



Facility

Name: *Leticia Vargas* **License Number:** *159503*
Address: *5714 Organ Peak Drive, Las Cruces, NM 88012*
Phone: *5756405898* **Fax:** **E-mail:** *sunshineletty3@gmail.com*

License Information

Type: *2 Star Family Child Care Home* **Status:** *Licensed* **Issue Date:** *06/17/2018* **Expiration Date:** *06/16/2019*

Capacity

Over Age 2: *4* **Under Age 2:** *2* **Night Care:** *0* **Playground:** *0*
Square Footage: *0*

Census

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

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>8:00 AM - 5:00 PM</i>	Tuesday <i>8:00 AM - 5:00 PM</i>	Wednesday <i>5:00 PM - 5:00 PM</i>	Thursday <i>8:00 AM - 5:00 PM</i>	Friday <i>8:00 AM - 5:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *10/29/2018* **Time In:** *9:38 AM* **Time Out:** *10:23 AM* **Purpose:** *Semi-Annual*

Licensure

8.16.2.31 A Licensing Requirements	<i>Compliance</i>
8.16.2.31 B Capacity of a Home	<i>Compliance</i>
8.16.2.31 C Incident Reporting Requirements	<i>N/A</i>

Administrative Requirements

8.16.2.32 A Administrative Records	<i>Compliance</i>
8.16.2.32 B Mission, Philosophy and Curriculum Statement	<i>Compliance</i>
8.16.2.32 C Parent Handbook	<i>Not Inspected</i>
8.16.2.32 D Children's Records	<i>Not Inspected</i>

Administrative Requirements (*continued*)

8.16.2.32 E Personnel Records	<i>Compliance</i>
8.16.2.32 F Personnel Handbook	<i>N/A</i>

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	<i>Compliance</i>
8.16.2.33 B Staff Qualifications and Training	<i>Compliance</i>

Services & Care of Children

8.16.2.34 A Guidance	<i>Compliance</i>
8.16.2.34 B Naps or Rest Period	<i>Not Inspected</i>
8.16.2.34 C Additional Requirements for Infants and Toddlers	<i>Compliance</i>
8.16.2.34 D Diapering and Toileting	<i>Compliance</i>
8.16.2.34 E Additional Requirements for Children with Special Needs	<i>N/A</i>
8.16.2.34 F Night Care	<i>N/A</i>
8.16.2.34 G Physical Environment	<i>Compliance</i>
8.16.2.34 H Social-Emotional Responsive Environment	<i>Compliance</i>
8.16.2.34 I Equipment and Program	<i>Compliance</i>
8.16.2.34 J Outdoor Play	<i>Compliance</i>
8.16.2.34 K Swimming, Wadding and Water	<i>N/A</i>
8.16.2.34 L Field Trips	<i>N/A</i>

Food Service

8.16.2.35 B Meals and Snacks	<i>Compliance</i>
8.16.2.35 C Menus	<i>Compliance</i>
8.16.2.35 D Kitchens	<i>Compliance</i>
8.16.2.35 E Meal Times	<i>Not Inspected</i>

Health & Safety Requirements

8.16.2.36 A Hygiene	<i>Compliance</i>
8.16.2.36 B First Aid Requirements	<i>Compliance</i>
8.16.2.36 C Medication	<i>N/A</i>
8.16.2.36 D Illness and Notifiable Diseases	<i>Compliance</i>

Health & Safety Requirements (*continued*)

8.16.2.37 A-G Transportation Requirements for Homes

N/A

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping

Compliance

8.16.2.38 B Pest Control

Compliance

8.16.2.38 C Mechanical Systems

Compliance

8.16.2.38 D Lighting, Lighting Fixtures and Electrical

Compliance

8.16.2.38 E Exits

Compliance

8.16.2.38 F Toilet and Bathing Facilities:

Compliance

8.16.2.38 G Safety Compliance

Compliance

8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

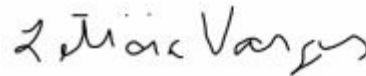
Compliance

8.16.2.38 I Pets

Compliance

Additional Comments*Semi-Annual Inspection***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: *Jose Morales*Facility Representative: *Leticia Vargas*