



Facility

Name: *Carla Smith* **License Number:** *73819*
Address: *1302 Iowa Ave, Alamogordo, NM 88310*
Phone: *5754158227* **Fax:** **E-mail:** *carlamitchell_08@live.com*

License Information

Type: *2 Star Family Child Care Home* **Status:** *Licensed* **Issue Date:** *03/29/2018* **Expiration Date:** *03/28/2019*

Capacity

Over Age 2: *3* **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>Closed</i>	Tuesday <i>6:00 AM - 2:30 PM</i>	Wednesday <i>6:00 AM - 2:30 PM</i>	Thursday <i>6:00 AM - 2:30 PM</i>	Friday <i>6:00 AM - 2:30 PM</i>
Saturday <i>3:30 PM - 9:00 PM</i>	Sunday <i>3:30 PM - 9:00 PM</i>			

Inspection

Date: *09/11/2018* **Time In:** *12:15 PM* **Time Out:** *12:15 PM* **Purpose:** *Follow-up*

Licensure

8.16.2.31 A Licensing Requirements	N/A
8.16.2.31 B Capacity of a Home	N/A
8.16.2.31 C Incident Reporting Requirements	N/A

Administrative Requirements

8.16.2.32 A Administrative Records	N/A
8.16.2.32 B Mission, Philosophy and Curriculum Statement	N/A
8.16.2.32 C Parent Handbook	N/A
8.16.2.32 D Children's Records	Compliance

Administrative Requirements *(continued)*

8.16.2.32 E Personnel Records	N/A
8.16.2.32 F Personnel Handbook	N/A

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	N/A
8.16.2.33 B Staff Qualifications and Training	N/A

Services & Care of Children

8.16.2.34 A Guidance	N/A
8.16.2.34 B Naps or Rest Period	N/A
8.16.2.34 C Additional Requirements for Infants and Toddlers	N/A
8.16.2.34 D Diapering and Toileting	N/A
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	N/A
8.16.2.34 H Social-Emotional Responsive Environment	N/A
8.16.2.34 I Equipment and Program	N/A
8.16.2.34 J Outdoor Play	Compliance
8.16.2.34 K Swimming, Wadding and Water	N/A
8.16.2.34 L Field Trips	N/A

Food Service

8.16.2.35 B Meals and Snacks	N/A
8.16.2.35 C Menus	N/A
8.16.2.35 D Kitchens	Compliance
8.16.2.35 E Meal Times	N/A

Health & Safety Requirements

8.16.2.36 A Hygiene	N/A
8.16.2.36 B First Aid Requirements	N/A
8.16.2.36 C Medication	N/A
8.16.2.36 D Illness and Notifiable Diseases	N/A

Health & Safety Requirements (*continued*)

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

N/A

8.16.2.38 D Lighting, Lighting Fixtures and Electrical

N/A

8.16.2.38 E Exits

N/A

8.16.2.38 F Toilet and Bathing Facilities:

N/A

8.16.2.38 G Safety Compliance

N/A

8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

N/A

8.16.2.38 I Pets

N/A

Additional Comments*Follow up to semi-annual inspection conducted on 07/11/2018.***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: Jose Morales



Facility Representative: Carla Smith