



### Facility

Name: *Michael Mosier* License Number: *58643*  
 Address: *769 North 2nd St., Raton, NM 87740*  
 Phone: *5754452967* Fax: E-mail:

### License Information

Type: *2 Star Group Child Care Home* Status: *Licensed* Issue Date: *09/06/2018* Expiration Date: *09/05/2019*

### Capacity

Over Age 2: *8* Under Age 2: *4* Night Care: *0* Playground: *0*  
 Square Footage: *0*

### Census

Over 2: *0* Under 2: *1*

### Classrooms

Number of Classrooms: *1*

### Days and Hours of Operation

<b>Monday</b> <i>7:00 AM - 5:00 PM</i>	<b>Tuesday</b> <i>7:00 AM - 5:00 PM</i>	<b>Wednesday</b> <i>7:00 AM - 5:00 PM</i>	<b>Thursday</b> <i>7:00 AM - 5:00 PM</i>	<b>Friday</b> <i>7:00 AM - 5:00 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

### Inspection

Date: *01/16/2019* Time In: *11:00 AM* Time Out: *12:05 PM* Purpose: *Semi-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 5 children's records reviewed, 4 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.*

#### *Corrective Action Plan*

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

Regulation: 8.16.2.32.D.1.e.

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

Compliance

## Services & Care of Children

### 8.16.2.34 A Guidance

Compliance

### 8.16.2.34 B Naps or Rest Period

Compliance

### 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

### 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

Not Inspected

### 8.16.2.34 L Field Trips

Not Inspected

## Food Service

### 8.16.2.35 B Meals and Snacks

Compliance

**Food Service (continued)**

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	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	N/A

**Buildings, Grounds & Safety**

8.16.2.38 A Housekeeping	<b>Non-compliance</b>
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*The premises are not in good repair as evidenced by a fence has fallen and has nails sticking out.*

*Corrective Action Plan*

*Repairs will be completed and a system for routine inspection of the home and premises will be established.*

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	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
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	Compliance
8.16.2.38 I Pets	N/A

**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: *Dion Ortega*



Facility Representative: *Michael Mosier*