



Center Name: Carla Smith			Address: 1302 Iowa Ave Alamogordo, NM 88310			Phone: (575)415-8227		
License Number: 73819	Issue Date: 06/1/2017	Expiration Date: 03/28/2018	Type: 2 Star Family Child Care Home			Status: Licensed		
Capacity Over Age 2: 3 Under Age 2: 2 Night Care: 0 Playground: 0						Census Over 2: 1 Under 2: 0		
Days and Hours of Operation								
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	
Opening Times:	06:00 AM	06:00 AM	06:00 AM	06:00 AM	05:00 PM	Closed	Closed	
Closing Times:	01:00 AM	01:00 AM	01:00 AM	01:00 AM	01:00 AM			
# of Classrooms: 1	Purpose: Follow-up			Date: 10/02/2017		Time: 09:54 AM		
Comments Home provider received instructional pamphlets on Disaster Planning Protocol. Areas marked as "N/A" are not applicable to this survey								

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	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	N/A
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

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Services & Care of Children		
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	N/A	
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	N/A	
8.16.2.35 C MENUS	N/A	
8.16.2.35 D KITCHENS	N/A	
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	
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 <u>Deficiencies</u> The home failed to conduct an emergency preparedness practice drills for at least once a quarter. Regulation: 8.16.2.38 G(3) <u>Corrective Action Plan</u> A home will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year. Home provider was given Instructional phamplet for emergency preparedness. Date to be Completed: 10/06/2017	Non-compliance	
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	N/A	

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Buildings, Grounds & Safety

8.16.2.38 I PETS

N/A

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.



10/02/2017



10/02/2017

Surveyor: Sandra Connolly

Date

Facility Rep: Carla Smith

Date