

| Provider Name: | | | Address: | | | | | Phone: | | |
|---|---------------|--------------|-------------------|---|-----------------|------|------------|---------------|---------------|---------------|
| Olivia DeLara | | | Hobbs, NM 88240 | | | | (| (575)397-6280 | | |
| Registration Num | Issue Date: | Expiration [| Date: | Type: | | | Status: | | | |
| 78072 | 10/1/2016 | 09/30/2017 | | Child Care Reg. No SSN-Food Only Registered | | | t | | | |
| Capacity | | | | • | | Cer | sus | | | |
| Over Age 2: 4 | Under Age 2: | 2 Night | Care: | 0 P | layground: 0 | Ove | r 2: | 0 | Under | 2: 0 |
| Days and Hours of | Operation | | | | | | | | | |
| | <u>Monday</u> | Tuesda | <u>y</u> <u>W</u> | <u>/ednesday</u> | <u>Thursday</u> | Fri | <u>day</u> | Sa | <u>turday</u> | <u>Sunday</u> |
| Opening Times | 08:00 AM | 08:00 AM | M (| 08:00 AM | 08:00 AM | 08:0 | MA C | С | losed | Closed |
| Closing Times | : 05:00 PM | 05:00 PM | M (| 05:00 PM | 05:00 PM | 05:0 |) PM | | | |
| # of Classrooms: | F | Purpose: | | | Date: | | | Time | 1 | |
| 0 | F | follow-up | | | 09/14/2017 | | | 12:25 | PM | |
| Comments | | | | | | | | | | |
| This is a follow up to a renwal that was conducted on 8-15-2017. Caregiver submitted documentation via fax to correct deficiency. | | | | | | | | | | |

| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW: | | | | |
|---|---------------|--|--|--|
| Registration | | | | |
| 8.17.2.11 A,B BACKGROUND CHECKS | Not Inspected | | | |
| 8.17.2.11 C OTHER PERSONS BACKGROUND CHECKS | Not Inspected | | | |
| 8.17.2.11 E DOCUMENTATION | Not Inspected | | | |
| 8.17.2.13 VISITS BY AGENCY AND REGISTERED AUTHORITY | Not Inspected | | | |
| 8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION | Not Inspected | | | |
| 8.17.2.15 A-C INCIDENT REPORTS | Not Inspected | | | |
| Record Keeping Requirements | | | | |
| 8.17.2.24 RECORD KEEPING REQUIREMENTS | Not Inspected | | | |
| Caregiver Requirements | | | | |
| 8.17.2.10 A CAREGIVER REIMBURSEMENTS | Not Inspected | | | |
| 8.17.2.10 B AGE REQUIREMENT | Not Inspected | | | |
| 8.17.2.10 E F CAREGIVER REPORTING | Not Inspected | | | |
| 8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | Not Inspected | | | |
| 8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | Not Inspected | | | |
| 8.17.2.10 I PRIMARY CAREGIVER FOR INFANTS | Not Inspected | | | |
| 8.17.2.10 K CPR AND FIRST AID CERTIFICATION | Not Inspected | | | |
| 8.17.2.10 L COMPETENCY TRAINING | Not Inspected | | | |
| Group Composition | | | | |
| 8.17.2.21 A NON-RESIDENT CHILDREN | Not Inspected | | | |
| 8.17.2.21 B CHILDREN UNDER 2 | Not Inspected | | | |
| 8.17.2.21 C CHILDREN UNDER 6 | Not Inspected | | | |
| | | | | |

Survey Report Form Page 1 of 3

| ### Care Care | Provider Name: | Registration Number: | Date: | | | |
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| 8.17.2.21 D DROP IN CHILDREN 8.17.2.21 E SHIFT CHANGES 8.17.2.21 F CAREGIVER INVOLVEMENT Health & Safety Requirements 8.17.2.22 A SAFE CONDITION Not Inspected 8.17.2.22 B, C ELECTRICAL OUTLETS 8.17.2.22 B, C ELECTRICAL OUTLETS 8.17.2.22 E VENTILATION Not Inspected 8.17.2.22 LI, I J INSIDE AND OUTSIDE PLAY AREAS Not Inspected 8.17.2.22 LI, I J INSIDE AND OUTSIDE PLAY AREAS Not Inspected 8.17.2.22 LI WORKING TELEPHONE 8.17.2.22 LI PEREE EXTINGUISHER 8.17.2.22 LI WORKING TELEPHONE 8.17.2.22 LI V TOUE ONDS 8.17.2.22 LI V TOUE ONDS 8.17.2.22 LI PEREE EXTINGUISHER 8.17.2.22 LI PEREE ROLLE HONDS 8.17.2.22 LI PEREE ROLLE | Olivia DeLara | 78072 | 09/14/2017 | | | |
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| | 8.17.2.25 C GUIDANCE | | | Not Inspected | | |
| 8.17.2.25 E ACTIVITIES AND EXPERIENCES Not Inspected | 8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION | | | Compliance | | |
| | 8.17.2.25 E ACTIVITIES AND EXPERIENCES | | | Not Inspected | | |

Survey Report Form Page 2 of 3

| Provider Name: | Registration Number: | Date: | | | | |
|--------------------------------------|----------------------|------------|---------------|--|--|--|
| Olivia DeLara | 78072 | 09/14/2017 | | | | |
| Caregiver's Responsibilities | | | | | | |
| 8.17.2.25 F CARING FOR INFANTS | | | Not Inspected | | | |
| 8.17.25 G. REST PERIODS | | | Not Inspected | | | |
| 8.17.25 H SWIMMING, WADING AND WATER | | | Not Inspected | | | |
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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 provider.

09/14/2017

09/14/2017

Surveyor:Esther Lara

Date

Provider Rep:Olivia DeLara

ignative on File

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Date