



Facility

Name: *Maria Ponce* License Number: *117336*
 Address: *337 Ace Ryan, Chaparral, NM 88081*
 Phone: *9158202056* Fax: E-mail: *mariaponce337@gmail.com*

License Information

Type: *5 Star FOCUS Group Child Care Home* Status: *Licensed* Issue Date: *08/29/2018* Expiration Date: *08/28/2019*

Capacity

Over Age 2: *8* Under Age 2: *4* Night Care: *0* Playground: *0*
 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 - 10:00 PM</i>	Tuesday <i>6:00 AM - 10:00 PM</i>	Wednesday <i>6:00 AM - 10:00 PM</i>	Thursday <i>6:00 AM - 10:00 PM</i>	Friday <i>6:00 AM - 10:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *08/20/2018* Time In: *10:55 AM* Time Out: *11:10 AM* Purpose: *Follow-up*

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

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	N/A
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	N/A
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
8.16.2.36 D Illness and Notifiable Diseases	N/A

Health & Safety Requirements *(continued)*

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 Compliance

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

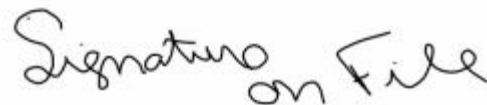
Follow up to annual survey dated 7/16/18, all deficiencies have been corrected. Corrections provide via photo. Corrected items will be marked as compliance, all others will be marked as n/a.

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.



Surveyor: Crystal Patton



Facility Representative: Maria Ponce