



Facility

Name: *Kid's Kountry Place* **License Number:** *123285*
Address: *3704 Elks Drive, Las Cruces, NM 88005*
Phone: *5755258667* **Fax:** **E-mail:** *crystalcardenas1987@yahoo.com*

License Information

Type: *3 Star FOCUS Child Care Center* **Status:** *Licensed* **Issue Date:** *08/01/2018* **Expiration Date:** *07/31/2019*

Capacity

Over Age 2: *92* **Under Age 2:** *18* **Night Care:** *0* **Playground:** *0*
Square Footage: *0*

Census

Over 2: *49* **Under 2:** *12*

Classrooms

Number of Classrooms: *5*

Days and Hours of Operation

Monday <i>6:30 AM - 6:00 PM</i>	Tuesday <i>6:30 AM - 6:00 PM</i>	Wednesday <i>6:30 AM - 6:00 PM</i>	Thursday <i>6:30 AM - 6:00 PM</i>	Friday <i>6:30 AM - 6:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *08/27/2018* **Time In:** *2:35 PM* **Time Out:** *4:00 PM* **Purpose:** *Other*

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	Compliance
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	Compliance
8.16.2.21 B Capacity of Centers	Compliance

Administrative Requirements *(continued)*

8.16.2.21 C Incident Reporting Requirements *Compliance*

Administrative Requirements

8.16.2.22 A Administrative 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*

8.16.2.23 B Staff Qualifications and Training *N/A*

8.16.2.23 C Staff/Child Ratios and Group Sizes *Compliance*

Services & 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 Toddlers *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, Wadding 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*

Food Service (continued)

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	Compliance

Buildings, 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	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 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	N/A
8.16.2.29 J Pets	N/A

Additional Comments

This survey is to monitor Conditions of Operation. Facility is in compliance with the Conditions of Operation on this visit.

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.



Surveyor: Steven Wells



Facility Representative: Katrina Baca