

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Contor Nome:  |                             |                            |                          | EY REPOR                     | .1                          |      |                       |      | Dhana                    |               |                         |
|---|-----------------------------|----------------------------|--------------------------|------------------------------|-----------------------------|------|-----------------------|------|--------------------------|---------------|-------------------------|
| Center Name:  |                             |                            | Address:<br>908 Bard St. |                              |                             |      |                       |      | Phone:<br>(575)534-4154  |               |                         |
| Lupe Barragan   |                             |                            | Silver City,             | 1                            |                             |      |                       |      | (575)53                  | 4-4154        |                         |
| License Number:   | Issue Date:                 | Expiration D               | ate:                     | Туре:                        |                             |      | Status:               |      |                          |               |                         |
| 15013   | 04/25/2017                  | 04/24/2018                 |                          | 2 Star Grou                  | p Child Care Home           |      | Licensed              |      |                          |               |                         |
| Capacity Over Age 2: 8  | Under Age 2:                | 4 Night C                  | Care:                    | 0 Pla                        | ayground: 0                 |      | <b>nsus</b><br>er 2:  | 5    |                          | Under 2:      | 0                       |
|   | _                           | 4 Night C                  | Jaie.                    |                              | ayground. 0                 | 00   | 51 2.                 | 5    |                          | Under 2.      | 0                       |
| Days and Hours of   |                             | - ·                        |                          | , , ,                        | <b>-</b> , ,                | _    |                       | 0    |                          |               | 0                       |
| Opening Times   | <u>Monday</u><br>: 07:00 AM | <u>Tuesday</u><br>07:00 AM | -                        | <u>/ednesday</u><br>07:00 AM | <u>Thursday</u><br>07:00 AM |      | i <u>day</u><br>)0 AM |      | <u>aturday</u><br>Closed |               | <u>Sunday</u><br>Closed |
| Closing Times   |                             | 05:00 PM                   | 1 (                      | 05:00 PM                     | 05:00 PM                    | 05:0 | 00 PM                 |      |                          |               |                         |
| # of Classrooms:  | Р                           | urpose:                    |                          |                              | Date:                       |      |                       | Tim  | e:                       |               |                         |
| 2   | 0                           | other                      |                          |                              | 05/18/2017                  |      |                       | 12:2 | 0 PM                     |               |                         |
| Comments  |                             |                            |                          |                              |                             |      |                       |      |                          |               |                         |
| A 6110  |                             |                            |                          |                              |                             |      |                       |      | SNOTED                   | BELOW:        |                         |
| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW: |                             |                            |                          |                              |                             |      |                       |      |                          |               |                         |
|   |                             |                            |                          | Licen                        | ISURE                       |      |                       |      |                          |               | 0                       |
| 8.16.2.31 A LICENSING REQUIREMENTS  |                             |                            |                          |                              |                             |      |                       |      |                          | Compliance    |                         |
| 8.16.2.31 B CAPAC   |                             |                            |                          |                              |                             |      |                       |      |                          |               | Compliance              |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS   |                             |                            |                          |                              |                             |      |                       |      |                          | Not Inspected |                         |
| Administrative Requirements   |                             |                            |                          |                              |                             |      |                       |      |                          |               |                         |
| 8.16.2.32 A ADMINI  | STRATIVE RECOR              | RDS                        |                          |                              |                             |      |                       |      |                          |               | 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 CHILDF  | REN'S RECORDS               |                            |                          |                              |                             |      |                       |      |                          |               | Not Inspected           |
| 8.16.2.32 E PERSONNEL RECORDS   |                             |                            |                          |                              |                             |      |                       |      | Not Inspected            |               |                         |
| 8.16.2.32 F PERSONNEL HANDBOOK  |                             |                            |                          |                              |                             |      |                       |      |                          | Not Inspected |                         |
|   |                             |                            | P                        | Personnel                    | & Staffing                  |      |                       |      |                          |               |                         |
| 8.16.2.33 A PERSO   | NNEL AND STAFF              | ING REQUIREM               | IENTS                    |                              |                             |      |                       |      |                          |               | Compliance              |
| 8.16.2.33 B STAFF   | QUALIFICATIONS              | AND TRAINING               | i                        |                              |                             |      |                       |      |                          |               | Not Inspected           |
|   |                             |                            | Serv                     | rices & Ca                   | re of Children              |      |                       |      |                          |               |                         |
| 8.16.2.34 A GUIDAI  | NCE                         |                            |                          |                              |                             |      |                       |      |                          |               | Compliance              |
| 8.16.2.34 B NAPS (  | OR REST PERIOD              |                            |                          |                              |                             |      |                       |      |                          |               | Not Inspected           |
| 8.16.2.34 C ADDITI  | ONAL REQUIREM               | ENTS FOR INFA              | NTS AND                  | TODDLERS                     |                             |      |                       |      |                          |               | Not Inspected           |
| 8.16.2.34 D DIAPE   | RING AND TOILET             | ING                        |                          |                              |                             |      |                       |      |                          |               | Not Inspected           |
| 8.16.2.34 E ADDITI  | ONAL REQUIREM               | ENTS FOR CHIL              | DREN WIT                 | TH SPECIAL                   | NEEDS                       |      |                       |      |                          |               | Not Inspected           |
| 8.16.2.34 F NIGHT   | CARE                        |                            |                          |                              |                             |      |                       |      |                          |               | N/A                     |
| 8.16.2.34 G PHYSIC  |                             | NT                         |                          |                              |                             |      |                       |      |                          |               | Not Inspected           |
|   |                             |                            |                          |                              |                             |      |                       |      |                          |               |                         |
|   |                             |                            |                          |                              |                             |      |                       |      |                          |               | Dere 1 of 0             |

| Center Name:  | License Number:          | Date:      |               |
|---|--------------------------|------------|---------------|
| Lupe Barragan   | 15013                    | 05/18/2017 |               |
| Services & C  | Care of Children         |            |               |
| 8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT         |                          |            | Compliance    |
| 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                      |                          |            | Not Inspected |
| 8.16.2.34 L FIELD TRIPS                                     |                          |            | Not Inspected |
| Food  | l Service                |            |               |
| 8.16.2.35 B MEALS AND SNACKS                                |                          |            | Not Inspected |
| 8.16.2.35 C MENUS   |                          |            | Not Inspected |
| 8.16.2.35 D KITCHENS  |                          |            | Not Inspected |
| 8.16.2.35 E MEAL TIMES                                      |                          |            | Not Inspected |
| Health & Safe   | ety 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, G  | rounds & Safety          |            |               |
| 8.16.2.38 A HOUSEKEEPING                                    |                          |            | Not Inspected |
| 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                   |                          |            | Not Inspected |
| 8.16.2.38 G SAFETY COMPLIANCE                               |                          |            | Not Inspected |
| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL | DRUGS AND CONTROLLED SUB | STANCES    | Compliance    |
| 8.16.2.38 I 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.

Imma Longales 1:25

05/18/2017

Date

Facility Rep:Lupe Barragan

Surveyor:Emma Gonzales

Survey Report Form

Date

05/18/2017

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