

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:				ET REPOR				Dhore			
Center Name: Deborah Hernandez			Address: 1805 Mountain View						Phone: (575)443-0284		
			-	o, NM 88310			0 1 <i>i</i>	(575)44	+3-0204		
License Number:	Issue Date:	Expiration D	Jate:	Type:			Status:				
102037	11/22/2016	11/21/2017		2 Star Fami	ly Child Care Home		Licensed				
Capacity Over Age 2: 4	Under Age 2:	2 Night (Care:	0 PI	ayground: 0	_	nsus er 2:	3	Under 2:	1	
Days and Hours of C	Ineration										
Days and nours of C	Monday	Tuesday	v W	/ednesdav	Thursday	Frie	day	Saturday	/	Sunday	
Opening Times:	07:00 AM	07:00 AN		07:00 AM	07:00 AM		0 AM	Closed	-	Closed	
Closing Times:	05:30 PM	05:30 PN	Л (05:30 PM	05:30 PM	05:3	0 PM				
# of Classrooms:		urpose:			Date:			Time:			
1 Commente	Se	emi-Annual			04/25/2017			12:15 PM			
Comments											
A SURV	EY OF YOUR FACILI	TY HAS BEEN MAI	DE AND YOU	ARE NOTIFIE	D OF NON-COMPLIANC	E OF THE	REGULATIC	INS AS NOTE	D BELOW:		
				Licer	isure						
8.16.2.31 A LICENS	ING REQUIREME	NTS								Not Inspected	
8.16.2.31 B CAPACITY OF A HOME									Compliance		
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS									Not Inspected		
			Admi	nistrative	Requirements						
8.16.2.32 A ADMINIS	STRATIVE RECOR	RDS								Compliance	
8.16.2.32 B MISSION	N, PHILOSOPHY A	AND CURRICUL	UM STATE	MENT						Not Inspected	
8.16.2.32 C PARENT	HANDBOOK									Not Inspected	
8.16.2.32 D CHILDRI	EN'S RECORDS									Not Inspected	
8.16.2.32 E PERSONNEL RECORDS									Compliance		
8.16.2.32 F PERSONNEL HANDBOOK									Not Inspected		
			P	Personnel	& Staffing						
8.16.2.33 A PERSON	INEL AND STAFF		IENTS							Not Inspected	
8.16.2.33 B STAFF C	QUALIFICATIONS	AND TRAINING								Compliance	
			Serv	rices & Ca	re of Children						
8.16.2.34 A GUIDAN	CE									Compliance	
8.16.2.34 B NAPS O	R REST PERIOD									Compliance	
8.16.2.34 C ADDITIO	ONAL REQUIREMI	ENTS FOR INFA	ANTS AND	TODDLERS						Compliance	
8.16.2.34 D DIAPER	ING AND TOILET	NG								Not Inspected	
8.16.2.34 E ADDITIO	NAL REQUIREM	ENTS FOR CHIL	DREN WIT	TH SPECIAL	NEEDS					Compliance	
8.16.2.34 F NIGHT C	ARE									N/A	
8.16.2.34 G PHYSICAL ENVIRONMENT									Compliance		
Survey Report For										Page 1 of 2	

Center Name: L	icense Number:	Date:			
Deborah Hernandez	102037	04/25/2017			
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					
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 Requ	irements				
8.16.2.36 A HYGIENE			Compliance		
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspected		
8.16.2.36 C MEDICATION			Not Inspecte		
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Not Inspecte		
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES					
Buildings, Grounds &	& Safety				
8.16.2.38 A HOUSEKEEPING			Compliance		
8.16.2.38 B PEST CONTROL			Not Inspected		
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			Compliance		
8.16.2.38 G SAFETY COMPLIANCE					
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS A	Not Inspecte				
8.16.2.38 I 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.

india Connelly

04/25/2017

Surveyor:Sandra Connolly

04/25/2017

Date

Facility Rep:Deborah Hernandez

Date