

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Center Name: | | Add | dress: | | | Phone | : | |
|---|---|----------------------------|-----------------------|-----------------------------|---------------------------|---------------------------|-------------------------|--|
| 1415 Dona Luisa St SW | | | | | (505)48 | 9-4621 | | |
| License Number: Issue | Date: | Expiration Date: | · · · | | Status: | | | |
| 166841 07/21/ | | 04/20/2018 | | ily Child Care Home | Licensed | | | |
| Capacity | | 020.20.10 | | | Census | | | |
| | er Age 2: | 2 Night Care: | 0 PI | layground: 0 | Over 2: | 0 | Under 2: 0 | |
| Days and Hours of Operati | ion | | | | | | | |
| Opening Times: | <u>Monday</u> 06:00 AM | <u>Tuesday</u> 06:00 AM | Wednesday 06:00 AM | <u>Thursday</u> 06:00 AM | <u>Friday</u> 06:00 AM | <u>Saturday</u> Closed | <u>Sunday</u> Closed | |
| Opening Times: Closing Times: | 06:00 AM | 06:00 AM | 06:00 AM | 06:00 AM | 06:00 AM | Closed | Closed | |
| # of Classrooms: | Pu | rpose: | | Date: | | Time: | | |
| 1 | | low-up | | 02/19/2018 | | 10:20 AM | | |
| Comments | | | | | | | | |
| this is a follow up to annual | inspection c | onducted on 2/13/1 | 8 | | | | | |
| A SURVEY OF | A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW: | | | | | | | |
| Licensure | | | | | | | | |
| 8.16.2.31 A LICENSING REQUIREMENTS | | | | | | | Not Inspected | |
| 8.16.2.31 B CAPACITY OF | | | | | | | Not Inspected | |
| 8.16.2.31 C INCIDENT REF | PORTING RE | QUIREMENTS | | | | | Not Inspected | |
| Administrative Requirements | | | | | | | | |
| 8.16.2.32 A ADMINISTRATIVE RECORDS | | | | | | 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 CHILDREN'S RECORDS | | | | | | Not Inspected | | |
| 8.16.2.32 E PERSONNEL RECORDS | | | | | | Compliance | | |
| 8.16.2.32 F PERSONNEL HANDBOOK | | | | | | Not Inspected | | |
| | | | Personnel | & Staffing | | | | |
| 8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS | | | | | | Not Inspected | | |
| 8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING | | | | | | Compliance | | |
| | | | Services & Ca | re of Children | | | | |
| 8.16.2.34 A GUIDANCE | | | | | | | Not Inspected | |
| 8.16.2.34 B NAPS OR REST PERIOD | | | | | Not Inspected | | | |
| 8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS | | | | | | Not Inspected | | |
| 8.16.2.34 D DIAPERING AND TOILETING | | | | | | Not Inspected | | |
| 8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS | | | | | | Not Inspected | | |
| 8.16.2.34 F NIGHT CARE | | | | | | Not Inspected | | |
| 8.16.2.34 G PHYSICAL ENVIRONMENT | | | | | | Not Inspected | | |
| Survey Penert Form | | | | | | | Page 1 of 2 | |

| Center Name: | License Number: | Date: | | |
|---|-----------------------|------------|---------------|--|
| Yadira Sanchez Gil | 166841 | 02/19/2018 | | |
| Service | es & Care of Children | | | |
| 8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT | | | Not Inspected | |
| 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 | | | | |
| | Food Service | | | |
| 8.16.2.35 B MEALS AND SNACKS | | | Not Inspected | |
| 8.16.2.35 C MENUS | | | Compliance | |
| 8.16.2.35 D KITCHENS | | | | |
| 8.16.2.35 E MEAL TIMES | | | Not Inspecte | |
| Health 8 | & Safety Requirements | F | | |
| 8.16.2.36 A HYGIENE | | | Not Inspecte | |
| 8.16.2.36 B FIRST AID REQUIREMENTS | | | Not Inspecte | |
| 8.16.2.36 C MEDICATION | | | Not Inspecte | |
| 8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES | | | | |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES | | | Complianc | |
| Buildin | gs, Grounds & Safety | ł | | |
| 8.16.2.38 A HOUSEKEEPING | | | Not Inspecte | |
| 8.16.2.38 B PEST CONTROL | | | | |
| 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 AND CONTROLLED SUBSTANCES | | | | |
| 8.16.2.38 PETS | | | Not Inspecte | |

| 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. | | | | | | | | |
|---|------------|---------------------------------|------------|--|--|--|--|--|
| SFI | 02/19/2018 | m file | 02/19/2018 | | | | | |
| Surveyor:Sylvia Foster | Date | Facility Rep:Yadira Sanchez Gil | Date | | | | | |