



**Facility**

**Name:** *Roxana Sanchez* **License Number:** *167863*  
**Address:** *1830 La Jolla, Las Cruces, NM 88005*  
**Phone:** *5756807192* **Fax:**  **E-mail:** *lovingdaycare52@gmail.com*

**License Information**

**Type:** *2 Star Family Child Care Home* **Status:** *Licensed* **Issue Date:** *01/26/2018* **Expiration Date:** *10/26/2018*

**Capacity**

**Over Age 2:** *4* **Under Age 2:** *2* **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**

<b>Monday</b> <i>8:00 AM - 5:00 PM</i>	<b>Tuesday</b> <i>8:00 AM - 5:00 PM</i>	<b>Wednesday</b> <i>8:00 AM - 5:00 PM</i>	<b>Thursday</b> <i>8:00 AM - 5:00 PM</i>	<b>Friday</b> <i>8:00 AM - 5:00 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

**Date:** *09/28/2018* **Time In:** *2:15 PM* **Time Out:** *2:25 PM* **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 N/A

## 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	<b>Non-compliance</b>

*From the review of staff records, it was determined that the primary educator does not have documentation of the 45-hour entry level course or approved 3-credit early care and education course or an approved equivalent prior to or within six months of employment.*

### *Corrective Action Plan*

*Training will be completed for staff as required and documentation retained on file.*

*\*\*\*The provider was provided with training information to assist her in completing this requirement\*\*\**

Regulation: 8.16.2.33.B.5.

Date to be Completed: 10/28/2018

## 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

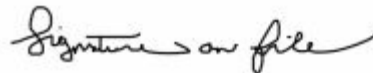
8.16.2.35 B Meals and Snacks	N/A
8.16.2.35 C Menus	N/A
8.16.2.35 D Kitchens	N/A

**Food Service (continued)**8.16.2.35 E Meal Times N/A**Health & Safety Requirements**8.16.2.36 A Hygiene N/A8.16.2.36 B First Aid Requirements N/A8.16.2.36 C Medication N/A8.16.2.36 D Illness and Notifiable Diseases N/A8.16.2.37 A-G Transportation Requirements for Homes N/A**Buildings, Grounds & Safety**8.16.2.38 A Housekeeping Compliance8.16.2.38 B Pest Control N/A8.16.2.38 C Mechanical Systems N/A8.16.2.38 D Lighting, Lighting Fixtures and Electrical N/A8.16.2.38 E Exits N/A8.16.2.38 F Toilet and Bathing Facilities: N/A8.16.2.38 G Safety Compliance N/A8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances N/A8.16.2.38 I Pets N/A**Additional Comments***Site visit not conducted.**This survey is being created at the office for a follow up to Annual Inspection conducted on 08/16/2018.**The provider has sent the compliance officer photographs of the corrected deficiencies via email. The provider completed Health and Safety Training on September 24, 2018. Training information was provided to her, to assist her in completing the 45 hour course. Compliance Officer will follow up with her 10/29/2018.***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: Jose Morales



Facility Representative: Roxana Sanchez