



**Facility**

**Name:** Sara Guadalupe Ramos **License Number:** 102218  
**Address:** 740 Lees Dr., Las Cruces, NM 88001  
**Phone:** 5755260971 **Fax:** **E-mail:** lupita\_sandra70@yahoo.com

**License Information**

**Type:** 2 Star Family Child Care Home **Status:** Licensed **Issue Date:** 11/01/2018 **Expiration Date:** 10/31/2019

**Capacity**

**Over Age 2:** 4 **Under Age 2:** 2 **Night Care:** 0 **Playground:** 0  
**Square Footage:** 0

**Census**

**Over 2:** 0 **Under 2:** 0

**Classrooms**

**Number of Classrooms:** 1

**Days and Hours of Operation**

<b>Monday</b> 5:00 AM - 12:00 AM	<b>Tuesday</b> 5:00 AM - 12:00 AM	<b>Wednesday</b> 5:00 AM - 12:00 AM	<b>Thursday</b> 5:00 AM - 12:00 AM	<b>Friday</b> 5:00 AM - 12:00 AM
<b>Saturday</b> Closed	<b>Sunday</b> Closed			

**Inspection**

**Date:** 01/30/2019 **Time In:** 9:15 AM **Time Out:** 9:32 AM **Purpose:** Complaint

**Licensure**

8.16.2.31 A Licensing Requirements

**Non-compliance**

*The licensee did not obtain background checks on all staff, volunteers, and prospective staff as per the requirements outlined in the department's most current version of the Background Check and Employment History Verification provisions.*  
 \*\*\*Provider's daughter did not have a current background\*\*\*  
 Corrective Action Plan  
*The licensee will obtain background checks on all staff, volunteers, and prospective staff.*  
 \*\*\*The daughter submitted to a background check and was cleared on 01/23/2019\*\*\*

Regulation: 8.16.2.31.A.3. Date to be Completed: 01/23/2019

8.16.2.31 B Capacity of a Home

N/A

**Licensure (continued)**

8.16.2.31 C Incident Reporting Requirements	N/A
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**Administrative Requirements**

8.16.2.32 A Administrative Records	N/A
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8.16.2.32 B Mission, Philosophy and Curriculum Statement	N/A
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8.16.2.32 C Parent Handbook	N/A
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8.16.2.32 D Children's Records	N/A
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8.16.2.32 E Personnel Records	N/A
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8.16.2.32 F Personnel Handbook	N/A
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**Personnel & Staffing**

8.16.2.33 A Personnel and Staffing Requirements	<b>Non-compliance</b>
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*A care giver was not capable of providing care and supervision of children as evidenced by the providers' daughter not trained in CPR/First Aid.*

*Corrective Action Plan*

*The care giver will be provided training and will be evaluated to ensure adequate care and supervision of children is provided.*

*\*\*\*CPR/ First Aid Training was completed by the provider's daughter\*\*\**

Regulation: 8.16.2.33.A.2.

Date to be Completed: 01/23/2019

8.16.2.33 B Staff Qualifications and Training	N/A
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**Services & Care of Children**

8.16.2.34 A Guidance	N/A
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8.16.2.34 B Naps or Rest Period	N/A
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8.16.2.34 C Additional Requirements for Infants and Toddlers	N/A
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8.16.2.34 D Diapering and Toileting	N/A
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8.16.2.34 E Additional Requirements for Children with Special Needs	N/A
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8.16.2.34 F Night Care	N/A
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8.16.2.34 G Physical Environment	N/A
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8.16.2.34 H Social-Emotional Responsive Environment	N/A
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8.16.2.34 I Equipment and Program	N/A
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### Services & Care of Children (*continued*)

8.16.2.34 J Outdoor Play	N/A
8.16.2.34 K Swimming, Wadding and Water	N/A
8.16.2.34 L Field Trips	N/A

### Food Service

8.16.2.35 B Meals and Snacks	N/A
8.16.2.35 C Menus	N/A
8.16.2.35 D Kitchens	N/A
8.16.2.35 E Meal Times	N/A

### Health & Safety Requirements

8.16.2.36 A Hygiene	N/A
8.16.2.36 B First Aid Requirements	N/A
8.16.2.36 C Medication	N/A
8.16.2.36 D Illness and Notifiable Diseases	N/A
8.16.2.37 A-G Transportation Requirements for Homes	N/A

### Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	N/A
8.16.2.38 B Pest Control	N/A
8.16.2.38 C Mechanical Systems	N/A
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	N/A
8.16.2.38 E Exits	N/A
8.16.2.38 F Toilet and Bathing Facilities:	N/A
8.16.2.38 G Safety Compliance	N/A
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	N/A
8.16.2.38 I Pets	N/A

**Additional Comments**

*\*\*\*The following survey is for a substantiated investigation\*\*\**

*The the provider has corrected the following deficiencies.*

*The provider's daughter was cleared by Background Check Unit on January 23, 2019, and has also completed CPR/First Aid Training.*

*Corrective Action Place has been placed, with agreement with the Provider. Licensing will follow up with the provider periodically.*

*1: The provider will notify Licensing within two weeks, when she will not be providing care due to planned trips. She will notify or have a plan in place, to have someone notify licensing when there is an emergency which requires her to close.*

*2: Provider will ensure that all persons over the age of 18 years will under-go a CYFD Background Check if they are in the home while child care children are being cared for. All household members over the age of 18 years old will under-go a CYFD Background Check.*

*3: The provider will notify Licensing when she adds a caretaker or household member that will require a CYFD Background Check Clearance, as soon as possible.*

*4: The provider will provide all CYFD Background Clearance letters to Licensing for her file.*

*Note: Unloading of children from vehicles was discussed with the provider and the importance of using the proper child care restraints for children while transporting.*

**Signatures**

**Please Note:** Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans noted above, may result in further action taken against the licensee.



Surveyor: Jose Morales



Facility Representative: Sara Guadalupe Ramos