Center Name: Nora Nevarez Holguin			Address: 8720 Via del Oro SW Albuquerque, NM 87121						Phone: (505)967-1660			
License Number:	Issue Date:	Expiration D	ate:	Туре:			Status:					
152869	08/1/2017	07/31/2018	8 2 Star + Family Child Care Home Licensed									
Capacity							Cer	sus				
Over Age 2: 8	Under Age 2:	4 Night	Care:	0 F	layground:	0	Ove	r 2:	0	Un	nder 2:	0
Days and Hours of Operation												
	<u>Monday</u>	Tuesday	<u>w</u>	ednesday	<u>Thursday</u>		Fri	<u>day</u> <u>Sa</u>		Saturday		<u>Sunday</u>
Opening Times:	04:00 AM	04:00 AN	1 (04:00 AM	04:00 A	04:00 AM 0		MA C	AM 04:00 AM			Closed
Closing Times	06:00 PM	06:00 PN	1 (06:00 PM	06:00 P	М	06:0	6:00 PM 06:00 PM				
# of Classrooms: Purpose:		Date:			Tin		ne:					
2 Follow-up		11/29/2017			12		12:5	2:50 PM				
Comments												

this is a correction to follow up to semi inspection survey dated 11/10/17. The correct date is 11/8/17. A copy of this survey was sent to provider.

provider.	
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOT	ED BELOW:
Licensure	
8.16.2.31 A LICENSING REQUIREMENTS	Not Inspecte
8.16.2.31 B CAPACITY OF A HOME	Not Inspecte
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	Not Inspecte
Administrative Requirements	
8.16.2.32 A ADMINISTRATIVE RECORDS	Not Inspecte
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspecte
8.16.2.32 C PARENT HANDBOOK	Not Inspecte
8.16.2.32 D CHILDREN'S RECORDS	Compliano
8.16.2.32 E PERSONNEL RECORDS	Not Inspecte
8.16.2.32 F PERSONNEL HANDBOOK	Non-compliand
Deficiencies 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. Regulation: 8.16.2.32F	
Corrective Action Plan A personnel handbook with required information will be completed and distributed to each non -resident employee. Date to be Completed: 11/30/2017	

Survey Report Form Page 1 of 3

Center Name:	License Number:						
Nora Nevarez Holguin	152869	11/29/2017					
Personnel & S	taffing						
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							
8.16.2.34 A GUIDANCE			Not Inspected				
8.16.2.34 B NAPS OR REST PERIOD			Not Inspected				
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS			Not Inspected				
8.16.2.34 D DIAPERING AND TOILETING	Not Inspected						
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEE		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			Not Inspected				
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				
Food Servi	ice						
8.16.2.35 B MEALS AND SNACKS			Not Inspected				
8.16.2.35 C MENUS			Not Inspected				
8.16.2.35 D KITCHENS			Not Inspected				
8.16.2.35 E MEAL TIMES			Not Inspected				
Health & Safety Re	quirements						
8.16.2.36 A HYGIENE			Not Inspected				
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspected				
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			Compliance				
Buildings, Grounds & Safety							
8.16.2.38 A HOUSEKEEPING			Not Inspected				
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			Not Inspected				
8.16.2.38 G SAFETY COMPLIANCE			Not Inspected				
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	S AND CONTROLLED SUBST	TANCES	Not Inspected				

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Center Name:	License Number:	Date:	
Nora Nevarez Holguin	152869	11/29/2017	
Buildings. Gr	ounds & Safety		
8.16.2.38 I PETS			Not Inspected
Please note: Per CYFD regulation NMAC 8.16.2, failure to comply	with the corrective action pla	ns as noted	
above, may result in further action taken against the licensee.	, and a series were the pro-		
<u> </u>			

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Facility Rep:Nora Nevarez Holguin

11/29/2017

Date

11/29/2017

Date

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Surveyor:Sylvia Foster