

Facility				
Name: LouAnn Murray				ense Number: 55521
Address: 367 Timor Rd				
Phone: 5058921184	Fax:	E-mail: mrsn	oah55@yahoo.com	
License Information				
Type : 2 Star Group Chila Care Home	Status: Licensed	Issue Date: (viration Date: 202/2019
Capacity				
Over Age 2: <i>8</i> Square Footage: <i>0</i>	Under Age 2:4	Night Care:	0 Play	yground: 0
Census				
Over 2:0	Under 2:0			
Classrooms				
Number of Classrooms	5: 7			
Days and Hours of Operat	tion			
Monday 6:00 AM - 6:30 PM	Tuesday 6:00 AM - 6:30 PM	Wednesday 6:00 AM - 6:30 PM	Thursday 6:00 AM - 6:30 PM	Friday 6:00 AM - 6:30 PM
Saturday Closed	Sunday Closed			
Inspection				
Date: 10/22/2018	Time In: 3:46 PM	Time Out: 3:	50 PM Pur	pose: Follow-up
Licensure				
8.16.2.31 A Licensing Requirements N				
8.16.2.31 B Capacity of a Home				Not Inspected
8.16.2.31 C Incident Reporting Requirements				
Administrative Require	ments			
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				
8.16.2.32 D Children's F	Records			Not Inspected

Administrative Requirements (continued)

8.16.2.35 D Kitchens

Food Service

8.16.2.35 E Meal Times

Health & Safety 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

Not Inspected

Not Inspected

8.16.2.38 | Pets

Additional Comments

This is a follow up survey to the semi-annual inspection conducted on 8/20/18.

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: Kia Kennedy

Signatule & AL

Facility Representative: LouAnn Murray

Not Inspected