Center Name: CHINS Children's House			Address: 2598 Medical Drive Alamogordo, NM 88310					Phone: (575)434-3218		
License Number: Issue Date: Expiration I		Date: Type: Status:								
133911	07/5/2017	07/4/2018	5 Star FOCUS Child Care Center Licensed							
Capacity				•		Cei	nsus			
Over Age 2: 68	Under Age 2:	42 Night	Care:	0 Playground: 66 Over 2: 4			43	3 Under 2: 27		
Days and Hours of Operation										
	<u>Monday</u>	Tuesda	<u>w</u>	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Satu	rday	<u>Sunday</u>
Opening Times	: 06:00 AM	06:00 A	M (06:00 AM	06:00 AM	06:0	06:00 AM		sed	Closed
Closing Times	: 06:00 PM	06:00 P	М (06:00 PM	06:00 PM	06:0	0 PM	M		
# of Classrooms:	P	Purpose:			Date:			Time:		
8	C	Complaint			01/09/2018			11:45 Al	М	
Comments										
Citation to complaint received on 12/14/17.										

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:				
Licensure				
8.16.2.11 A TYPES OF LICENSES	N/A			
8.16.2.11 B RENEWAL OF LICENSE	N/A			
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	N/A			
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	N/A			
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	N/A			
8.16.2.18 D COMPLAINTS	N/A			
8.16.2.21 A LICENSING REQUIREMENTS	N/A			
8.16.2.21 B CAPACITY OF CENTERS	Compliance			
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS Deficiencies The center failed to make a report to the licensing authority within 24 hours after the incident occurred regarding a head injury to a child. Regulation: 8.16.2.21 C	Non-complianc			
Corrective Action Plan The center will make an immediate report by phone and follow-up in writing within 24 hours of any incident that threatens the health and safety of children and staff members. Date to be Completed: 02/09/2018				
<u>Deficiencies</u> The center failed to notify parents or guardians in writing of an incident regarding a head injury to a child. Regulation: 8.16.2.21C(2)				
Corrective Action Plan Parents or guardians will be notified in writing of an incident that threatened or could have threatened the health or safety of children in the center. Date to be Completed: 02/09/2018				

Survey Report Form Page 1 of 3

Center Name:	License Number:	Date:	
CHINS Children's House	133911	01/09/2018	
Admir	nistrative Requirements	ļ.	
8.16.2.22 A ADMINISTRATION RECORDS			N/A
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEM	MENT		N/A
8.16.2.22 C POLICY AND PROCEDURES			N/A
8.16.2.22 D FAMILY HANDBOOK			N/A
8.16.2.22 E CHILDREN'S RECORDS			N/A
8.16.2.22 F PERSONNEL RECORDS			N/A
8.16.2.22 G PERSONNEL HANDBOOK			N/A
Po	ersonnel & Staffing		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS			N/A
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING			N/A
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES			Compliance
Servi	ces & Care of Children	-	
8.16.2.24 A GUIDANCE			N/A
8.16.2.24 B NAPS OR REST PERIOD			N/A
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND T	ODDLERS		N/A
8.16.2.24 D DIAPERING AND TOILETING			N/A
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH	1 SPECIAL NEEDS		N/A
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE			N/A
8.16.2.24 G PHYSICAL ENVIRONMENT			N/A
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT			N/A
8.16.2.24 I EQUIPMENT AND PROGRAM			N/A
8.16.2.24 J OUTDOOR PLAY AREAS			N/A
8.16.2.24 K SWIMMING, WADING AND WATER			N/A
8.16.2.24 L FIELD TRIPS			N/A
	Food Service	•	
8.16.2.25 B MEALS AND SNACKS			N/A
8.16.2.25 C MENUS			N/A
8.16.2.25 D KITCHENS			N/A
8.16.2.25 E MEAL TIMES			N/A
Health	& Safety Requirements		
8.16.2.26 A HYGIENE			N/A
8.16.2.26 B FIRST AID REQUIREMENTS			N/A
8.16.2.26 C MEDICATION			N/A
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS			N/A

Survey Report Form Page 2 of 3

Center Name:	License Number: Date:						
CHINS Children's House	133911	01/09/2018					
Health & Safety Requirements							
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	N/A						
Buildings, Grounds & Safety							
8.16.2.29 A HOUSEKEEPING	N/A						
8.16.2.29 B PEST CONTROL	N/A						
8.16.2.29 C MECHANICAL SYSTEMS	N/A						
8.16.2.29 D WATER AND WASTE	N/A						
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL	N/A						
8.16.2.29 F EXITS AND WINDOWS	N/A						
8.16.2.29 G TOILET AND BATHING FACILITIES	N/A						
8.16.2.29 H SAFETY COMPLIANCE	N/A						
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	N/A						
8.16.2.29 J PETS			N/A				

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.

01/09/2018

Date

Surveyor:Steven Wells

01/09/2018

Date

Survey Report Form Page 3 of 3

Facility Rep:Joyce Denton