

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Address: 913 Davidson Dr.			Phone:	
Sonia Ortega	r	R	oswell, NM 88203		1	(575)444-8	/18
License Number:	Issue Date:	Expiration Date			Status:		
135828	08/22/2017	08/21/2018	2 Star + Gr	oup Child Care Home	Licensed	1	
Capacity	Index Area C		o. o –	lavaround:	Census	o	lor 2: 1
Over Age 2: 8	Under Age 2:	4 Night Car	e: 0 P	layground: 0	Over 2:	2 Unc	ler 2: 1
Days and Hours of		_		<b></b>			
Opening Times	<u>Monday</u> : 07:00 AM	<u>Tuesday</u> 07:00 AM	Wednesday 07:00 AM	<u>Thursday</u> 07:00 AM	<u>Friday</u> 07:00 AM	<u>Saturday</u> Closed	<u>Sunday</u> Closed
Closing Times		09:00 PM	09:00 PM	09:00 PM	09:00 PM		
# of Classrooms:		Purpose:		Date:		Time:	
-	5	Semi-Annual		01/16/2018		03:45 PM	
Comments							
A 0117				D OF NON-COMPLIANCE		IONS AS NOTED DE	LOW:
A SUR	VET OF TOUR FACIL	DEEN MADE				IONS AS NUTED BE	LON.
0.46.0.04.0			Licer	nsure		I	Notless
8.16.2.31 A LICENSING REQUIREMENTS							Not Inspected
8.16.2.31 B CAPAC							Not Inspected
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS							Not Inspected
			Administrative	Requirements			
8.16.2.32 A ADMINISTRATIVE RECORDS							Compliance
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT							Not Inspected
8.16.2.32 C PARENT HANDBOOK							Compliance
8.16.2.32 D CHILDREN'S RECORDS							Compliance
8.16.2.32 E PERSONNEL RECORDS							Compliance
8.16.2.32 F PERSO	NNEL HANDBOO	К					Not Inspected
			Personnel	& Staffing			
8.16.2.33 A PERSO	NNEL AND STAF	FING REQUIREMEN	ITS				Compliance
8.16.2.33 B STAFF	QUALIFICATION	S AND TRAINING					Compliance
			Services & Ca	re of Children			
8.16.2.34 A GUIDAN							Compliance
8.16.2.34 B NAPS (	OR REST PERIOD	)					Compliance
8.16.2.34 C ADDITI	ONAL REQUIREN	IENTS FOR INFAN	S AND TODDLERS				Compliance
8.16.2.34 D DIAPER		ΓING					Compliance
8.16.2.34 E ADDITIO		IENTS FOR CHILD	REN WITH SPECIAL	NEEDS			Compliance
8.16.2.34 F NIGHT CARE							N/A
8.16.2.34 G PHYSICAL ENVIRONMENT							Compliance
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Center Name:	License Number:	Date:				
Sonia Ortega	135828	01/16/2018				
Services & Care o	f Children					
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT			Compliance			
8.16.2.34 I EQUIPMENT AND PROGRAM			Compliance			
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	ice					
8.16.2.35 B MEALS AND SNACKS			Compliance			
8.16.2.35 C MENUS			Compliance			
8.16.2.35 D KITCHENS						
8.16.2.35 E MEAL TIMES						
Health & Safety Re	quirements	ł				
8.16.2.36 A HYGIENE			Compliance			
8.16.2.36 B FIRST AID REQUIREMENTS			Compliance			
8.16.2.36 C MEDICATION			Compliance			
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES						
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES						
Buildings, Ground	s & Safety					
8.16.2.38 A HOUSEKEEPING			Compliance			
8.16.2.38 B PEST CONTROL			Not Inspecte			
8.16.2.38 C MECHANICAL SYSTEMS						
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL						
8.16.2.38 E EXITS						
8.16.2.38 F TOILET AND BATHING FACILITIES						
8.16.2.38 G SAFETY COMPLIANCE						
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	STANCES	Complianc				
8.16.2.38 I 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.

01/16/2018

Date

Name Cont of A

Facility Rep:Sonia Ortega

01/16/2018

Surveyor:Nicholas Conde

Survey Report Form

Date