

Center Name:			Address:					Phone:	
Full House Too			211 Florida Alamogordo, NM 88310				(575)434-5179		
License Number:	Issue Date:	Expiration Da	ate:	Type: Status:					
150665	04/10/2017	04/9/2018	3 Star FOCUS Child Care Center		Licensed				
Capacity			-			Cei	nsus		
Over Age 2: 60	Under Age 2:	33 Night Ca	are: 0 Playground: 60 O		Ove	or 2: 0 Under 2: 0			
Days and Hours of Operation									
	<u>Monday</u>	<u>Tuesday</u>	We	ednesday	<u>Thursday</u>	Fri	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	06:30 AM	06:30 AM	06	6:30 AM	06:30 AM	06:3	0 AM	Closed	Closed
Closing Times: 06:00 PM 06:00 F		06:00 PM	M 06:00 PM		06:00 PM 06		0 PM		
# of Classrooms:	Pu	rpose:			Date:		Ti	me:	
6 Incident Investigat		ident Investigation	on		11/17/2017		10):14 AM	
	•	•		•					•

Comments

Survey is a result of a substantiated self reported incident. Facility director reported incident to Licensing Authority within the time frame specified in Licensing Regulation. Facility cooperated fully with Licensing Authority.

Areas marked as "N/A" are not applicable to this survey

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF T	HE REGULATIONS AS NOTED BELOW:			
Licensure				
8.16.2.11 A TYPES OF LICENSES	N/A			
8.16.2.11 B RENEWAL OF LICENSE	N/A			
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	N/A			
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	N/A			
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	N/A			
8.16.2.18 D COMPLAINTS	N/A			
8.16.2.21 A LICENSING REQUIREMENTS	N/A			
8.16.2.21 B CAPACITY OF CENTERS	N/A			
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	N/A			
Administrative Requirements	,			
8.16.2.22 A ADMINISTRATION RECORDS	N/A			
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	N/A			
8.16.2.22 C POLICY AND PROCEDURES	N/A			
8.16.2.22 D FAMILY HANDBOOK	N/A			
8.16.2.22 E CHILDREN'S RECORDS	N/A			
8.16.2.22 F PERSONNEL RECORDS	N/A			
8.16.2.22 G PERSONNEL HANDBOOK	N/A			
Personnel & Staffing				
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	N/A			

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Center Name:	License Number:	Date:					
Full House Too	150665	11/17/2017					
Personnel & Staffing							
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING			N/A				
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES			N/A				
Services & Care of Children							
8.16.2.24 A GUIDANCE			N/A				
8.16.2.24 B NAPS OR REST PERIOD			N/A				
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	N/A						
8.16.2.24 D DIAPERING AND TOILETING	N/A						
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEI	N/A						
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE			N/A				
8.16.2.24 G PHYSICAL ENVIRONMENT			N/A				
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT			N/A				
8.16.2.24 I EQUIPMENT AND PROGRAM			N/A				
8.16.2.24 J OUTDOOR PLAY AREAS			N/A				
8.16.2.24 K SWIMMING, WADING AND WATER			N/A				
8.16.2.24 L FIELD TRIPS			N/A				
Food Serv	rice						
8.16.2.25 B MEALS AND SNACKS			N/A				
8.16.2.25 C MENUS			N/A				
8.16.2.25 D KITCHENS	N/A						
8.16.2.25 E MEAL TIMES			N/A				
Health & Safety Requirements							
8.16.2.26 A HYGIENE			N/A				
8.16.2.26 B FIRST AID REQUIREMENTS			N/A				
8.16.2.26 C MEDICATION			N/A				
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	N/A						
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS			N/A				
Buildings, Grounds & Safety							
8.16.2.29 A HOUSEKEEPING			Non-compliance				
<u>Deficiencies</u>							
The furniture in the hallway between classrooms are not safe in that the sleeping mats was not bolted to the wall to prevent items from becoming							
injury.							
Regulation: 8.16.2.29A(1)							
Corrective Action Plan The sefety violation will be corrected and a system for routine sefety income.							
The safety violation will be corrected and a system for routine safety ins Date to be Completed: 12/15/2017							

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Center Name:	License Number:	Date:				
Full House Too	150665	11/17/2017				
Buildings, Grounds & Safety						
8.16.2.29 B PEST CONTROL			N/A			
8.16.2.29 C MECHANICAL SYSTEMS			N/A			
8.16.2.29 D WATER AND WASTE			N/A			
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL			N/A			
8.16.2.29 F EXITS AND WINDOWS			N/A			
8.16.2.29 G TOILET AND BATHING FACILITIES			N/A			
8.16.2.29 H SAFETY COMPLIANCE			N/A			
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	AND CONTROLLED SUBSTANC	ES	N/A			
8.16.2.29 J 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.

11/17/2017

Date

11/17/2017

Date

Surveyor:Sandra Connolly Facility Rep:Margaret Holguin Survey Report Form Page 3 of 3