Provider Name:			Address:					Phone:		
Norma Enriquez			Anthony, NM 88021				(915)920-8485			
Registration Num	Issue Date:	Expiration D	Date:	ate: Type: Status:			Status:	•		
144431	10/1/2016	09/30/2017	Child Care Reg. No SSN-Food Only				Registered			
Capacity			•	•		Cer	nsus			
Over Age 2: 4	Under Age 2:	2 Night 0	Care:	0 PI	layground: 0	Ove	r 2: 0	Under 2	. 0	
Days and Hours of	Operation									
	<u>Monday</u>	<u>Tuesday</u>	<u>w</u>	<u>ednesday</u>	<u>Thursday</u>	Fri	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>	
Opening Times	: 07:30 AM	07:30 AM	Л (	07:30 AM	07:30 AM	07:3	0 AM	Closed	Closed	
Closing Times	: 05:30 PM	05:30 PM	V C	05:30 PM	05:30 PM	05:3	0 PM			
# of Classrooms:	Pu	rpose:			Date:		Ti	me:	_	
0	Ani	nual			08/14/2017		11	:44 AM		
					•		·		·	

## Comments

No children present at time of visit

Caregiver cares for 2 nonresident children ages 11,7 and 2 resident children ages 11 and 9 yrs old.

Last visit by food sponsor was conducted on 06/26/2017

Caregiver is a food participant only with CAA and wants to become food and subsidy (child care specialist registered her and husband for fingerprints)

Background check clearance:

Caregiver 10/04/2012

Husbands screening 10/04/2012

CPR/First aid certification expires on 04/23/2018

Fire Extinguisher expired on 10/2016

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:  Registration				
<u>Deficiencies</u>				
Background check(s) for the Household Members were not conducted in accordance with the				
most current provisions of 8.8.3 NMAC Governing Background Checks and Employment History Verification.				
Regulation: 8.17.2.11A B				
Corrective Action Plan				
Background checks will be conducted in accordance with the most current provisions of 8.8.3				
NMAC Governing Background Checks and Employment History Verification.				
Date to be Completed: 09/14/2017				
8.17.2.11 C OTHER PERSONS BACKGROUND CHECKS	N/A			
8.17.2.11 E DOCUMENTATION	Compliance			
8.17.2.13 VISITS BY AGENCY AND REGISTERED AUTHORITY	Compliance			
8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION	Compliance			
8.17.2.15 A-C INCIDENT REPORTS	Compliance			
Record Keeping Requirements				
8.17.2.24 RECORD KEEPING REQUIREMENTS	Compliance			

Survey Report Form Page 1 of 4

Provider Name:	Registration Number:	Date:	
Norma Enriquez	144431	08/14/2017	
Caregiver R	equirements		
8.17.2.10 A CAREGIVER REIMBURSEMENTS			Compliance
8.17.2.10 B AGE REQUIREMENT			Compliance
8.17.2.10 E F CAREGIVER REPORTING			Compliance
8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING			Non-compliance
Deficiencies  Primary caregiver did not complete the following training within thre initial registration prevention and control of infectious diseases (inc prevention of sudden infant death syndrome and use of safe sleepi administration of medication, consistent with standards for parental and response to emergencies due to food or other allergic reaction premises safety, including identification of and protection from haza bodily injury such as electrical hazards, bodies of water, and vehicles shaken baby syndrome and abusive head trauma; emergency prepalanning for emergencies resulting from a natural disaster, or a mastorage of hazardous materials and the appropriate disposal of bio precautions in transporting children (if applicable); recognition and and neglect.  Regulation: 8.17.2.10 G  Corrective Action Plan	nuding immunization); ng practices; consent; prevention of s; building and physical ards that can cause ular traffic; prevention of paredness and response n-caused; handling and contaminants;		
All new primary and substitute caregivers of registered family child exception of registered family child care food-only homes, must contraining within three months of their date of initial registration.  Date to be Completed: 09/14/2017			
8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING			Compliance
8.17.2.10 I PRIMARY CAREGIVER FOR INFANTS			N/A
8.17.2.10 K CPR AND FIRST AID CERTIFICATION			Compliance
8.17.2.10 L COMPETENCY TRAINING			Compliance
Group Co	omposition		
8.17.2.21 A NON-RESIDENT CHILDREN			Compliance
8.17.2.21 B CHILDREN UNDER 2			Compliance
8.17.2.21 C CHILDREN UNDER 6			Compliance
8.17.2.21 D DROP IN CHILDREN			Compliance
8.17.2.21 E SHIFT CHANGES			Compliance
8.17.2.21 F CAREGIVER INVOLVEMENT			Compliance
Health & Safet	y Requirements		
8.17.2.22 A SAFE CONDITION			Compliance
8.17.2.22 B, C ELECTRICAL OUTLETS			Compliance
8.17.2.22 D TEMPERATURE			Compliance
8.17.2.22 E VENTILATION			Compliance
8.17.2.22 F HEATERS AND HEATING UNITS			Compliance
8.17.2.22 G HOT AND COLD RUNNING WATER			Compliance

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Provider Name:	Registration Number:	Date:	
Norma Enriquez	144431	08/14/2017	
Health & Safety	Requirements		
8.17.2.22 H, I, J INSIDE AND OUTSIDE PLAY AREAS			Compliance
8.17.2.22 K STORAGE OF DANGEROUS MATERIALS			Compliance
8.17.2.22 L WORKING TELEPHONE			Compliance
8.17.2.22 M EMERGENCY NUMBERS			Compliance
8.17.2.22 N SMOKE / CARBON MONOXIDE DETECTOR			Compliance
8.17.2.22 O,P FIREARM SAFETY/STORAGE			N/A
8.17.2.22 Q. SMOKING, ALCOHOL, AND ILLEGAL DRUG USE			Compliance
8.17.2.22 R FIRE EXTINGUISHER			Non-compliance
Deficiencies  Fire extinguisher is not Certified once a year, with official tags noting the da Regulation: 8.17.2.22R	ate of inspection.		
Corrective Action Plan  Fire extinguisher will be easily accessible. Must be certified once a year an noting the date of inspection.  Date to be Completed: 09/14/2017	d will have official tags		
8.17.2.22 S COMBUSTIBLE AND FLAMMABLE MATERIALS			Compliance
8.17.2.22 T EMERGENCY EVACUATION AND DIASTER PREPAREDNESS P	LAN		Compliance
8.17.2.22 U MAJOR EXITS			Compliance
8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS			Compliance
8.17.2.22 W TOILET ROOMS			Compliance
8.17.2.22 X FIRST AID KIT			Compliance
8.17.2.22 Y PETS			Compliance
8.17.2.22 Z DIAPER CHANGING			N/A
8.17.2.22 AA TRANSPORTATION			Compliance
Meal Requ	uirements		
8.17.2.23 H REFRIGERATION			Compliance
8.17.2.23 I REFRIGERATOR THERMOMETERS			Compliance
Caregiver's Re	esponsibilities		
8.17.2.25 A,B SUPERVISION			Compliance
8.17.2.25 C GUIDANCE			Compliance
8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION			Compliance
8.17.2.25 E ACTIVITIES AND EXPERIENCES			Compliance
8.17.2.25 F CARING FOR INFANTS			N/A
8.17.25 G. REST PERIODS			Compliance
8.17.25 H SWIMMING, WADING AND WATER			N/A

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Provider Name:Registration Number:Date:Norma Enriquez14443108/14/2017

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 provider.

08/14/2017

08/14/2017

Surveyor:Maura Barraza

Date

Provider Rep:Norma Enriquez

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Date