

| Center Name: Jennifer DeWig   |               |               | Address:<br>6140 Red Rock Park Ave. NW<br>Albuquerque, NM 87114 |                              |               |           |             | <b>Phone:</b> (505)550-9115 |               |
|-------------------------------|---------------|---------------|---|------------------------------|---------------|-----------|-------------|-----------------------------|---------------|
| License Number:               | Issue Date:   | Expiration I  | Date:   | Type:                        |               |           | Status:     | •                           |               |
| 128185                        | 11/18/2016    | 11/17/2017    |   | 2 Star Group Child Care Home |               |           | Licensed    |                             |               |
| Capacity                      |               |               | -   |                              |               | Ce        | nsus        |                             |               |
| Over Age 2: 8                 | Under Age 2:  | 4 Night       | Care:   | 0 F                          | Playground: ( | 0 Ov      | er 2:       | 0 Und                       | der 2: 0      |
| Days and Hours of             | Operation     |               |   |                              |               | •         |             |                             |               |
|                               | <u>Monday</u> | <u>Tuesda</u> | <u>y</u> <u>W</u> e   | <u>ednesday</u>              | Thursday      | <u>Fr</u> | <u>iday</u> | <u>Saturday</u>             | <u>Sunday</u> |
| Opening Times                 | 06:00 AM      | 06:00 Al      | 0 N   | 6:00 AM                      | 06:00 AM      | 06:       | 00 AM       | Closed                      | Closed        |
| Closing Times                 | : 06:00 PM    | 06:00 PI      | M 0   | 6:00 PM                      | 06:00 PM      | 06:0      | 00 PM       |                             |               |
| # of Classrooms:              | ı             | Purpose:      |   |                              | Date:         |           |             | Time:                       |               |
| 1                             | ,             | Annual        |   |                              | 09/15/2017    |           |             | 10:00 AM                    |               |
| Comments Provider not at home | e.            |               |   |                              |               |           |             |                             |               |

| Provider not at home.   |               |  |  |  |  |
|---|---------------|--|--|--|--|
| 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 A HOME  | Not Inspected |  |  |  |  |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS   | 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   | 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  | 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 |  |  |  |  |
|   |               |  |  |  |  |

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| Center Name: Jennifer DeWig                                      | License Number:          | <b>Date:</b> 09/15/2017 |               |  |  |  |  |
|--|--------------------------|-------------------------|---------------|--|--|--|--|
| Services & 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  |                          |                         | Not Inspected |  |  |  |  |
| Food Service   |                          |                         |               |  |  |  |  |
| 8.16.2.35 B MEALS AND SNACKS                                     |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.35 C MENUS  |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.35 D KITCHENS   |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.35 E MEAL TIMES   |                          |                         | Not Inspected |  |  |  |  |
| Health & Safety Requirements                                     |                          |                         |               |  |  |  |  |
| 8.16.2.36 A HYGIENE  |                          |                         | Not Inspected |  |  |  |  |
| 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   |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.38 B PEST CONTROL   |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.38 C MECHANICAL SYSTEMS                                   |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL           |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.38 E EXITS  |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.38 F TOILET AND BATHING FACILITIES                        |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.38 G SAFETY COMPLIANCE                                    |                          |                         | Not Inspected |  |  |  |  |
| 8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUG | S AND CONTROLLED SUBSTAN | CES                     | Not Inspected |  |  |  |  |
| 8.16.2.38 I PETS   |                          |                         | Not Inspected |  |  |  |  |
|  |                          |                         |               |  |  |  |  |

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.

PW

09/15/2017

not available

09/15/2017

Date

Date Facility Rep:Jennifer DeWig

Surveyor:Patricia Williams