



Facility

Name: *Guadalupe Montessori Sch* **License Number:** *11056*
Address: *1731 N. Alabama St., Silver City, NM 88061*
Phone: *5753883343* **Fax:** **E-mail:** *martha@guadalupeмонтessori.org*

License Information

Type: *3 Star FOCUS Child Care Center* **Status:** *Licensed* **Issue Date:** *11/25/2018* **Expiration Date:** *11/24/2019*

Capacity

Over Age 2: *57* **Under Age 2:** *6* **Night Care:** *0* **Playground:** *57*
Square Footage: *0*

Census

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

Classrooms

Number of Classrooms: *4*

Days and Hours of Operation

Monday <i>7:30 AM - 5:30 PM</i>	Tuesday <i>7:30 AM - 5:30 PM</i>	Wednesday <i>7:30 AM - 5:30 PM</i>	Thursday <i>7:30 AM - 5:30 PM</i>	Friday <i>7:30 AM - 5:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *12/04/2018* **Time In:** *11:03 AM* **Time Out:** *11:08 AM* **Purpose:** *Follow-up*

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

Licensure (*continued*)

8.16.2.21 C Incident Reporting Requirements	N/A
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Administrative Requirements

8.16.2.22 A Administrative Records	N/A
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8.16.2.22 B Mission, Philosophy and Curriculum Statement	N/A
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8.16.2.22 C Policy and Procedures	N/A
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8.16.2.22 D Family Handbook	N/A
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8.16.2.22 E Children's Records	N/A
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8.16.2.22 F Personnel Records	N/A
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8.16.2.22 G Personnel Handbook	N/A
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Personnel & Staffing

8.16.2.23 A Personnel and Staffing Requirements	N/A
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8.16.2.23 B Staff Qualifications and Training	N/A
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8.16.2.23 C Staff/Child Ratios and Group Sizes	N/A
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Services & Care of Children

8.16.2.24 A Guidance	N/A
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8.16.2.24 B Naps or Rest Period	N/A
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8.16.2.24 C Additional Requirements for Infants and Toddlers	N/A
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8.16.2.24 D Diapering and Toileting	N/A
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8.16.2.24 E Additional Requirements for Children with Special Needs	N/A
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8.16.2.24 F Additional Requirements for Night Care	N/A
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8.16.2.24 G Physical Environment	N/A
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8.16.2.24 H Social-Emotional Responsive Environment	N/A
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8.16.2.24 I Equipment and Program	N/A
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8.16.2.24 J Outdoor Play Areas	N/A
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8.16.2.24 K Swimming, Wading and Water	N/A
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8.16.2.24 L Field Trips	N/A
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Food Service

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

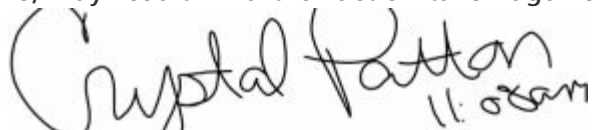
8.16.2.29 A Housekeeping	Compliance
8.16.2.29 B Pest Control	N/A
8.16.2.29 C Mechanical Systems	N/A
8.16.2.29 D Water and Waste	N/A
8.16.2.29 E Lighting, Lighting Fixtures and Electrical	N/A
8.16.2.29 F Exits and Windows	N/A
8.16.2.29 G Toilet and Bathing Facilities	N/A
8.16.2.29 H Safety Compliance	N/A
8.16.2.29 H3(f)(i)(k) Safety Compliance	N/A
8.16.2.29 J Pets	N/A

Additional Comments

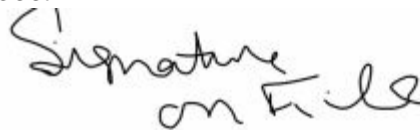
Follow up to annual survey dated 9/27/18, all deficiencies have been corrected. Corrections provided via photo.

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.

Handwritten signature of Crystal Patton in cursive, with the time "11:00am" written below it.

Surveyor: *Crystal Patton*

Handwritten signature of Martha Egnal in cursive, with the words "Signature on File" written below it.

Facility Representative: *Martha Egnal*