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| Center Name: Nora Nevarez Holguin | | | Address: 8720 Via del Oro SW Albuquerque, NM 87121 | | | Phone: (505)967-1660 | | |
| License Number: 152869 | Issue Date: 01/1/2017 | Expiration Date: 07/31/2017 | Type: 2 Star + Family Child Care Home | | | Status: Licensed | | |
| Capacity Over Age 2: 4 Under Age 2: 2 Night Care: 0 Playground: 0 | | | | | | Census Over 2: 2 Under 2: 2 | | |
| Days and Hours of Operation | | | | | | | | |
| | <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> | <u>Saturday</u> | <u>Sunday</u> | |
| Opening Times: | 04:00 AM | 04:00 AM | 04:00 AM | 04:00 AM | 04:00 AM | 04:00 AM | Closed | |
| Closing Times: | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | |
| # of Classrooms: 2 | | Purpose: Semi-Annual | | Date: 10/30/2017 | | Time: 10:30 AM | | |
| Comments | | | | | | | | |


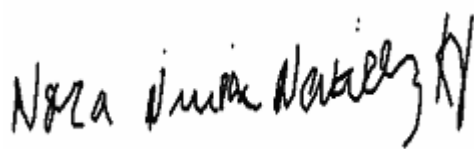
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

| Licensure | |
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| 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 | Not Inspected |
| 8.16.2.32 C PARENT HANDBOOK | Not Inspected |
| 8.16.2.32 D CHILDREN'S RECORDS <u>Deficiencies</u> Of the 5 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. Regulation: 8.16.2.32D(1)(e) <u>Corrective Action Plan</u> The home will review a child's record to ensure complete information has been obtained before a child is admitted. Date to be Completed: 11/30/2017 | Non-compliance |
| 8.16.2.32 E PERSONNEL RECORDS | Compliance |
| 8.16.2.32 F PERSONNEL HANDBOOK | Non-compliance |

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| Center Name: Nora Nevarez Holguin | License Number: 152869 | Date: 10/30/2017 |
| Administrative Requirements | | |
| <p><u>Deficiencies</u></p> <p>The provider did not have a personnel handbook for each non-resident employee. The following information needs to be included: job descriptions of all employees by title; benefits, including vacation days, sick leave, professional development days, health insurance, break times, etc.; code of conduct; training requirements, professional development opportunities; procedures and criteria for performance evaluations; policies on absence from work; procedures for resignation or termination; copy of licensing regulations; policy on parent involvement; health policies related to both children and staff; policy on sexual harassment; plan for retention of qualified staff.</p> <p>Regulation: 8.16.2.32F</p> <p><u>Corrective Action Plan</u></p> <p>A personnel handbook with required information will be completed and distributed to each non -resident employee.</p> <p>Date to be Completed: 11/30/2017</p> | | |
| 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 | Not Inspected | |
| 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 | Not Inspected | |
| 8.16.2.34 F NIGHT CARE | Not Inspected | |
| 8.16.2.34 G PHYSICAL ENVIRONMENT | Compliance | |
| 8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT | Not Inspected | |
| 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 | Not Inspected | |
| 8.16.2.34 L FIELD TRIPS | Not Inspected | |
| 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 | Not Inspected | |

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| Center Name: Nora Nevarez Holguin | License Number: 152869 | Date: 10/30/2017 |
| Health & Safety Requirements | | |
| 8.16.2.36 C MEDICATION | Not Inspected | |
| 8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES | Not Inspected | |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES | Not Inspected | |
| Buildings, Grounds & Safety | | |
| 8.16.2.38 A HOUSEKEEPING | Compliance | |
| 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 | |
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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.

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|  10/30/2017 |  10/30/2017 | | |
| Surveyor: Sylvia Foster | Date | Facility Rep: nora nevarez | Date |