

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

			J SORVE	ST KEI ON						
Center Name: Address:				Phone:						
Jardin de los Ninos			999 West Amador Las Cruces, NM 88005				(575)5	(575)522-2111		
License Number:	Issue Date:	Expiration	Date:	Туре:			Status:	•		
24444	12/1/2016	11/30/2017		5 Star FOC	US Child Care Cent	er	Licensed			
Capacity						С	ensus			
Over Age 2: 47	Under Age 2:	42 Night	Care:	0 PI	ayground: 13	5 O	ver 2:	21	Under 2:	3
Days and Hours of	Operation					-				
	Monday	<u>Tuesda</u>	-	dnesday	Thursday		riday	<u>Saturda</u>	Y	Sunday
Opening Times Closing Times				7:30 AM 5:30 PM	07:30 AM 05:30 PM		:30 AM :30 PM	Closed		Closed
# of Classrooms:		Purpose:			Date:			Time:		
7		Semi-Annual			05/17/2017			10:32 AM		
Comments				and during -	oummor					
The Afterschool Roo		-		_						
A SUR	VEY OF YOUR FACI	LITY HAS BEEN MA	ADE AND YOU A	ARE NOTIFIE	D OF NON-COMPLIA	NCE OF TI	HE REGULATI	ONS AS NOTE	D BELOW:	
	Licensure									
8.16.2.11 A TYPES	OF LICENSES									Compliance
8.16.2.11 B RENEW	AL OF LICENSE									Compliance
8.16.2.11 D NON-TH	RANSFERABLE	RESTRICTIONS	OF LICENSE							Compliance
8.16.2.12 A, K, M L	CENSING ACTIC	ONS AND ADMIN	IISTRATIVE A	PPEALS						Compliance
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES							Compliance			
8.16.2.18 D COMPLAINTS							Compliance			
8.16.2.21 A LICENS	ING REQUIREM	ENTS								Compliance
8.16.2.21 B CAPACITY OF CENTERS						No	n-compliance			
Deficiencies										
The center faile	-	-								
room that is eas	•			-	-	ie				
Regulation: 8.16		α παιίος ποι μο			5 1100111.					
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	Corrective Action Plan The center will post the capacity in an area of the room that is easily visible to parents, staff									
and visitors.										
Date to be Comp	leted: 06/17/2017									
8.16.2.21 C INCIDE	NT REPORTING	REQUIREMENT	S							Compliance
	Administrative Requirements									
8.16.2.22 A ADMINI	STRATION RECO	ORDS								Compliance
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT						Not Inspected				
8.16.2.22 C POLICY AND PROCEDURES							Compliance			
8.16.2.22 D FAMILY HANDBOOK							Not Inspected			

Center Name: Jardin de los Ninos	License Number: 24444	Date: 05/17/2017		
Adminis	trative Requirements			
8.16.2.22 E CHILDREN'S RECORDS		Not Inspecte		
8.16.2.22 F PERSONNEL RECORDS				
8.16.2.22 G PERSONNEL HANDBOOK		Not Inspecte		
Pers	sonnel & Staffing			
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS		Complianc		
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING				
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES				
Service	s & Care of Children			
8.16.2.24 A GUIDANCE		Complianc		
8.16.2.24 B NAPS OR REST PERIOD		Complianc		
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS				
8.16.2.24 D DIAPERING AND TOILETING				
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS				
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE		N/		
8.16.2.24 G PHYSICAL ENVIRONMENT		Complianc		
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT				
8.16.2.24 I EQUIPMENT AND PROGRAM				
8.16.2.24 J OUTDOOR PLAY AREAS				
8.16.2.24 K SWIMMING, WADING AND WATER		N/		
8.16.2.24 L FIELD TRIPS		Not Inspecte		
	Food Service			
8.16.2.25 B MEALS AND SNACKS		Complianc		
8.16.2.25 C MENUS		Complianc		
8.16.2.25 D KITCHENS <u>Deficiencies</u> The freezer in the El Sol Room does not have a working inte <u>Regulation:</u> 8.16.2.25D(6)	rnal thermometer.	Non-complianc		
Corrective Action Plan The center will obtain and place a working thermometer in fro Date to be Completed: 06/17/2017	eezer.			
8.16.2.25 E MEAL TIMES		Complianc		
Health &	Safety Requirements			
8.16.2.26 A HYGIENE		Complianc		
8.16.2.26 B FIRST AID REQUIREMENTS				
8.16.2.26 C MEDICATION		Non-complianc		
Survey Deport Form		Page 2 o		

Center Name:	License Number:	Date:		
Jardin de los Ninos	24444	05/17/2017		
Health & S	Safety Requirements			
Deficiencies Medication was observed in the center that does not have a la the date the medication was brought to the center. Diaper Ra labled. Regulation: 8.16.2.26C(3)				
Corrective Action Plan Medication will be labeled and dated as required. CORRECT Date to be Completed: 05/17/2017	ED ON SITE.			
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS		Compliance		
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS		Not Inspecte		
Buildings	s, Grounds & Safety			
<ul> <li>8.16.2.29 A HOUSEKEEPING</li> <li>Deficiencies The Premises are not in good repair as evidenced by in the in wodden playhouse has an exposed screw by the window sill a has cobwebs on it. Regulation: 8.16.2.29A(1) Corrective Action Plan Repairs will be completed and a system for routine inspection will be established. Date to be Completed: 06/17/2017</li></ul>	and some of the equipment	Non-compliant		
8.16.2.29 B PEST CONTROL		Compliand		
8.16.2.29 C MECHANICAL SYSTEMS		Compliand		
8.16.2.29 D WATER AND WASTE				
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL				
8.16.2.29 F EXITS AND WINDOWS		Compliand		
8.16.2.29 G TOILET AND BATHING FACILITIES		Compliand		
8.16.2.29 H SAFETY COMPLIANCE		Compliand		
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEG	AL DRUGS AND CONTROLLED SUBS	TANCES Compliand		
8.16.2.29 J PETS		N		

Please note: Per CYFD regulation NMAC 8.16.2 above, may result in further action taken agains	-	bly with the corrective action plans as noted	
Couptal Stand D 11 116	05/17/2017	Signiture on Fill	05/17/2017
Surveyor:Crystal Estrada	Date	Eacility Rep Marina Ortiz Flores	Date

Survey Report Form