



Facility

Name: *Little Tumbleweed Daycare Too* **License Number:** *158097*
Address: *253 Chimuri, La Mesa, NM 88044*
Phone: *5752333380* **Fax:** **E-mail:** *sheriseay@yahoo.com;*
shelly.allison20@gmail.com

License Information

Type: *2 Star + Child Care Center* **Status:** *Licensed* **Issue Date:** *08/26/2018* **Expiration Date:** *08/25/2019*

Capacity

Over Age 2: *28* **Under Age 2:** *21* **Night Care:** *0* **Playground:** *52*
Square Footage: *0*

Census

Over 2: *4* **Under 2:** *2*

Classrooms

Number of Classrooms: *3*

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: *09/13/2018* **Time In:** *10:54 AM* **Time Out:** *11:50 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	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	Compliance
8.16.2.21 B Capacity of Centers	Compliance

Licensure (continued)

8.16.2.21 C Incident Reporting Requirements N/A

Administrative Requirements

8.16.2.22 A Administrative Records Compliance

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 Compliance

8.16.2.22 G Personnel Handbook N/A

Personnel & Staffing8.16.2.23 A Personnel and Staffing Requirements **Non-compliance**

There is no director or co-director at the center a minimum of 50% of the center's core hours of operation. Per the conditions of operation the Director is to be at the center 50% of the centers core hours of operation, for the week of August 27-31 the Director was only at the center for 23.35 total hours. Per the conditions of operation the Directors schedule cannot be altered or changed without prior approval from licensing, the director is no longer working two days out of the week due to school schedule.

Corrective Action Plan:

The director will be on site 50% of the center's core hours of operation.

Regulation: 8.16.2.23.A.7.

Date to be Completed: 10/01/2018

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 Compliance

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

Services & Care of Children (continued)

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
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	Non-compliance

The vehicle used for transporting children does not have current registration, insurance coverage. Per the conditions of operation the facility will follow all transportation guidelines outlined in the licensing regulations and all applicable state laws. Insurance located in van expired 8/31/18, Registration expired 7/31/18.

Corrective Action Plan

current registration, insurance coverage will be obtained.

*** Owner was able to provide photo verification (via text message) of current insurance after being contacted by educator, however, van was not equipped with a copy. Owner stated that the registration renewal sticker was lost and then mailed to the wrong address. Owner provided photo of partial screen shot (via text message) showing that the registration renewal request was submitted.*

*** INSURANCE CORRECTED ON SITE** Registration is pending.*

Regulation: 8.16.2.28.H.

Date to be Completed: 09/01/2018

Buildings, Grounds & Safety

8.16.2.29 A Housekeeping	N/A
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Buildings, Grounds & Safety (continued)

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

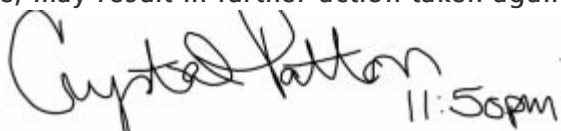
Additional Comments

Visit was to monitor the conditions of operation for the month of September; not all conditions are being met. Deficiencies will be marked as "non-compliance", conditions met will be marked as "compliance", all others will be marked as n/a.

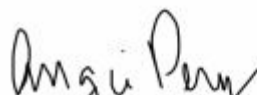
Director was not present at time of visit, staff advised that the Director is not present at the facility on Tuesday and Thursdays due to schooling schedule.

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.


11:50pm

Surveyor: Crystal Patton



Facility Representative: Angie Perez