Center Name: Kid's Kountry Campus			Address: 1815 Wisconsin Las Cruces, NM 88001				<b>Phone:</b> (575)521-1700		
License Number:	Issue Date:	Expiration D	Date:	Туре:			Status:	•	
155467	09/3/2016	09/2/2017		3 Star FOCUS Child Care Center			Licensed		
Capacity			,	•		Cei	nsus		
Over Age 2: 76	Under Age 2:	31 Night (	Care:	0 Pla	ayground: 90	Ove	er 2: 50	Unde	r 2: 17
Days and Hours of	Operation								
	<u>Monday</u>	Tuesday	<u>y</u> <u>W</u>	<u>ednesday</u>	<u>Thursday</u>	Fri	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times: 06:30 AM		06:30 AM		06:30 AM	06:30 AM	06:30 AM		Closed	Closed
Closing Times: 06:00 PM		06:00 PN	00 PM 06:00 PM		06:00 PM 06		0 PM		
# of Classrooms: Purpose:		rpose:			Date:		Tir	me:	
6 Incident Investig		ident Investigatio	ion		06/20/2017		01	:10 PM	
_		•						•	

## Comments

Director and Owner took immediate corrective action to resolve the air conditioning problem in the facility.

A window unit was installed which helped bring down temperature in the facility.

Owner is working on a more permanent solution to prevent this from reoccurring in the future.

Areas marked as "N/A" are not applicable to this survey.

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:					
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				
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	N/A				
Administrative Requirements					
8.16.2.22 A ADMINISTRATION RECORDS	N/A				
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	N/A				
8.16.2.22 C POLICY AND PROCEDURES	N/A				
8.16.2.22 D FAMILY HANDBOOK	N/A				
8.16.2.22 E CHILDREN'S RECORDS	N/A				
8.16.2.22 F PERSONNEL RECORDS	N/A				
8.16.2.22 G PERSONNEL HANDBOOK	N/A				
Personnel & Staffing					
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	N/A				

Survey Report Form Page 1 of 3

Center Name:	License Number:	Date:	
Kid's Kountry Campus	155467	06/20/2017	
Per	sonnel & Staffing		
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING			N/A
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES		N/A	
Service	es & Care of Children		
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 TO		N/A	
8.16.2.24 D DIAPERING AND TOILETING			N/A
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH	SPECIAL NEEDS		N/A
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE		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
8.16.2.24 J OUTDOOR PLAY AREAS			N/A
8.16.2.24 K SWIMMING, WADING AND WATER			N/A
8.16.2.24 L FIELD TRIPS			N/A
	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 CENTER:		N/A	
Buildin	gs, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING			N/A
8.16.2.29 B PEST CONTROL			N/A
8.16.2.29 C MECHANICAL SYSTEMS			Non-compliance

Survey Report Form Page 2 of 3

Center Name: License Number: Date: Kid's Kountry Campus 155467 06/20/2017

## **Buildings, Grounds & Safety**

### **Deficiencies**

The temperature in rooms used by children exceeds 82 degrees Fahrenheit.

Regulation: 8.16.2.29C(1)

### **Corrective Action Plan**

A temperature between 68 degrees through 82 degrees Fahrenheit will be maintained in all rooms used by children.

Facility had in place procedures to contact parents if temperatures within the facility could not be controlled.

Date to be Completed: 07/19/2017

### **Deficiencies**

The center's cooling equipment is not maintained so that it is in good working order.

Facility Director and Owner had swamp cooler unit checked out and when unit could not adequately cool the facility (temperatures were in the 100s) installed window air conditioning unit.

**Regulation:** 8.16.2.29C(2)

# **Corrective Action Plan**

All heating and cooling equipment will be maintained to be in good working order.

Date to be Completed: 07/19/2017

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 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	N/A
8.16.2.29 J PETS	N/A

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.

06/20/2017

06/20/2017

muture on File

Surveyor: Sandra Connolly Date Facility Rep:Deborah Leon

Date