Provider Name:		Address:					Phone:		
Theresa Aguirre			Albuquerqu	ue, NM 87121				(505)550-79	17
Registration Num	Issue Date:	Expiration [Date:	Туре:			Status:	•	
54476	01/1/2017	12/31/2017		Child Care I	Reg. Self-Cert Part		Registered		
Capacity			,	-		Cer	sus		
Over Age 2: 4	Under Age 2:	2 Night	Care:	0 Pl	ayground: 0	Ove	r 2: 3	Unde	er 2: 1
Days and Hours of	Operation								
	<u>Monday</u>	Tuesda	<u>w</u>	<u>ednesday</u>	<u>Thursday</u>	Frie	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times	06:30 AM	06:30 AN	Л	06:30 AM	06:30 AM	06:3	D AM	Closed	Closed
Closing Times	: 05:30 PM	05:30 PN	Л (05:30 PM	05:30 AM	05:3	D AM		
# of Classrooms:	Pu	rpose:			Date:		Ti	me:	_
0	Anr	nual			10/27/2017		10):00 AM	

Comments

BGC: 12.21.2016 HHM 08.09.2016

CACFP:10.23.2017

TRAINING HOURS: 8 HOURS

CPR & FIRST AID: OCTOBER 21,2017 EXPIRES: 10.2019 HEALTH AND SAFETY TRAINING COMPLETED: 09.24.2016

PROVIDES CARE FOR 0 RESIDENT AND 6 NON-RESIDENT CHILDREN AGES 2, 2, 2, 1, 9, 9, 2.

CAREGIVER IS FOOD AND SUBSIDY

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:				
Registration				
8.17.2.11 A,B BACKGROUND CHECKS	Compliance			
8.17.2.11 C OTHER PERSONS BACKGROUND CHECKS	Compliance			
8.17.2.11 E DOCUMENTATION	Compliance			
8.17.2.13 VISITS BY AGENCY AND REGISTERED AUTHORITY	Compliance			
8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION	Compliance			
8.17.2.15 A-C INCIDENT REPORTS	Compliance			
Record Keeping Requirements				
8.17.2.24 RECORD KEEPING REQUIREMENTS	Non-compliance			
<u>Deficiencies</u> Information card is missing the name and telephone number of he child's physician; an immunization record showing current, age-appropriate immunizations for each child or a written waiver for immunizations granted by the department of health. Regulation: 8.17.2.24				
Corrective Action Plan Caregivers will collect and have parent/guardian complete/fill in any missing information on each child's information card.				
DOCTOR AND HOSPITAL INFORMATION FOR 2 CHILDREN ON ENROLLMENT FORMS UPDATED SHOT RECORD FOR 1 CHILD Date to be Completed: 11/27/2017				
Caregiver Requirements				

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Provider Name: Theresa Aguirre	Registration Number: 54476	Date: 10/27/2017		
Care	giver Requirements			
8.17.2.10 A CAREGIVER REIMBURSEMENTS	·		Complianc	
8.17.2.10 B AGE REQUIREMENT			Compliand	
8.17.2.10 E F CAREGIVER REPORTING			Compliano	
8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING			Compliano	
8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING			Compliand	
8.17.2.10 I PRIMARY CAREGIVER FOR INFANTS			Compliand	
8.17.2.10 K CPR AND FIRST AID CERTIFICATION				
8.17.2.10 L COMPETENCY TRAINING			Compliand	
Gre	oup Composition			
8.17.2.21 A NON-RESIDENT CHILDREN			Compliano	
8.17.2.21 B CHILDREN UNDER 2			Complian	
8.17.2.21 C CHILDREN UNDER 6			Complian	
8.17.2.21 D DROP IN CHILDREN			Complian	
8.17.2.21 E SHIFT CHANGES			Complian	
8.17.2.21 F CAREGIVER INVOLVEMENT				
Health &	Safety Requirements			
8.17.2.22 A SAFE CONDITION	,		Complian	
8.17.2.22 B, C ELECTRICAL OUTLETS			Complian	
8.17.2.22 D TEMPERATURE			Complian	
8.17.2.22 E VENTILATION			Complian	
8.17.2.22 F HEATERS AND HEATING UNITS			Complian	
8.17.2.22 G HOT AND COLD RUNNING WATER			Complian	
8.17.2.22 H, I, J INSIDE AND OUTSIDE PLAY AREAS			Complian	
8.17.2.22 K STORAGE OF DANGEROUS MATERIALS			Complian	
8.17.2.22 L WORKING TELEPHONE				
8.17.2.22 M EMERGENCY NUMBERS				
8.17.2.22 N SMOKE / CARBON MONOXIDE DETECTOR				
8.17.2.22 O,P FIREARM SAFETY/STORAGE				
8.17.2.22 Q. SMOKING, ALCOHOL, AND ILLEGAL DRUG USE				
8.17.2.22 R FIRE EXTINGUISHER				
8.17.2.22 S COMBUSTIBLE AND FLAMMABLE MATERIALS				
8.17.2.22 T EMERGENCY EVACUATION AND DIASTER PREPARED	DNESS PLAN		Complian	
8.17.2.22 U MAJOR EXITS				
8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS			Complian	
8.17.2.22 W TOILET ROOMS			Complian	

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Provider Name: Theresa Aguirre	Registration Number: 54476	Date: 10/27/2017	
	afety Requirements	T	., .,
8.17.2.22 X FIRST AID KIT Deficiencies First aid kit does not contain a thermometer. Regulation: 8.17.2.22X			Non-compliance
Corrective Action Plan A first aid kit will be provided that contains Band-Aids, gauze pads, a non-porous latex gloves, and a thermometer. CORRECTED ON SITE	dhesive tape, scissors, soap,		
Date to be Completed: 10/27/2017			
8.17.2.22 Y PETS			Compliance
8.17.2.22 Z DIAPER CHANGING			Compliance
8.17.2.22 AA TRANSPORTATION			N/A
Meal	Requirements		
8.17.2.23 H REFRIGERATION			Compliance
8.17.2.23 I REFRIGERATOR THERMOMETERS			Compliance
Caregive	r's Responsibilities		
8.17.2.25 A,B SUPERVISION			Compliance
8.17.2.25 C GUIDANCE			Compliance
8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION			Compliance
8.17.2.25 E ACTIVITIES AND EXPERIENCES			Compliance
8.17.2.25 F CARING FOR INFANTS			Compliance
8.17.25 G. REST PERIODS			Compliance
8.17.25 H SWIMMING, WADING AND WATER			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 provider.

C. Deletto 11:00 Lm

10/27/2017

Meresa aguir

10/27/2017

Date

Surveyor:Christine DeLette Date Provider Rep:Theresa Aguirre

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