

Children, Youth and Families Department Registered Home Child Care SURVEY REPORT

| Dura del 11 bla | | | SURVEY REPOR | | | Diana | | |
|---|-----------------------------|----------------------------|-----------------------|-----------------------------|---------------------------|----------------------|---------------------------|--|
| Provider Name: | | | Address: | | | Phone: | | |
| Victoria Harris | | | Rancho, NM 87124 | | i | (505)856-2 | 791 | |
| Registration Num | Issue Date: | Expiration Date: | Туре: | | Status: | | | |
| 126143 | 02/1/2017 | 01/31/2018 | Child Care | Reg. Self-Cert Part | Registered | | | |
| | Linder Arts O | | <u> </u> | | Census | | dar 2: 0 | |
| Over Age 2: 4 | Under Age 2: | 2 Night Care: | 0 PI | layground: 0 | Over 2: 0 | Und | der 2: 0 | |
| Days and Hours of | | | | _ | | . | | |
| Opening Times | <u>Monday</u> : 05:00 AM | <u>Tuesday</u> 05:00 AM | Wednesday 05:00 AM | <u>Thursday</u> 05:00 AM | <u>Friday</u> 05:00 AM | Saturday 05:00 AM | <u>Sunday</u> 05:00 AM | |
| Closing Times | | 07:00 PM | 07:00 PM | 07:00 PM | 07:00 PM | 07:00 PM | 07:00 PM | |
| # of Classrooms: | P | urpose: | | Date: | Ті | me: | | |
| 0 | F | ollow-up | | 11/09/2017 | 09 | :19 AM | | |
| Comments F/U TO ANNUAL Of | N 11/08/17 | | | | | | | |
| | | | | | | | | |
| RECEIVED VIA EM | AIL BACKGROUN | D CHECK CLEARAN | NCE. | | | | | |
| A SUR | VEY OF YOUR FACILI | TY HAS BEEN MADE AN | ID YOU ARE NOTIFIE | D OF NON-COMPLIANC | E OF THE REGULATIONS | AS NOTED BE | LOW: | |
| | | | Regist | tration | | | | |
| 8.17.2.11 A,B BAC | GROUND CHECK | (S | | | | | Not Inspected | |
| 8.17.2.11 C OTHER | PERSONS BACK | GROUND CHECKS | | | | | Not Inspected | |
| 8.17.2.11 E DOCUMENTATION | | | | | | | Compliance | |
| 8.17.2.13 VISITS B | Y AGENCY AND R | EGISTERED AUTHO | RITY | | | | Not Inspected | |
| 8.17.2.14 A-C NON-TRANSFERABILITY OF REGISTRATION | | | | | | | Not Inspected | |
| 8.17.2.15 A-C INCI | DENT REPORTS | | | | | | Not Inspected | |
| | | R | ecord Keeping | g Requirements | | | | |
| 8.17.2.24 RECORD KEEPING REQUIREMENTS | | | | | | | Not Inspected | |
| | | | Caregiver R | equirements | | | | |
| 8.17.2.10 A CAREG | | EMENTS | | - Jun onionio | | | Not Inspected | |
| 8.17.2.10 B AGE RI | EQUIREMENT | | | | | | Not Inspected | |
| 8.17.2.10 E F CAREGIVER REPORTING | | | | | | | Not Inspected | |
| 8.17.2.10 G PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | | | | | | | Not Inspected | |
| 8.17.2.10 H PRIMARY AND SUBSTITUTE CAREGIVER TRAINING | | | | | | | Not Inspected | |
| 8.17.2.10 PRIMARY CAREGIVER FOR INFANTS | | | | | | | Not Inspected | |
| 8.17.2.10 K CPR AND FIRST AID CERTIFICATION | | | | | | | Not Inspected | |
| 8.17.2.10 L COMPETENCY TRAINING | | | | | | | Not Inspected | |
| Group Composition | | | | | | | | |
| 8.17.2.21 A NON-R | ESIDENT CHILDRE | EN | | • | | | Not Inspected | |
| 8.17.2.21 B CHILDF | REN UNDER 2 | | | | | | Not Inspected | |
| | | | | | | | _ | |
| Survey Depart Ea | | | | | | | Pane 1 of 3 | |

| Provider Name: | Registration Number: | Date: | | | |
|--|----------------------|------------|-----------|--|--|
| Victoria Harris | | 11/09/2017 | | | |
| | p Composition | Nat | Increated | | |
| 8.17.2.21 C CHILDREN UNDER 6 | | | Inspected | | |
| 8.17.2.21 D DROP IN CHILDREN | | | Inspected | | |
| 8.17.2.21 E SHIFT CHANGES | | | Inspected | | |
| 8.17.2.21 F CAREGIVER INVOLVEMENT | | Not | Inspected | | |
| Health & S | Safety Requirements | | | | |
| 8.17.2.22 A SAFE CONDITION | | Not | Inspected | | |
| 8.17.2.22 B, C ELECTRICAL OUTLETS | | Not | Inspected | | |
| 8.17.2.22 D TEMPERATURE | | Not | Inspected | | |
| 8.17.2.22 E VENTILATION | | Not | Inspected | | |
| 8.17.2.22 F HEATERS AND HEATING UNITS | | Not | Inspected | | |
| 8.17.2.22 G HOT AND COLD RUNNING WATER | | Not | Inspected | | |
| 8.17.2.22 H, I, J INSIDE AND OUTSIDE PLAY AREAS | Not | Inspected | | | |
| 8.17.2.22 K STORAGE OF DANGEROUS MATERIALS | | Not | Inspected | | |
| 8.17.2.22 L WORKING TELEPHONE | Not | Inspected | | | |
| 8.17.2.22 M EMERGENCY NUMBERS | | | | | |
| 8.17.2.22 N SMOKE / CARBON MONOXIDE DETECTOR | Not | Inspected | | | |
| 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 PREPAREDNESS PLAN | | | | | |
| 8.17.2.22 U MAJOR EXITS | | | | | |
| 8.17.2.22 V TOYS, OBJECTS AND CRIB STANDARDS | Not | Inspected | | | |
| 8.17.2.22 W TOILET ROOMS | Not | Inspected | | | |
| 8.17.2.22 X FIRST AID KIT | Not | Inspected | | | |
| 8.17.2.22 Y PETS | | Not | Inspected | | |
| 8.17.2.22 Z DIAPER CHANGING | Not | Inspected | | | |
| 8.17.2.22 AA TRANSPORTATION | | Not | Inspected | | |
| Meal | Requirements | | | | |
| 8.17.2.23 H REFRIGERATION | | Not | Inspected | | |
| 8.17.2.23 I REFRIGERATOR THERMOMETERS | Not | Inspected | | | |
| Caregive | r's Responsibilities | | | | |
| 8.17.2.25 A,B SUPERVISION | | Not | Inspected | | |
| 8.17.2.25 C GUIDANCE | Not | Inspected | | | |
| 8.17.2.25 D POLICIES AND PROCEDURES FOR EXPULSION | | Not | Inspected | | |
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| Provider Name: | Registration Number: | Date: | | | | | |
|--|-----------------------------|---------------|---------------|--|--|--|--|
| Victoria Harris | 126143 | 11/09/2017 | | | | | |
| Caregiver's Responsibilities | | | | | | | |
| 8.17.2.25 E ACTIVITIES AND EXPERIENCES | | Not Inspected | | | | | |
| 8.17.2.25 F CARING FOR INFANTS | | | Not Inspected | | | | |
| 8.17.25 G. REST PERIODS | | | Not Inspected | | | | |
| 8.17.25 H SWIMMING, WADING AND WATER | | | Not Inspected | | | | |

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.

Jun 925

11/09/2017

Date

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Provider Rep: VICTORIA HARRIS

11/09/2017

Surveyor: Alicia Guerra

Survey Report Form

Date