 D CHILDI                   | REN'S RECORDS       | 3                     |  |  |                      |                          | Non-compliance |
| <b>Deficiencies</b>                  |                     |                       |  |  |                      |                          | -              |
|                                      | n's records revi    | ewed, 3 does/do r     | not have any perso                             | nal or emergency                           |                      |                          |                |
| information on f                     | ile. See the Chi    | Idren's Records 8     | .16.2.32 form for th                           | ne name of any chi                         | ld                   |                          |                |
| needing a comp                       | lete record.        |                       |  |  |                      |                          |                |
| Regulation: 8.16                     | 5.2.32D(1)(2)       |                       |  |  |                      |                          |                |
| Corrective Acti                      |                     | at propodures to -    | nouro complete                                 | roopol and amount                          |                      |                          |                |
| information is o                     |                     |                       | ensure complete pe                             | ersonal and emerge                         | ency                 |                          |                |
|                                      | leted: 02/17/2017   |                       |  |  |                      |                          |                |
| Survey Report Fo                     |                     |                       |  |  |                      |                          | Page 1 of 3    |

| Center Name:  | License Number:           | Date:         |                |
|---|---------------------------|---------------|----------------|
| Maria Sanoguet  | 166204                    | 02/10/2017    |                |
| Administrati  | ive Requirements          |               |                |
| 8.16.2.32 E PERSONNEL RECORDS   |                           |               | Not Inspected  |
| 8.16.2.32 F PERSONNEL HANDBOOK  |                           |               | Not Inspected  |
| Person  | nel & Staffing            | ł             |                |
| 8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS   |                           |               | Not Inspected  |
| 8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING   |                           | Not Inspected |                |
| Services &  | Care of Children          | ł             |                |
| 8.16.2.34 A GUIDANCE  |                           |               | Not Inspected  |
| 8.16.2.34 B NAPS OR REST PERIOD   |                           |               | Not Inspected  |
| <ul> <li>8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLE</li> <li><u>Deficiencies</u>         The home does not have a crib for each infant in care that is in g federal standards. The home has 1 cribs that meet requirements         Regulation: 8.16.2.34C(I)(2)     </li> <li><u>Corrective Action Plan</u>         An adequate number of suitable cribs will be provided.         Date to be Completed: 02/24/2017     </li> </ul> | ood repair and that meets |               | Non-compliance |
| 8.16.2.34 D DIAPERING AND TOILETING   |                           |               | Not Inspected  |
| 8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPEC  | IAL NEEDS                 |               | Not Inspected  |
| 8.16.2.34 F NIGHT CARE  |                           |               | Not Inspected  |
| 8.16.2.34 G PHYSICAL ENVIRONMENT  |                           |               | Not Inspected  |
| 8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT   | Compliance                |               |                |
| 8.16.2.34 I EQUIPMENT AND PROGRAM   | Not Inspected             |               |                |
| 8.16.2.34 J OUTDOOR PLAY  | Not Inspected             |               |                |
| 8.16.2.34 K SWIMMING, WADING AND WATER  | Not Inspected             |               |                |
| 8.16.2.34 L FIELD TRIPS   |                           |               | Not Inspected  |
| Foo   | d Service                 | ¥             |                |
| 8.16.2.35 B MEALS AND SNACKS  |                           |               | Not Inspected  |
| <ul> <li>8.16.2.35 C MENUS         <u>Deficiencies</u>         Weekly menus are no<u>t dated</u> and posted in an area easily visible         Regulation: 8.16.2.35C(1)         <u>Corrective Action Plan</u> </li> </ul>   | e to parents.             |               | Non-compliance |
| A dated weekly menu will be posted in an area visible to parents<br>least one week in advance, in a conspicuous place, for review by<br>children.<br>Date to be Completed: 02/17/2017   | -                         |               |                |
| 8.16.2.35 D KITCHENS  |                           |               | Not Inspected  |
| 8.16.2.35 E MEAL TIMES  |                           |               | Not Inspected  |

| Center Name:   | License Number:      | Date:         |               |  |
|--|----------------------|---------------|---------------|--|
| Maria Sanoguet   | 166204 02/1          |               |               |  |
| Health &   | Safety Requirements  |               |               |  |
| 8.16.2.36 A HYGIENE                                      |                      |               | Not Inspected |  |
| 8.16.2.36 B FIRST AID REQUIREMENTS                       |                      |               |               |  |
| 8.16.2.36 C MEDICATION                                   |                      |               |               |  |
| 8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES              |                      | Not Inspected |               |  |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES      |                      | Not Inspected |               |  |
| Building   | gs, Grounds & Safety |               |               |  |
| 8.16.2.38 A HOUSEKEEPING                                 |                      |               | Compliance    |  |
| 8.16.2.38 B PEST CONTROL                                 |                      |               | Not Inspected |  |
| 8.16.2.38 C MECHANICAL SYSTEMS                           |                      |               | Not Inspected |  |
| 8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL   |                      | Not Inspected |               |  |
| 8.16.2.38 E EXITS  |                      | Not Inspected |               |  |
| 8.16.2.38 F TOILET AND BATHING FACILITIES                |                      | Compliance    |               |  |
| 8.16.2.38 G SAFETY COMPLIANCE                            |                      | Not Inspected |               |  |
| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLI | STANCES              | Not Inspected |               |  |
| 8.16.2.38   PETS   |                      |               | Not Inspected |  |

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.

Maria Sungquit

02/10/2017

Date

Facility Rep:Maria Sanoguet

02/10/2017

Surveyor:Kia Kennedy Survey Report Form Date