Center Name:			Address:				Phone:			
Ruby Roybal			2310 N. Garden Roswell, NM 88201					(575)622-1274		
License Number:	Issue Date:	Expiration [Date:	Туре:			Status:	•		
59973	04/1/2016	03/31/2017		2 Star Gro	up Child Care Home		Licensed	d		
Capacity						Ce	nsus			
Over Age 2: 4	Under Age 2:	8 Night	Care:	0 F	Playground: 0	Ove	er 2: 7	Und	der 2: 0	
Days and Hours of Operation										
	<u>Monday</u>	Tuesda	<u>y</u> <u>W</u>	ednesday	<u>Thursday</u>	Fr	day	Saturday	<u>Sunday</u>	
Opening Times	: 12:00 AM	12:00 AN	Л	12:00 AM	12:00 AM	12:0	0 AM	12:00 AM	12:00 AM	
Closing Times	: 12:00 AM	12:00 AM	Λ	12:00 AM	12:00 AM	12:0	0 AM	12:00 AM	12:00 AM	
# of Classrooms:		Purpose:	_		Date:		Т	ime:	_	
2 Annual		01/30/2017			02:03 PM					
• .	-									

Comments

The fire extinguisher was last inspected January 2016. The provider called the inspection company and set an appointment for tomorrow January 31, 2017.

Technical Assistance was provided on Expulsion and Disaster Plan. The surveyor will bring examples to the provider to help with understanding the updated requirements.

understanding the appeared requirements.	
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	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	Non-compliance
Deficiencies The home's policies and procedures regarding the following need to be included: policies and procedures for expulsion of children. Regulation: 8.16.2.32C(1)(2) Corrective Action Plan A parent handbook with required general information and policies and procedures will be completed and distributed. Date to be Completed: 03/31/2017	
8.16.2.32 D CHILDREN'S RECORDS	Compliance
8.16.2.32 E PERSONNEL RECORDS	Non-compliance

Survey Report Form Page 1 of 3

Center Name:	License Number:	Date:
Ruby Roybal	59973	01/30/2017

Administrative Requirements

Deficiencies

The home does not have documentation of a background check within 5 years for caregiver(s). The provider could not locate the letters from Background Check Unit giving clearance within the last five years for two providers.

Regulation: 8.16.2.32E(1)

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. The provider will locate the letters or submit for new clearances.

Date to be Completed: 02/03/2017

Buto to be completed to Electrical				
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	Non-compliance			
Deficiencies The home does not provide an individual bed, cot, or mat for each child. The provider has mats for the children to use but elected not to use them on this day. Regulation: 8.16.2.34B(3)				
Corrective Action Plan An individual bed, cot, or mat will be provided for each child. Date to be Completed: 02/03/2017				
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	Compliance			
8.16.2.34 F NIGHT CARE	Not Inspected			
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	Not Inspected			
8.16.2.34 L FIELD TRIPS	Not Inspected			
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			

Survey Report Form Page 2 of 3

Center Name:	License Number:	Date:	
Ruby Roybal	59973	01/30/2017	
Foo	od Service		
8.16.2.35 E MEAL TIMES			Compliance
Health & Sa	fety 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			Compliance
Buildings,	Grounds & Safety		
8.16.2.38 A HOUSEKEEPING			Compliance
8.16.2.38 B PEST CONTROL		1	Not Inspected
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, ILLEGA	L DRUGS AND CONTROLLED SUBS	TANCES	Compliance
8.16.2.38 PETS			Compliance

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.

01/30/2017

01/30/2017

Surveyor: Allen Anderson

Irlan 3:25pm

Date

Facility Rep:Ruby Roybal

Date