

Center Name:	Address: 1809 Snow	Address: 1809 Snow Dr.					Phone:		
Kathleen Chastain		Alamogordo	Alamogordo, NM 88310				(254)541-420	(254)541-4204	
License Number: Issue D	ate: Expir	ration Date:	Type:			Status:			
163046 09/28/20	09/27	7/2018	2 Star Family Child Care Home			Licensed			
Capacity			•		Cer	sus			
Over Age 2: 3 Under	Age 2: 2	Night Care:	0 Pla	ayground: 0	Ove	r 2:	3 Under	2: 1	
Days and Hours of Operation	n								
<u>N</u>	<u>londay</u>	<u>Tuesday</u> <u>W</u>	/ednesday	Thursday	Fri	day	<u>Saturday</u>	<u>Sunday</u>	
Opening Times: 01	7:00 AM (07:00 AM	07:00 AM	07:00 AM	07:0	MA C	Closed	Closed	
Closing Times: 07	7:00 PM (07:00 PM	07:00 PM	07:00 PM	07:0) PM			
# of Classrooms: Purpose		ose:		Date:		-	Time:		
1 Semi-Annual		ıal	01/18/2018		12:		12:15 PM	15 PM	
Comments									

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	Compliance					
8.16.2.31 B CAPACITY OF A HOME	Compliance					
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	Not Inspected					
8.16.2.32 D CHILDREN'S RECORDS	Compliance					
8.16.2.32 E PERSONNEL RECORDS	Not Inspected					
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	Not Inspected					
Services & Care of Children						
8.16.2.34 A GUIDANCE	Compliance					
8.16.2.34 B NAPS OR REST PERIOD	Compliance					
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliance					
8.16.2.34 D DIAPERING AND TOILETING	Compliance					
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN 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: Kathleen Chastain	License Number:	Date: 01/18/2018						
Services & Ca		0 11 10 120 10						
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			N/A					
8.16.2.34 L FIELD TRIPS			N/A					
Food Service								
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 Requirements								
8.16.2.36 A HYGIENE			Compliance					
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspected					
8.16.2.36 C MEDICATION			Not Inspected					
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Not Inspected					
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES			Not Inspected					
Buildings, Grounds & Safety								
8.16.2.38 A HOUSEKEEPING			Compliance					
8.16.2.38 B PEST CONTROL			Not Inspected					
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 DF	RUGS AND CONTROLLED SUBST	ANCES	Not Inspected					
8.16.2.38 I PETS			N/A					
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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.

01/18/2018

01/18/2018

Surveyor:Sandra Connolly

Date

Facility Rep:Kathleen Chastin

Date