



**Facility**

Name: *Perla Arguello* License Number: *102828*  
 Address: *223 Chico Drive, Las Vegas, NM 87701*  
 Phone: *5054253716* Fax: E-mail: *none*

**License Information**

Type: *2 Star Group Child Care Home* Status: *Licensed* Issue Date: *07/05/2017* Expiration Date: *07/04/2018*

**Capacity**

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

**Census**

Over 2: *3* Under 2: *0*

**Classrooms**

Number of Classrooms: *1*

**Days and Hours of Operation**

<b>Monday</b> <i>7:30 AM - 5:30 PM</i>	<b>Tuesday</b> <i>7:30 AM - 5:30 PM</i>	<b>Wednesday</b> <i>7:30 AM - 5:30 PM</i>	<b>Thursday</b> <i>7:30 AM - 5:30 PM</i>	<b>Friday</b> <i>7:30 AM - 5:30 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

Date: *05/03/2018* Time In: *11:10 AM* Time Out: *12:12 PM* Purpose: *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*  
 8.16.2.32 D Children's Records *Compliance*

**Administrative Requirements (continued)****8.16.2.32 E Personnel Records****Non-compliance**

*Home educators do not have a signed statement that they would or would not be disqualified as a direct provider of care under the most current version of the Background Checks and Employment History Verification provisions pursuant to 8.8.3 NMAC.*

*Corrective Action Plan*

*Documentation of an annual statement concerning disqualification will be obtained for each educator.*

Date to be Completed: 06/02/2018

*The home does not have documentation of a care giver(s) for background check within 5 years.*

*Corrective Action Plan*

*Documentation of a background check and employment history verification for all staff members and all adults living in the home. A background check must be conducted at least once every five years on all required individuals.*

Date to be Completed: 06/02/2018

**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****N/A****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****N/A****8.16.2.34 L Field Trips****N/A**

## 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	<b>Non-compliance</b>

*The home's first aid kit does not contain soap, scissors.*

*Corrective Action Plan*

*Missing items will be added to the first-aid kit and replaced as used.*

Date to be Completed: 06/02/2018

8.16.2.36 C Medication	N/A
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	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	<b>Non-compliance</b>

*The home failed to conduct an emergency preparedness practice drills for at least once a quarter.*

*Corrective Action Plan*

*A home will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.*

Date to be Completed: 06/02/2018

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: *Diana Martinez*



Facility Representative: *Perla Arguello*

