

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Address:	ET KEPUK				Phone	3.
Yolanda Macias Nieto			8715 Via Del Oro SW				(505)9	(505)920-3832	
	Albuqueique, NNI 87 121				(000)01				
License Number:	Issue Date:		Expiration Date: Type: Status:						
149230	12/1/2017	05/24/2018		3 Star FOC	US Family Child Care		Licensed		
Capacity Over Age 2: 2	Under Age 2:	4 Night	Coro	0 0	ayground: 0		nsus	2	Linder 2: 0
Over Age 2: 2	Under Age 2.	4 Night	Care.	0 Pla	ayground: 0	00	er 2:	3	Under 2: 0
Days and Hours of	Operation								
On online Times	Monday	Tuesda		ednesday	Thursday		iday	Saturday	
Opening Times Closing Times		06:00 AN 06:00 AN		06:00 AM 06:00 AM	06:00 AM 06:00 AM		00 AM 00 AM	06:00 AM 06:00 AM	
# of Classrooms:		Purpose:	-		Date:			Time:	
1		Annual			03/13/2018			10:15 AM	
Comments					•				
A SUR	A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:								
				Licen	sure				
8.16.2.31 A LICEN									Not Inspected
8.16.2.31 B CAPAC	ITY OF A HOME								Compliance
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS							Not Inspected		
			Admir	nistrative	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							Compliance		
8.16.2.32 E PERSONNEL RECORDS							Non-compliance		
Deficiencies									
The home does not have a record of the time the second care giver(s) arrived at and left work									
including breaks and lunch. Regulation: 8.16.2.32E(3)									
Corrective Action Plan A record of the second care giver(s) work schedule will be maintained for review.									
	leted: 04/13/2018								
8.16.2.32 F PERSO	NNEL HANDBOO	к							Compliance
Personnel & Staffing									
8.16.2.33 A PERSO	NNEL AND STAFI	FING REQUIREN	MENTS						Compliance
8.16.2.33 B STAFF	QUALIFICATIONS		3						Compliance
Services & Care of Children									
8.16.2.34 A GUIDAN	NCE								Non-compliance

Center Name:	License Number:	Date:			
Yolanda Macias Nieto	149230	03/13/2018			
Services & Care o	of Children				
Deficiencies The home failed to have 1 out of 1 staff sign a form to acknowledge that understood the policies and procedures outlining the guidance practices Regulation: 8.16.2.34A(1) Corrective Action Plan The home will provide to all staff the policies and procedures that outline practices, staff will also sign a form to acknowledge that they have read these policies and procedures. Date to be Completed: 04/13/2018	they have read and the guidance				
8.16.2.34 B NAPS OR REST PERIOD		Compliance			
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 NEE	Not Inspected				
8.16.2.34 F NIGHT CARE					
8.16.2.34 G PHYSICAL ENVIRONMENT					
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT					
8.16.2.34 I EQUIPMENT AND PROGRAM					
8.16.2.34 J OUTDOOR PLAY					
8.16.2.34 K SWIMMING, WADING AND WATER					
8.16.2.34 L FIELD TRIPS					
Food Serv	ice				
8.16.2.35 B MEALS AND SNACKS		Compliance			
8.16.2.35 C MENUS	Compliance				
8.16.2.35 D KITCHENS					
8.16.2.35 E MEAL TIMES					
Health & Safety Re	quirements				
8.16.2.36 A HYGIENE		Compliance			
8.16.2.36 B FIRST AID REQUIREMENTS	Compliance				
8.16.2.36 C MEDICATION	Compliance				
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES	Not Inspected				
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES	N/A				
Buildings, Ground	ls & Safety				
8.16.2.38 A HOUSEKEEPING		Compliance			
8.16.2.38 B PEST CONTROL	Compliance				
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			
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Buildings, Ground	s & Safety				
8.16.2.38 F TOILET AND BATHING FACILITIES			Compliance		
8.16.2.38 G SAFETY COMPLIANCE			Non-compliance		
Deficiencies The home failed to conduct an emergency preparedness practice drills for at least once a quarter. Regulation: 8.16.2.38 G(3) Corrective Action Plan A home will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year. Date to be Completed: 04/13/2018					
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	S AND CONTROLLED SUBSTAN	ICES	Compliance		
8.16.2.38 I PETS			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 licensee.	

03/13/2018

Date

Solunda Maria:

03/13/2018

Facility Rep: Yolanda Macias

Surveyor:Sylvia Foster

Date