

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

			-	RVEY REPOR						
Center Name: Address: Phor 2316 Pine Drive (777)										
Laurine DiPaolo			Alamogordo, NM 88310			i	(57	75)434-5895		
License Number:	Issue Date:	Expiration	Date:	Type:			Status:			
116509	06/26/2017	06/25/2018		4 Star Grou	up Child Care Home		Licensed			
Capacity				<u> </u>		_	nsus			
Over Age 2: 8	Under Age 2:	4 Nigh	t Care:	0 P	layground: 0	00	er 2:	4	Under 2	2: 2
Days and Hours of	Operation									
Opening Times	Monday Tuesday Wednesday Thursday Friday Saturday Opening Times: 06:30 AM 06:30 AM 06:30 AM 06:30 AM 06:30 AM Closed							<u>Sunday</u> Closed		
Closing Times				09:30 PM	09:30 PM		30 PM	0100		olosed
# of Classrooms:		Purpose:			Date:			Time:		
1 Follow-up				10/03/2017 01:59 F				01:59 PM	N	
Survey was during r Did not observe me	al/snack time.									
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:										
				Licer	nsure					
8.16.2.31 A LICENSING REQUIREMENTS								N/A		
8.16.2.31 B CAPACITY OF A HOME								Compliance		
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS								Not Inspected		
			Ad	ministrative	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								Not Inspected		
8.16.2.32 E PERSC	NNEL RECORD	s								Compliance
8.16.2.32 F PERSONNEL HANDBOOK								Not Inspected		
				Personnel	& Staffing					
8.16.2.33 A PERSO	NNEL AND STA	FFING REQUIRE	MENTS							Compliance
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING								Compliance		
			Se	ervices & Ca	are of Children					
8.16.2.34 A GUIDA	NCE									Not Inspected
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			

Center Name:	License Number:	Date:						
Laurine DiPaolo	116509	10/03/2017						
Services & Care of Children								
8.16.2.34 F NIGHT CARE			N/A					
8.16.2.34 G PHYSICAL ENVIRONMENT		Compliance						
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT		Not Inspected						
8.16.2.34 I EQUIPMENT AND PROGRAM		Compliance						
8.16.2.34 J OUTDOOR PLAY		Not Inspected						
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		Not Inspected						
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		N/A						
Buildings, Gr	ounds & Safety	ł						
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	STANCES	Not Inspected						
8.16.2.38 I PETS		Compliance						

Center Name:	License Number:	Date:
Laurine DiPaolo	116509	10/03/2017

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.

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Surveyor:Sandra Connolly

10/03/2017

Date

Facility Rep:Laurine Diapolo

Survey Report Form

Date

10/03/2017