

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

				EI KEPUK	.1					
Center Name:			Address: 19859 US Hwy 60 ABO					Phone:		
Roseann Flores			Mountainair	, NM 87036				(5	505)847-09	908
License Number:	Issue Date:	Expiration [Date:	Туре:			Status:			
87445	07/20/2017	07/19/2018		2 Star Grou	p Child Care Home		Licensed			
Capacity						Ce	nsus			
Over Age 2: 8	Under Age 2:	4 Night	Care:	0 PI	ayground: 0	Ove	er 2:	2	Und	er 2: 1
Days and Hours of	Operation					-				
	Monday	<u>Tuesda</u>		<u>ednesday</u>	<u>Thursday</u>		<u>day</u>		<u>urday</u>	<u>Sunday</u>
Opening Times		06:00 AN 06:00 PN)6:00 AM)6:00 PM	06:00 AM 06:00 PM		00 AM 10 PM	Clo	osed	Closed
Closing Times	,.			10.00 FIM	1	00.0		-		
# of Classrooms:		Purpose: Semi-Annual			Date: 12/05/2017			Time: 12:20 F	PM	
Comments					12/00/2011					
A SUR	VEY OF YOUR FAC	LITY HAS BEEN MA	DE AND YOU	ARE NOTIFIE	D OF NON-COMPLIAN	CE OF THE	EREGULATI	ONS AS N	NOTED BE	LOW:
				Licen	isure					
8.16.2.31 A LICEN	SING REQUIREM	IENTS								Compliance
8.16.2.31 B CAPACITY OF A HOME								Compliance		
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS								N/A		
			Admi	nistrative	Requirements				i	
8.16.2.32 A ADMIN	ISTRATIVE RECO	ORDS								Compliance
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT							Compliance			
8.16.2.32 C PAREN	IT HANDBOOK									Compliance
8.16.2.32 D CHILDI	REN'S RECORDS	6								Non-compliance
Deficiencies										
Of the 2 children's records reviewed, 2 is/are missing a signed acknowledgement that the										
			-		See the Children	's				
Records 8.16.2.32 form for the child(ren) with missing information. Regulation: 8.16.2.32D(1)(k)										
-										
Corrective Acti		record to ensure	complete	informatio	n has been obtain	ned				
before a child is			2 complete	mornauo						
	oleted: 01/05/2018									
8.16.2.32 E PERSC		3								Compliance
8.16.2.32 F PERSO	NNEL HANDBO	ок								N/A
Personnel & Staffing										
8.16.2.33 A PERSC	NNEL AND STAF	FING REQUIREN								Compliance
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING							Non-compliance			

Center Name: Roseann Flores	License Number: 87445	Date: 12/05/2017
	sonnel & Staffing	
Deficiencies	sonner & Stanning	
The home does not have on duty at all times all educators ca	ertified in first aid and	
cardiopulmonary resuscitation (CPR).		
Regulation: 8.16.2.33B(6)		
Corrective Action Plan A home must have all educators certified in first aid and card	lio-nulmonary resuscitation	
(CPR).		
Date to be Completed: 01/05/2018		
Service	s & 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 TOD	DDLERS	Compliance
8.16.2.34 D DIAPERING AND TOILETING	Compliance	
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH S	PECIAL 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, WADING AND WATER	N/A	
8.16.2.34 L FIELD TRIPS		N/A
1	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
Building	gs, 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	
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Center Name: Roseann Flores	License Number: 87445	Date: 12/05/2017					
Buildings, Grounds & Safety							
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			Non-compliance				
Deficiencies The home does not have a 2A10BC fire extinguishers mounted in the visible and easily accessible place. Regulation: 8.16.2.38G(2) Corrective Action Plan The home will provide a 2A10BC fire extinguisher for the kitchen. Date to be Completed: 01/05/2018	e main kitchen in a						
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DR	Compliance						
8.16.2.38 I PETS			N/A				

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.

ungha 134PM

12/05/2017

Date

Room Hour

Facility Rep:Roseann Flores

12/05/2017

Surveyor:Peggy Waconda

Survey Report Form

Date