

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:		μA	SURVEY REPOR				Phone	9:	
Beverly Stokes		614	Madison					39-1391	
License Number:	Issue Date:	Ala Expiration Date:	mogordo, NM 88310			Status:	(0,0)4		
39568	04/18/2017	04/17/2018		CUS Group Child Care	Home	Licensed			
Capacity	04/10/2011	04/11/2010	00001100		Cen				
Over Age 2: 8	Under Age 2:	4 Night Care	: 0 P	Playground: 0	Over		5	Under 2:	0
Days and Hours of	Operation								
	Monday	Tuesday	Wednesday	Thursday	<u>Fric</u>	lay	<u>Saturday</u>	Ĺ	<u>Sunday</u>
Opening Times		05:30 AM	05:30 AM	05:30 AM	05:30		Closed Closed		
Closing Times		06:00 PM	06:00 PM	06:00 PM	06:00				
# of Classrooms: 2		Purpose: Annual		Date: 02/01/2018			Time: 12:25 PM		
Comments									
Focus participant									
Did not observe Mea									
A SUR	VEY OF YOUR FACIL	LITY HAS BEEN MADE A	ND YOU ARE NOTIFIE	ED OF NON-COMPLIAN	NCE OF THE	REGULATIO	NS AS NOTE	D BELOW:	
			Lice	nsure					
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	e Requirements	i				
8.16.2.32 A ADMINI	STRATIVE RECO	ORDS							Compliance
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT								Compliance	
8.16.2.32 C PARENT HANDBOOK								Not Inspected	
8.16.2.32 D CHILDF	REN'S RECORDS	i							Compliance
8.16.2.32 E PERSONNEL RECORDS							Compliance		
8.16.2.32 F PERSONNEL HANDBOOK								Not Inspected	
			Personnel	I & Staffing					
8.16.2.33 A PERSO	NNEL AND STAF	FING REQUIREMEN	rs						Compliance
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING								Compliance	
			Services & Ca	are of Children				•	
8.16.2.34 A GUIDAN	NCE								Compliance
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 DIAPER	RING AND TOILE	TING							Compliance
8.16.2.34 E ADDITIO		MENTS FOR CHILDRI	EN WITH SPECIAL	NEEDS					Compliance
8.16.2.34 F NIGHT	CARE								N/A
8.16.2.34 G PHYSICAL ENVIRONMENT							1	Compliance	
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Survey Report Form

Center Name: Lie	cense Number:	Date:			
Beverly Stokes	39568	02/01/2018			
Services & Care of C	hildren				
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			N//		
8.16.2.34 L FIELD TRIPS					
Food Service		ł			
8.16.2.35 B MEALS AND SNACKS			Not Inspected		
8.16.2.35 C MENUS			Compliance		
8.16.2.35 D KITCHENS			Compliance		
8.16.2.35 E MEAL TIMES			Not Inspecte		
Health & Safety Requi	rements	ł			
8.16.2.36 A HYGIENE			Complianc		
8.16.2.36 B FIRST AID REQUIREMENTS			Complianc		
8.16.2.36 C MEDICATION			Complianc		
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Not Inspecte		
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES					
Buildings, Grounds 8	Safety	ł			
8.16.2.38 A HOUSEKEEPING			Complianc		
8.16.2.38 B PEST CONTROL					
8.16.2.38 C MECHANICAL SYSTEMS					
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL					
8.16.2.38 E EXITS					
8.16.2.38 F TOILET AND BATHING FACILITIES					
8.16.2.38 G SAFETY COMPLIANCE					
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AN	Not Inspecte				
8.16.2.38 PETS			Compliance		

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.

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ny Jokes

02/01/2018

Surveyor:Sandra Connolly

02/01/2018

Date

Facility Rep:Beverly Stokes

Date