



### Facility

Name: *Marlene Ortiz* License Number: *151398*  
 Address: *3563 Placita Real Loop, Santa Fe, NM 87507*  
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### License Information

Type: *2 Star Family Child Care Home* Status: *Licensed* Issue Date: *03/15/2018* Expiration Date: *03/14/2019*

### Capacity

Over Age 2: *4* Under Age 2: *2* Night Care: *0* Playground: *0*  
 Square Footage: *0*

### Census

Over 2: *1* Under 2: *1*

### Classrooms

Number of Classrooms: *1*

### Days and Hours of Operation

<b>Monday</b> <i>7:30 AM - 5:30 PM</i>	<b>Tuesday</b> <i>7:30 AM - 5:30 PM</i>	<b>Wednesday</b> <i>7:30 AM - 5:30 PM</i>	<b>Thursday</b> <i>7:30 AM - 5:30 PM</i>	<b>Friday</b> <i>7:30 AM - 5:30 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

### Inspection

Date: *01/16/2019* Time In: *11:10 AM* Time Out: *12:20 PM* Purpose: *Annual*

### 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 *Compliance*

### 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 *Compliance*

## Administrative Requirements *(continued)*

### 8.16.2.32 D Children's Records

**Non-compliance**

*Of the 2 children's records reviewed, 1 does/do not have any personal or emergency information on file. See the Children's Records 8.16.2.32 form for the name of any child needing a complete record.*

#### *Corrective Action Plan*

*The home will review enrollment procedures to ensure complete personal and emergency information is on file before a child is admitted.*

Regulation: 8.16.2.32.D.1.

Date to be Completed: 02/15/2019

### 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

**Non-compliance**

*The home failed to keep a training log on file with employee's name, clock hours, competency area, source of training, training certificate for 1 out of 1 staff. See Staff Records 8.16.2.32 form for staff who are missing a complete training log.*

#### *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.*

Regulation: 8.16.2.33.B.2.

Date to be Completed: 02/15/2019

*From the review of staff records, it was determined that 1 out of 1 staff working more than 20 hours a week, has/have no documentation of at least 12 hours of annual training in the approved subject areas See Staff Records 8.16.2.32 for staff missing documentation of training.*

#### *Corrective Action Plan*

*Annual training will be completed as required and documentation retained on file.*

Regulation: 8.16.2.33.B.3.

Date to be Completed: 02/15/2019

## Services & Care of Children

### 8.16.2.34 A Guidance

Compliance

### 8.16.2.34 B Naps or Rest Period

Compliance

### Services & Care of Children *(continued)*

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	N/A
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, Wadding and Water	N/A
8.16.2.34 L Field Trips	Compliance

### Food Service

8.16.2.35 B Meals and Snacks	Compliance
8.16.2.35 C Menus	Compliance
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	<b>Non-compliance</b>

*The home's first aid kit does not contain scissors. Was corrected on site.*

*Corrective Action Plan*

*Missing items will be added to the first-aid kit and replaced as used.*

Regulation: 8.16.2.36.B.1.

Date to be Completed: 02/15/2019

8.16.2.36 C Medication	N/A
8.16.2.36 D Illness and Notifiable Diseases	Compliance
8.16.2.37 A-G Transportation Requirements for Homes	N/A

**Buildings, Grounds & Safety****8.16.2.38 A Housekeeping****Non-compliance**

*Debris was observed in the playground. Cans were scattered around the play area. Main play area and table are messy as evidenced of toys on the floor and paperwork and toys piled up on top of table.*

*Corrective Action Plan*

*The home and premises will be kept free of debris.*

Regulation: 8.16.2.38.A.1.

Date to be Completed: 02/15/2019

**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****Non-compliance**

*Electrical outlets within reach of children in the living and dining room are not safety outlets and they do not have protective covers.*

*Corrective Action Plan*

*Protective covers will be added.*

Regulation: 8.16.2.38.D.2.

Date to be Completed: 02/15/2019

**8.16.2.38 E Exits****Compliance****8.16.2.38 F Toilet and Bathing Facilities:****Non-compliance**

*The toilet room used by children in care is missing disposable towels. Corrected on site.*

*Corrective Action Plan*

*The toilet room will be restocked and a routine established to monitor for adequate supplies.*

Regulation: 8.16.2.38.F.1.

Date to be Completed: 02/15/2019

**8.16.2.38 G Safety Compliance****Non-compliance**

*The home failed to conduct an emergency preparedness practice drills for at least once a quarter.*

*Corrective Action Plan*

*A home will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.*

Regulation: 8.16.2.38.G.3.

Date to be Completed: 02/15/2019

8.16.2.38 G Safety Compliance (continued)

Non-compliance

The home failed to conduct a fire drill for the month(s) of August, September, October, November, December.

Corrective Action Plan

A monthly fire drill will be held and recorded.

Regulation: 8.16.2.38.G.3.

Date to be Completed: 02/15/2019

An operable smoke detector is missing in each room in which a child sleeps. Battery needs to be replaced as evidenced of smoke detector beeping during inspection.

Corrective Action Plan

An operable smoke detector will be in each activity and sleeping room.

Regulation: 8.16.2.38.G.1.

Date to be Completed: 02/15/2019

8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

Compliance

8.16.2.38 I Pets

Compliance

Additional Comments

None

Signatures

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



Surveyor: Diana Martinez



Facility Representative: Marlene Ortiz