



Facility

Name: *Zia Therapy Center* **License Number:** *10370*
Address: *900 First Street, Alamogordo, NM 88310*
Phone: *5754394900* **Fax:** *na* **E-mail:** *shelly@ziatherapy.org*

License Information

Type: *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *04/25/2019* **Expiration Date:** *04/24/2020*

Capacity

Over Age 2: *73* **Under Age 2:** *30* **Night Care:** **Playground:** *240*
Square Footage: *0*

Census

Over 2: *0* **Under 2:** *0*

Classrooms

Number of Classrooms: *7*

Days and Hours of Operation

Monday <i>6:30 AM - 6:00 PM</i>	Tuesday <i>6:30 AM - 6:00 PM</i>	Wednesday <i>6:30 AM - 6:00 PM</i>	Thursday <i>6:30 AM - 6:00 PM</i>	Friday <i>6:30 AM - 6:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *03/20/2019* **Time In:** *9:57 AM* **Time Out:** *10:06 AM* **Purpose:** *Follow-up*

Licensure Requirements for Centers:

8.16.2.21 B (3)c Capacity of Centers N/A

Personnel and Staffing Requirements for Centers:

8.16.2.23 C Staff/Child Ratios and Group Sizes N/A

Services and Care of Children in Centers:

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

Services and Care of Children in Centers: *(continued)*

8.16.2.24 E Additional Requirements for Children with Special Needs	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

Food Service Requirements for Centers:

8.16.2.25 B3 Meals and Snacks	N/A
8.16.2.25 E Meal Times	N/A

Health and Safety Requirements for Centers:

8.16.2.26 A Hygiene	N/A
8.16.2.26 C Medication	Compliance

Illness Requirements for Centers:

8.16.2.27 A-D Illness Requirements for Centers	N/A
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Building, Ground and Safety Requirements for Centers:

8.16.2.29 A Housekeeping	Compliance
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 H3(f)(i)(k) Safety Compliance	N/A

Additional Comments

*Survey is a follow up to Annual Survey dated 3/8/2019.
Facility submitted photo evidence correcting the deficiencies noted on Survey.

Areas marked as NA are not applicable to this survey.*

Signatures

Please Note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans noted above, may result in further action taken against the licensee.



Surveyor: *Sandra Connolly*



Facility Representative: *Shelly Maxy*