



Facility

Name: *Starr Schneider* **License Number:** *164964*
Address: *9547 Hondo Rd., Las Cruces, NM 88012*
Phone: *5755208403* **Fax:** *n/a* **E-mail:** *chris.schneider09@gmail.com*

License Information

Type: *2 Star Family Child Care Home* **Status:** *Licensed* **Issue Date:** *01/11/2018* **Expiration Date:** *01/10/2019*

Capacity

Over Age 2: *4* **Under Age 2:** *2* **Night Care:** *0* **Playground:** *0*
Square Footage: *0*

Census

Over 2: *1* **Under 2:** *0*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

| | | | | |
|---|--|--|---|---|
| Monday <i>6:00 AM - 6:00 PM</i> | Tuesday <i>6:00 AM - 6:00 PM</i> | Wednesday <i>6:00 AM - 6:00 PM</i> | Thursday <i>6:00 AM - 6:00 PM</i> | Friday <i>6:00 AM - 6:00 PM</i> |
| Saturday <i>Closed</i> | Sunday <i>Closed</i> | | | |

Inspection

Date: *08/21/2018* **Time In:** *9:15 AM* **Time Out:** *9:55 AM* **Purpose:** *Semi-Annual*

Licensure

| | |
|---|----------------------|
| 8.16.2.31 A Licensing Requirements | <i>Not Inspected</i> |
| 8.16.2.31 B Capacity of a Home | <i>Compliance</i> |
| 8.16.2.31 C Incident Reporting Requirements | <i>Not Inspected</i> |

Administrative Requirements

| | |
|--|----------------------|
| 8.16.2.32 A Administrative Records | <i>Compliance</i> |
| 8.16.2.32 B Mission, Philosophy and Curriculum Statement | <i>N/A</i> |
| 8.16.2.32 C Parent Handbook | <i>N/A</i> |
| 8.16.2.32 D Children's Records | <i>Not Inspected</i> |

Administrative Requirements (*continued*)

| | |
|--------------------------------|----------------------|
| 8.16.2.32 E Personnel Records | <i>Not Inspected</i> |
| 8.16.2.32 F Personnel Handbook | <i>N/A</i> |

Personnel & Staffing

| | |
|---|-------------------|
| 8.16.2.33 A Personnel and Staffing Requirements | <i>Compliance</i> |
| 8.16.2.33 B Staff Qualifications and Training | <i>N/A</i> |

Services & Care of Children

| | |
|---|----------------------|
| 8.16.2.34 A Guidance | <i>Compliance</i> |
| 8.16.2.34 B Naps or Rest Period | <i>Not Inspected</i> |
| 8.16.2.34 C Additional Requirements for Infants and Toddlers | <i>N/A</i> |
| 8.16.2.34 D Diapering and Toileting | <i>N/A</i> |
| 8.16.2.34 E Additional Requirements for Children with Special Needs | <i>N/A</i> |
| 8.16.2.34 F Night Care | <i>N/A</i> |
| 8.16.2.34 G Physical Environment | <i>Compliance</i> |
| 8.16.2.34 H Social-Emotional Responsive Environment | <i>Compliance</i> |
| 8.16.2.34 I Equipment and Program | <i>Compliance</i> |
| 8.16.2.34 J Outdoor Play | <i>Compliance</i> |
| 8.16.2.34 K Swimming, Wadding and Water | <i>N/A</i> |
| 8.16.2.34 L Field Trips | <i>N/A</i> |

Food Service

| | |
|------------------------------|----------------------|
| 8.16.2.35 B Meals and Snacks | <i>Not Inspected</i> |
| 8.16.2.35 C Menus | <i>Compliance</i> |
| 8.16.2.35 D Kitchens | <i>Compliance</i> |
| 8.16.2.35 E Meal Times | <i>Not Inspected</i> |

Health & Safety Requirements

| | |
|------------------------------------|-------------------|
| 8.16.2.36 A Hygiene | <i>Compliance</i> |
| 8.16.2.36 B First Aid Requirements | <i>N/A</i> |
| 8.16.2.36 C Medication | <i>N/A</i> |

Health & Safety Requirements (*continued*)

| | |
|---|-----|
| 8.16.2.36 D Illness and Notifiable Diseases | N/A |
| 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 | 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 Drugs and Controlled Substances | N/A |
| 8.16.2.38 I Pets | Non-compliance |

The home does not have a record of inoculations for a pet cat in the home.

Need documentation On Miss Kitty

Corrective Action Plan

An inoculation record will be obtained and kept on file for future review.

Regulation: 8.16.2.38.I.2.

Date to be Completed: 09/20/2018

Additional Comments

Did not observe Meal Time

Did not observe Nap/Rest Time

Signatures

Please Note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans noted above, may result in further action taken against the licensee.



Surveyor: Sandra Connolly



Facility Representative: Starr Schneider