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| Center Name: Roseann Flores | | Address: 19859 US Hwy 60 ABO Mountainair, NM 87036 | | | Phone: (505)847-0908 | | |
| License Number: 87445 | Issue Date: 07/20/2016 | Expiration Date: 07/19/2017 | Type: 2 Star Group Child Care Home | | Status: Licensed | | |
| Capacity | | | | | Census | | |
| Over Age 2: | 8 | Under Age 2: | 4 | Night Care: | 0 | Playground: | 0 |
| | | Over 2: | 0 | Under 2: | 0 | | |
| 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: | 06:00 AM | 06:00 AM | 06:00 AM | 06:00 AM | 06:00 AM | Closed | Closed |
| Closing Times: | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | | |
| # of Classrooms: 1 | Purpose: Annual | | Date: 06/16/2017 | | Time: 12:20 PM | | |
| Comments No children present during survey. | | | | | | | |

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 | Not Inspected |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS | N/A |
| 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 <u>Deficiencies</u> Of 3 children's records reviewed, 3 is/are missing complete child demographic information as follows: physical address. See Children's Records 8.16.2.32 form for the child(ren) with missing information. Regulation: 8.16.2.32D(1)(a) <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: 07/17/2017 | Non-compliance |
| 8.16.2.32 E PERSONNEL RECORDS | Compliance |
| 8.16.2.32 F PERSONNEL HANDBOOK | N/A |
| 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 | |

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| Center Name: Roseann Flores | License Number: 87445 | Date: 06/16/2017 |
| Services & Care of Children | | |
| 8.16.2.34 A GUIDANCE | | Compliance |
| 8.16.2.34 B NAPS OR REST PERIOD | | Not Inspected |
| 8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS | | N/A |
| 8.16.2.34 D DIAPERING AND TOILETING | | Compliance |
| 8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS | | Compliance |
| 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, WADING AND WATER | | N/A |
| 8.16.2.34 L FIELD TRIPS | | N/A |
| Food Service | | |
| 8.16.2.35 B MEALS AND SNACKS | | Not Inspected |
| 8.16.2.35 C MENUS | | Compliance |
| 8.16.2.35 D KITCHENS | | Compliance |
| 8.16.2.35 E MEAL TIMES | | Not Inspected |
| Health & Safety Requirements | | |
| 8.16.2.36 A HYGIENE | | Compliance |
| 8.16.2.36 B FIRST AID REQUIREMENTS | | Compliance |
| 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 | | 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.

P. Waconda 2:04 PM

06/16/2017

Roseann Flores

06/16/2017

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| Surveyor: Peggy Waconda | Date | Facility Rep: Roseann Flores | Date |
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