

| Center Name: Yolanda Wood-Valdez |               |              | Address:<br>825 West Roybal Box #1<br>Las Vegas, NM 87701 |            |                        |            | Phone:<br>(505)550-9268 |                 |               |
|----------------------------------|---------------|--------------|---|------------|------------------------|------------|-------------------------|-----------------|---------------|
| License Number:                  | Issue Date:   | Expiration [ | Date:   | Туре:      |                        |            | Status:                 |                 |               |
| 52886                            | 03/13/2017    | 03/12/2018   |   | 5 Star FOC | CUS Group Child Care F | lome       | Licensed                |                 |               |
| Capacity                         |               | •            |   |            |                        | Cei        | nsus                    |                 |               |
| Over Age 2: 8                    | Under Age 2:  | 4 Night      | Care:   | 0 P        | layground: 0           | Ove        | er 2: 7                 | Unde            | er 2: 2       |
| Days and Hours of                | Operation     |              |   |            |                        |            |                         |                 |               |
|                                  | <u>Monday</u> | Tuesda       | <u>y</u> <u>W</u>   | ednesday   | <u>Thursday</u>        | <u>Fri</u> | day                     | <u>Saturday</u> | <u>Sunday</u> |
| Opening Times:                   | 07:45 AM      | 07:45 AM     | Л   | 07:45 AM   | 07:45 AM               | 07:4       | 5 AM                    | Closed          | Closed        |
| Closing Times                    | 05:15 PM      | 05:15 PN     | Л (   | 05:15 PM   | 05:15 PM               | 05:1       | 5 PM                    |                 |               |
| # of Classrooms:                 |               | Purpose:     |   |            | Date:                  |            | Tir                     | ne:             |               |
| 1                                | :             | Semi-Annual  |   |            | 06/15/2017             |            | 12:                     | :30 PM          |               |
| Comments                         |               |              |   |            |                        |            |                         |                 |               |

| 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  | Compliance     |  |  |  |
| 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 |  |  |  |
| <u>Deficiencies</u>   |                |  |  |  |
| Educators did not complete the following training within 3-months: Health and Safety                              |                |  |  |  |
| Training  Regulation: 8.16.2.33B(1)   |                |  |  |  |
|   |                |  |  |  |
| Corrective Action Plan  All educators, regardless of the number of hours per week, will complete the above listed |                |  |  |  |
| training.   |                |  |  |  |
| Date to be Completed: 07/15/2017  |                |  |  |  |
| Services & Care of Children   |                |  |  |  |
| 8.16.2.34 A GUIDANCE  | Compliance     |  |  |  |
|   |                |  |  |  |

Survey Report Form Page 1 of 3

| Center Name:   | License Number:   | Date:      |                |
|--|-------------------|------------|----------------|
| Yolanda Wood-Valdez  | 52886             | 06/15/2017 |                |
| Services & Care of   | of Children       |            |                |
| 8.16.2.34 B NAPS OR REST PERIOD  |                   |            | Compliance     |
| 8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS                   |                   |            | Non-compliance |
| <u>Deficiencies</u>  |                   |            |                |
| Feeding practices are inappropriate as evidenced by children sleep with mouth. | a bottle in their |            |                |
| Regulation: 8.16.2.34C(10)   |                   |            |                |
| Corrective Action Plan   |                   |            |                |
| Proper feeding practices will be followed.                                     |                   |            |                |
| Date to be Completed: 07/15/2017   |                   |            |                |
| 8.16.2.34 D DIAPERING AND TOILETING  |                   |            | Compliance     |
| 8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEE              | EDS               |            | Not Inspected  |
| 8.16.2.34 F NIGHT CARE   |                   |            | N/A            |
| 8.16.2.34 G PHYSICAL ENVIRONMENT   |                   |            | Compliance     |
| 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   | Not Inspected     |            |                |
| 8.16.2.34 L FIELD TRIPS  |                   |            | Not Inspected  |
| Food Serv  | rice              |            |                |
| 8.16.2.35 B MEALS AND SNACKS   |                   |            | Compliance     |
| 8.16.2.35 C MENUS  |                   |            | Compliance     |
| 8.16.2.35 D KITCHENS   |                   |            | Compliance     |
| 8.16.2.35 E MEAL TIMES   |                   |            | Compliance     |
| 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                                    |                   | Compliance |                |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES                            |                   |            | N/A            |
| Buildings, Ground  | ds & 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        |            |                |
| 8.16.2.38 F TOILET AND BATHING FACILITIES                                      |                   |            | Compliance     |
|  |                   |            |                |

Survey Report Form Page 2 of 3

| Center Name:   | License Number:                 | Date:      |            |
|--|---------------------------------|------------|------------|
| Yolanda Wood-Valdez                                    | 52886                           | 06/15/2017 |            |
|  |                                 |            |            |
|  | ings, Grounds & Safety          |            | O-malian   |
| 8.16.2.38 G SAFETY COMPLIANCE                          |                                 |            | Compliance |
| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, IL | LLEGAL DRUGS AND CONTROLLED SUB | STANCES    | Compliance |
| 8.16.2.38 I PETS                                       |                                 |            | Compliance |
|  |                                 | <u> </u>   |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |
|  |                                 |            |            |

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.

06/15/2017

06/15/2017

Date

Surveyor:Dion Ortega

Date

Facility Rep: Yolanda Wood-Valdez