

Center Name: Roseann Flores		Address: 19859 US Hwy 60 ABO Mountainair, NM 87036			Phone: (505)847-0908		
License Number: 87445	Issue Date: 07/20/2017	Expiration Date: 07/19/2018	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: Follow-up		Date: 12/13/2017		Time: 02:23 PM		
Comments Follow up to semi annual.							

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

Licensure	
8.16.2.31 A LICENSING REQUIREMENTS	Not Inspected
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	Not Inspected
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected
8.16.2.32 C PARENT HANDBOOK	Not Inspected
8.16.2.32 D CHILDREN'S RECORDS	Compliance
8.16.2.32 E PERSONNEL RECORDS	Not Inspected
8.16.2.32 F PERSONNEL HANDBOOK	Not Inspected
Personnel & Staffing	
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Not Inspected
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Non-compliance
<p>Deficiencies The home does not have on duty at all times all educators certified in first aid and cardiopulmonary resuscitation (CPR). Regulation: 8.16.2.33B(6)</p> <p>Corrective Action Plan A home must have all educators certified in first aid and cardio-pulmonary resuscitation (CPR). Date to be Completed: 01/05/2018</p>	
Services & Care of Children	
8.16.2.34 A GUIDANCE	Not Inspected

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Services & Care of Children		
8.16.2.34 B NAPS OR REST PERIOD		Not Inspected
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS		Not Inspected
8.16.2.34 D DIAPERING AND TOILETING		Not Inspected
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		Not Inspected
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT		Not Inspected
8.16.2.34 I EQUIPMENT AND PROGRAM		Not Inspected
8.16.2.34 J OUTDOOR PLAY		Not Inspected
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		Not Inspected
8.16.2.35 D KITCHENS		Not Inspected
8.16.2.35 E MEAL TIMES		Not Inspected
Health & Safety Requirements		
8.16.2.36 A HYGIENE		Not Inspected
8.16.2.36 B FIRST AID REQUIREMENTS		Not Inspected
8.16.2.36 C MEDICATION		N/A
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES		Not Inspected
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES		N/A
Buildings, Grounds & Safety		
8.16.2.38 A HOUSEKEEPING		Not Inspected
8.16.2.38 B PEST CONTROL		Not Inspected
8.16.2.38 C MECHANICAL SYSTEMS		Not Inspected
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL		Not Inspected
8.16.2.38 E EXITS		Not Inspected
8.16.2.38 F TOILET AND BATHING FACILITIES		Not Inspected
8.16.2.38 G SAFETY COMPLIANCE		Compliance
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES		Not Inspected
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.

Peggy Waconda 231 PM

see attached page

12/13/2017

12/13/2017

Surveyor: Peggy Waconda

Date

Facility Rep: Rose Flores

Date