

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Querte N			SURVET RE					-		
Center Name:			Address: 343 Morrison Lane					Phone:		
Martha Munoz	1		Sunland Park, NM	88063			(915)47	4-3370		
License Number:	Issue Date:	Expiration D	Date: Type:	:		Status:				
49231	05/1/2016	04/30/2017	4 Star	FOCUS Group Chi		Licensed				
Capacity			0			ensus	0			
Over Age 2: 8	Under Age 2:	4 Night	Care: 0	Playground:	0 Ov	ver 2:	9	Under 2: 2		
Days and Hours of										
Opening Times	<u>Monday</u> : 06:00 AM	<u>Tuesda</u> 06:00 AN	-		-	<u>riday</u> 00 AM	<u>Saturday</u> Closed	<u>Sunday</u> Closed		
Closing Times		07:30 PN				30 PM	5,6564	0.0004		
# of Classrooms:		Purpose:		Date:			Time:			
2		Annual		02/28/2017			01:30 PM			
Comments										
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:										
			L	icensure						
8.16.2.31 A LICENSING REQUIREMENTS							Complian			
8.16.2.31 B CAPACITY OF A HOME							Complian			
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS								Complian		
Administrative Requirements										
8.16.2.32 A ADMINISTRATIVE RECORDS								Complian		
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT								Complian		
8.16.2.32 C PARENT HANDBOOK								Not Inspect		
8.16.2.32 D CHILDREN'S RECORDS								Complian		
8.16.2.32 E PERSONNEL RECORDS								Complian		
8.16.2.32 F PERSONNEL HANDBOOK							Not Inspect			
			Persor	nnel & Staffing						
8.16.2.33 A PERSO	NNEL AND STAF	FING REQUIREN						Complian		
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING								Complian		
			Services &	& Care of Child	dren			•		
8.16.2.34 A GUIDA	NCE							Complian		
8.16.2.34 B NAPS OR REST PERIOD								Complian		
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS								Complian		
8.16.2.34 D DIAPERING AND TOILETING								Complian		
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS								Complian		
8.16.2.34 F NIGHT	CARE							N		
8.16.2.34 G PHYSICAL ENVIRONMENT								Complian		
Survey Penert Fo								Page 1		

Center Name:	License Number:	Date:			
Martha Munoz	49231	02/28/2017			
Services & Care o	of Children				
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT					
8.16.2.34 I EQUIPMENT AND PROGRAM					
8.16.2.34 J OUTDOOR PLAY			Compliance		
8.16.2.34 K SWIMMING, WADING AND WATER					
8.16.2.34 L FIELD TRIPS					
Food Serv	vice	ŀ			
8.16.2.35 B MEALS AND SNACKS			Compliance		
8.16.2.35 C MENUS			Compliance		
8.16.2.35 D KITCHENS			Compliance		
8.16.2.35 E MEAL TIMES			Compliance		
Health & Safety Re	equirements				
8.16.2.36 A HYGIENE			Compliance		
8.16.2.36 B FIRST AID REQUIREMENTS			Compliance		
8.16.2.36 C MEDICATION			N/A		
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Compliance		
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES		Compliance			
Buildings, Ground	ds & Safety				
8.16.2.38 A HOUSEKEEPING			Compliance		
8.16.2.38 B PEST CONTROL			N//		
8.16.2.38 C MECHANICAL SYSTEMS		Compliance			
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL		Compliance			
8.16.2.38 E EXITS		Compliance			
8.16.2.38 F TOILET AND BATHING FACILITIES		Compliance			
8.16.2.38 G SAFETY COMPLIANCE		Compliance			
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUG	STANCES	Compliance			
8.16.2.38 PETS			Compliance		

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.

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Facility Rep:Martha Munoz

02/28/2017

Date

Surveyor:Emma Gonzales

Survey Report Form

Date

02/28/2017