

Center Name: Linda Munoz		Address: 2431 Mares Rd. SW Albuquerque, NM 87105					Phone: (505)252-0282			
License Number:	Issue Date:	Expiration I	Date:	Type:			Status:	s:		
140052	01/14/2017	01/13/2018 2 Sta		2 Star + Fa	2 Star + Family Child Care Home Licens			sed		
Capacity			,	-		Ce	nsus			
Over Age 2: 3	Under Age 2:	2 Night	Care:	0 F	Playground: 0	Ove	er 2:	0	Und	ler 2: 0
Days and Hours of	Operation									
	<u>Monday</u>	<u>Tuesda</u>	<u>w</u>	<u>'ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	9	<u>Saturday</u>	<u>Sunday</u>
Opening Times	6:00	6:00		6:00	6:00	6	:00		Closed	Closed
Closing Times	: 05:00 PM	05:00 PI	M (05:00 PM	05:00 PM	05:0	0 PM			
# of Classrooms:		Purpose:			Date:			Tim	ne:	
1	1	Follow-up			08/08/2017			02:	19 PM	
Comments Deficiencies cited or	n Semi-Annual ha	ve been correcte	ed. No furthe	er action re	quired Thank you.					

Deliciencies cited on Semi-Armual have been corrected. No future action required Thank you.					
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED	BELOW:				
Licensure					
8.16.2.31 A LICENSING REQUIREMENTS	N/A				
8.16.2.31 B CAPACITY OF A HOME	N/A				
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	N/A				
Administrative Requirements					
8.16.2.32 A ADMINISTRATIVE RECORDS	Not Inspected				
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected				
8.16.2.32 C PARENT HANDBOOK	Not Inspected				
8.16.2.32 D CHILDREN'S RECORDS	Not Inspected				
8.16.2.32 E PERSONNEL RECORDS	Not Inspected				
8.16.2.32 F PERSONNEL HANDBOOK	Not Inspected				
Personnel & Staffing					
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Not Inspected				
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Not Inspected				
Services & Care of Children					
8.16.2.34 A GUIDANCE	Not Inspected				
8.16.2.34 B NAPS OR REST PERIOD	Not Inspected				
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Not Inspected				
8.16.2.34 D DIAPERING AND TOILETING	Not Inspected				
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Not Inspected				
8.16.2.34 F NIGHT CARE	N/A				
8.16.2.34 G PHYSICAL ENVIRONMENT	Not Inspected				

Survey Report Form Page 1 of 2

Center Name: Linda Munoz	License Number:	Date: 08/08/2017	
		00/00/2017	
Services & Care 8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT	of Children		Not Inspected
8.16.2.34 I EQUIPMENT AND PROGRAM			Not Inspected
8.16.2.34 J OUTDOOR PLAY			Not Inspected
8.16.2.34 K SWIMMING, WADING AND WATER			N/A
8.16.2.34 L FIELD TRIPS			N/A
Food Ser	rvice		
8.16.2.35 B MEALS AND SNACKS			Not Inspected
8.16.2.35 C MENUS			Compliance
8.16.2.35 D KITCHENS			Not Inspected
8.16.2.35 E MEAL TIMES			N/A
Health & Safety F	Requirements		
8.16.2.36 A HYGIENE			Not Inspected
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspected
8.16.2.36 C MEDICATION			Not Inspected
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Not Inspected
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES			Not Inspected
Buildings, Grou	nds & Safety		
8.16.2.38 A HOUSEKEEPING			Compliance
8.16.2.38 B PEST CONTROL			Not Inspected
8.16.2.38 C MECHANICAL SYSTEMS			Not Inspected
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL			Not Inspected
8.16.2.38 E EXITS		Not Inspected	
8.16.2.38 F TOILET AND BATHING FACILITIES		Compliance	
8.16.2.38 G SAFETY COMPLIANCE		Not Inspected	
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRU	STANCES	Not Inspected	
8.16.2.38 PETS			Not Inspected

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.

08/08/2017

08/08/2017

Surveyor:Helen Waldorf

Date

Facility Rep:Linda Munoz

Date