

Center Name: Maria Fernandez	Address: 736 Williams Drive Las Vegas, NM 87701					Phone: (505)425-9467			
License Number: Issue Date: Expiration		Date: Type: Status:			Status:	•			
128180	04/28/2017	04/27/2018		2 Star Group Child Care Home			Licensed		
Capacity				•		Cei	nsus		
Over Age 2: 8	Under Age 2:	4 Night	Care:	0 F	layground: 0	Ove	er 2: 02	2 Unde	er 2: 0
Days and Hours of	Operation								
	<u>Monday</u>	<u>Tuesda</u>	<u>y</u> <u>W</u>	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturday	<u>Sunday</u>
Opening Times: 08:00 AM		08:00 AM		08:00 AM	08:00 AM 08:		0 AM	Closed	Closed
Closing Times: 05:00 PM 05:00		05:00 PI	M (05:00 PM	05:00 PM 05:0		0 PM		
# of Classrooms:	Pt	ırpose:			Date:		Ti	me:	
1	Ar	nnual			01/29/2018		10):40 AM	
Comments Good Job.									

Good Job.	
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	Compliance
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	Compliance
8.16.2.34 F NIGHT CARE	N/A
8.16.2.34 G PHYSICAL ENVIRONMENT	Compliance

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Center Name:	License Number:	Date:				
Maria Fernandez	128180	01/29/2018				
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			Compliance			
8.16.2.34 L FIELD TRIPS	Compliance					
Food Ser	vice					
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 R	equirements					
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, Grour	ids & Safety					
8.16.2.38 A HOUSEKEEPING			Compliance			
8.16.2.38 B PEST CONTROL			N/A			
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 DRUG	GS AND CONTROLLED SUBSTA	NCES	Compliance			
8.16.2.38 PETS			Non-compliance			
<u>Deficiencies</u>						
The home does not have a record of inoculations for a pet dog in the h						
Regulation: 8.16.2.38I(2)						
<u>Corrective Action Plan</u> An inoculation record will be obtained and kept on file for future review						
Date to be Completed: 03/01/2018						

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 Center Name:
 License Number:
 Date:

 Maria Fernandez
 128180
 01/29/2018

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.

01/29/2018

01/29/2018

Surveyor:Franchesca Archuleta

Date

Facility Rep:Maria Fernandez

Date
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