



Facility

Name: *Lupe Barragan* **License Number:** *15013*
Address: *908 S. Bard, Silver City, NM 88061*
Phone: *5755344154* **Fax:** **E-mail:** *n/a*

License Information

Type: *2 Star Group Child Care Home* **Status:** *Licensed* **Issue Date:** *04/25/2019* **Expiration Date:** *04/24/2020*

Capacity

Over Age 2: *8* **Under Age 2:** *4* **Night Care:** **Playground:**
Square Footage: *0*

Census

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

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>6:00 AM - 5:30 PM</i>	Tuesday <i>6:00 AM - 5:30 PM</i>	Wednesday <i>6:00 AM - 5:30 PM</i>	Thursday <i>6:00 AM - 5:30 PM</i>	Friday <i>6:00 AM - 5:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *03/12/2019* **Time In:** *9:51 AM* **Time Out:** *9:56 AM* **Purpose:** *Follow-up*

Licensure

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

Administrative Requirements

8.16.2.32 A Administrative Records	<i>N/A</i>
8.16.2.32 B Mission, Philosophy and Curriculum Statement	<i>N/A</i>
8.16.2.32 C Parent Handbook	<i>N/A</i>
8.16.2.32 D Children's Records	<i>Compliance</i>

Administrative Requirements *(continued)*

8.16.2.32 E Personnel Records	N/A
8.16.2.32 F Personnel Handbook	N/A

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	N/A
8.16.2.33 B Staff Qualifications and Training	N/A

Services & Care of Children

8.16.2.34 A Guidance	Compliance
8.16.2.34 B Naps or Rest Period	N/A
8.16.2.34 C Additional Requirements for Infants and Toddlers	N/A
8.16.2.34 D Diapering and Toileting	Compliance
8.16.2.34 E Additional Requirements for Children with Special Needs	N/A
8.16.2.34 F Night Care	N/A
8.16.2.34 G Physical Environment	N/A
8.16.2.34 H Social-Emotional Responsive Environment	N/A
8.16.2.34 I Equipment and Program	N/A
8.16.2.34 J Outdoor Play	N/A
8.16.2.34 K Swimming, Wadding and Water	N/A
8.16.2.34 L Field Trips	N/A

Food Service

8.16.2.35 B Meals and Snacks	N/A
8.16.2.35 C Menus	N/A
8.16.2.35 D Kitchens	N/A
8.16.2.35 E Meal Times	N/A

Health & Safety Requirements

8.16.2.36 A Hygiene	N/A
8.16.2.36 B First Aid Requirements	N/A
8.16.2.36 C Medication	N/A

Health & Safety Requirements *(continued)*

8.16.2.36 D Illness and Notifiable Diseases	N/A
8.16.2.37 A-G Transportation Requirements for Homes	N/A

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	N/A
8.16.2.38 B Pest Control	N/A
8.16.2.38 C Mechanical Systems	N/A
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	N/A
8.16.2.38 E Exits	N/A
8.16.2.38 F Toilet and Bathing Facilities:	N/A
8.16.2.38 G Safety Compliance	N/A
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	N/A
8.16.2.38 I Pets	N/A

Additional Comments

Follow up to annual survey dated 2/21/19, all deficiencies have been corrected. Corrections provided via text/photo. Corrected items will be marked as compliance, all others will be marked as n/a.

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.

Crystal Patton
9:30am

Surveyor: *Crystal Patton*

Signature on File

Facility Representative: *Lupe Barragan*