Center Name: Samantha Pierce			Address: 1009 Pile Clovis, NM 88101				(575)74		
License Number:	Issue Date:	Expiration	Date:	e: Type: Status:					
150915	01/11/2017	01/10/2018	2 Star Family Child Care Home			Licensed			
Capacity				•		Cei	nsus		
Over Age 2: 4	Under Age 2:	2 Night	Care:	0 P	layground: 0	Ove	er 2:	4 (	Under 2: 2
Days and Hours of (	Operation					•			
	<u>Monday</u>	<u>Tuesda</u>	<u>y</u> <u>W</u>	<u>'ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:00	07:00		07:00	07:00	07	:00	Closed	Closed
Closing Times:	05:30 P	05:30 F	)	05:30 P	05:30 P	05:	30 P		
# of Classrooms:	Р	urpose:			Date:			Time:	
1	А	nnual			11/28/2017			09:20 AM	
Comments									
99 water temp. Will send provider a Training Log.									

99 water temp. Will send provider a Training Log.		
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	Not Inspected	
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	Non-compliance	
Deficiencies  Of the 6 children's records reviewed, 1 is/are missing a document giving the home permission to transport the child in a medical emergency and authorization for medical treatment signed by a parent or guardian. See Children's Records 8.16.2.32 form for the child(ren) with missing information.  Regulation: 8.16.2.32D(2)(d)		
Corrective Action Plan The home will review a child's record to ensure complete information has been obtained before a child is admitted.  Date to be Completed: 01/02/2018		

Survey Report Form Page 1 of 4

Center Name:License Number:Date:Samantha Pierce15091511/28/2017

### **Administrative Requirements**

### **Deficiencies**

Of the 6 children's records reviewed, 1 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.32 form for the child(ren) with no immunization/exemption.

**Regulation:** 8.16.2.32D(1)(e)

### **Corrective Action Plan**

The home will review a child's record to ensure complete information has been obtained before a child is admitted.

Date to be Completed: 01/02/2018

8.16.2.32 E PERSONNEL RECORDS	Compliance
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 Non-compliance

### **Deficiencies**

The home failed to keep a training log on file with employee's name; position; date of training; clock hours; competency area; source of training for 1 out of employee's name; position; date of training; clock hours; competency area; source of training staff. See Staff Records 8.16.2.32 form for staff who are missing a complete training log.

**Regulation:** 8.16.2.33B(2)

### **Corrective Action Plan**

A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificates.

Date to be Completed: 01/02/2018

## **Deficiencies**

From the review of staff records, it was determined that 1 out of 1 staff working more than 20 hours a week, has/have no documentation of at least 12 hours of annual training in the approved subject areas See Staff Records 8.16.2.32 for staff missing documentation of training.

**Regulation:** 8.16.2.33B(3)

#### **Corrective Action Plan**

Annual training will be completed as required and documentation retained on file.

Date to be Completed: 01/02/2018

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	Compliance		
8.16.2.34 D DIAPERING AND TOILETING	Compliance		
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Not Inspected		
8.16.2.34 F NIGHT CARE	N/A		
8.16.2.34 G PHYSICAL ENVIRONMENT	Compliance		

Survey Report Form Page 2 of 4

Center Name:	License Number:	Date:	
Samantha Pierce	150915	11/28/2017	
Servi	ces & Care of Children		
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			Not Inspected
	Food Service		
8.16.2.35 B MEALS AND SNACKS			Compliance
8.16.2.35 C MENUS			Non-compliance
Deficiencies  Weekly menus are not dated and posted in an area easily Regulation: 8.16.2.35C(1)  Corrective Action Plan  A dated weekly menu will be posted in an area visible to pleast one week in advance, in a conspicuous place, for re	parents. Menus shall be posted at		
children.  Date to be Completed: 01/02/2018			
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			Compliance
8.16.2.36 C MEDICATION			Not Inspected
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Not Inspected
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES	S		N/A
Buildi	ings, Grounds & Safety		
8.16.2.38 A HOUSEKEEPING			Compliance
8.16.2.38 B PEST CONTROL			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, I	LLEGAL DRUGS AND CONTROLLED SUBSTA	NCES	Compliance
8.16.2.38 I PETS			Compliance

Survey Report Form Page 3 of 4

Center Name:	License Number:	Date:
Samantha Pierce	150915	11/28/2017

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.

11/28/2017

Date

Surveyor:Susie Aragon

11/28/2017

Date

Survey Report Form Page 4 of 4

Facility Rep:Samantha Pierce