

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Address:					Phone:		
Kid's Kountry Campus			1815 Wisconsin Las Cruces, NM 88001					(575)521-17	00	
License Number:	Issue Date:	Expiration I	Date:	Туре:				Status:		
155467	09/3/2016	09/2/2017		3 Star FOC	US Child Care	e Center		Licensed		
Capacity		•					Cer	nsus		
Over Age 2: 76	Under Age 2:	31 Night	Care:	0 P	layground:	90	Ove	r 2: 0	Unde	er 2: 0
Days and Hours of Operation										
	<u>Monday</u>	Tuesda	<u>y W</u>	ednesday	Thurso	lay	Fri	day	<u>Saturday</u>	<u>Sunday</u>
Opening Times	: 06:30 AM	06:30 Al	И (	06:30 AM	06:30	۹M	06:3	0 AM	Closed	Closed
Closing Times	06:00 PM	06:00 PI	V C	06:00 PM	06:00 F	PM	06:0	0 PM		
# of Classrooms:	1	Purpose:			Date:			Ti	me:	
6	1	=ollow-up			07/27/2017			03	3:18 PM	

## Comments

Survey is follow up to Incident Investigation dated 6/20/2017. Facility director provided procedures showing how the deficiency will be montiored and what steps will be taken to ensure the health of the staff and children. A physical visit was conducted to ensure compliance.

COMPLIANCE with cited deficiency.

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			

Center Name: Kid's Kountry Campus	License Number: 155467	Date: 07/27/2017				
Personnel	l & Staffing					
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS			N/A			
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING			N/A			
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES			N/A			
Services & Ca	are of Children	ł				
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 TODDLERS	3		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	8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE					
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 & Safet	y 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, Gro	ounds & 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			Compliance			
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			
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Kid's Kountry Campus	155467	07/27/2017			
Buildings, Grounds & Safety					
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.

Sandra Comolly

Signative on the

Facility Rep:Deborah Leon

07/27/2017

Date

07/27/2017

Surveyor:Sandra Connolly

Survey Report Form

Date