

Center Name:			Address:					Phone:	
Linda Antonio			425 Ash Grants, NM 87020				(505)287-47	(505)287-4759	
License Number:	Issue Date:	Expiration I	Date:	Туре:			Status:		
20563	11/25/2016	11/24/2017		2 Star Group Child Care Home Licensed					
Capacity				•		Cer	nsus		
Over Age 2: 8	Under Age 2:	4 Night	Care:	0 PI	ayground: 0	Ove	r 2: 7	Unde	er 2: 0
Days and Hours of	Operation								
	<u>Monday</u>	Tuesda	<u>y</u> <u>W</u>	<u>'ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturday	<u>Sunday</u>
Opening Times	06:00 AM	06:00 AI	M (06:00 AM	06:00 AM	06:0	0 PM	Closed	Closed
Closing Times	: 10:30 PM	10:30 PI	M ·	10:30 PM	10:30 PM	10:3	0 PM		
# of Classrooms:	F	Purpose:			Date:		Т	ime:	
1	A	Annual			10/20/2017		0	1:10 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	N/A				
Administrative Requirements					
8.16.2.32 A ADMINISTRATIVE RECORDS	Compliance				
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance				
8.16.2.32 C PARENT HANDBOOK	Compliance				
8.16.2.32 D CHILDREN'S RECORDS	Compliance				
8.16.2.32 E PERSONNEL RECORDS	Compliance				
8.16.2.32 F PERSONNEL HANDBOOK	Compliance				
Personnel & Staffing					
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance				
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Compliance				
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	N/A				
8.16.2.34 F NIGHT CARE	N/A				
8.16.2.34 G PHYSICAL ENVIRONMENT	Compliance				

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Center Name: Linda Antonio	License Number: 20563	Date: 10/20/2017	
Services	& Care of Children		
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
Fo	ood 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 & S	afety Requirements		
8.16.2.36 A HYGIENE			Compliance
8.16.2.36 B FIRST AID REQUIREMENTS			Compliance
8.16.2.36 C MEDICATION			N/A
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Compliance
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES			N/A
Buildings	, Grounds & Safety		
8.16.2.38 A HOUSEKEEPING	•		Compliance
8.16.2.38 B PEST CONTROL			Compliance
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, ILLEG	AL DRUGS AND CONTROLLED SUBST	TANCES	Compliance
8.16.2.38 I PETS			Non-compliance
<u>Deficiencies</u> The home does not have a record of inoculations for a pet dog Regulation: 8.16.2.38I(2)	in the home.		
Corrective Action Plan An inoculation record will be obtained and kept on file for future Date to be Completed: 11/20/2017	e review.		

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 Center Name:
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 Linda Antonio
 20563
 10/20/2017

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.

10/20/2017

Date

Surveyor:Peggy Waconda

10/20/2017

Date

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Facility Rep:Linda Antonio