



Facility

Name: *Carol Welch* **License Number:** *27066*
Address: *1828 Foster Rd., Las Cruces, NM 88001*
Phone: *5754963670* **Fax:** **E-mail:** *cgwelch@msn.com*

License Information

Type: *2 Star Family Child Care Home* **Status:** *Licensed* **Issue Date:** *03/02/2018* **Expiration Date:** *03/01/2019*

Capacity

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

Census

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

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>7:30 AM - 11:00 PM</i>	Tuesday <i>7:30 AM - 11:00 PM</i>	Wednesday <i>7:30 AM - 11:00 PM</i>	Thursday <i>7:30 AM - 11:00 PM</i>	Friday <i>7:30 AM - 11:00 PM</i>
Saturday <i>7:30 AM - 11:00 PM</i>	Sunday <i>Closed</i>			

Inspection

Date: *01/10/2019* **Time In:** *11:25 AM* **Time Out:** *1:00 PM* **Purpose:** *Annual*

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 *Not Inspected*
- 8.16.2.32 C Parent Handbook *Not Inspected*
- 8.16.2.32 D Children's Records *Compliance*

Administrative Requirements *(continued)*

8.16.2.32 E Personnel Records	<i>Compliance</i>
8.16.2.32 F Personnel Handbook	<i>Compliance</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>Compliance</i>

Services & Care of Children

8.16.2.34 A Guidance	<i>Compliance</i>
8.16.2.34 B Naps or Rest Period	<i>Compliance</i>
8.16.2.34 C Additional Requirements for Infants and Toddlers	<i>Not Inspected</i>
8.16.2.34 D Diapering and Toileting	<i>Compliance</i>
8.16.2.34 E Additional Requirements for Children with Special Needs	<i>Not Inspected</i>
8.16.2.34 F Night Care	<i>Not Inspected</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>Not Inspected</i>
8.16.2.34 L Field Trips	<i>Not Inspected</i>

Food Service

8.16.2.35 B Meals and Snacks	<i>Compliance</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>Compliance</i>

Health & Safety Requirements

8.16.2.36 A Hygiene	<i>Compliance</i>
8.16.2.36 B First Aid Requirements	<i>Compliance</i>
8.16.2.36 C Medication	<i>Not Inspected</i>

Health & Safety Requirements *(continued)*

8.16.2.36 D Illness and Notifiable Diseases	<i>Not Inspected</i>
8.16.2.37 A-G Transportation Requirements for Homes	<i>Compliance</i>

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	<i>Compliance</i>
8.16.2.38 B Pest Control	<i>Compliance</i>
8.16.2.38 C Mechanical Systems	<i>Compliance</i>
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	<i>Compliance</i>
8.16.2.38 E Exits	<i>Compliance</i>
8.16.2.38 F Toilet and Bathing Facilities:	<i>Compliance</i>
8.16.2.38 G Safety Compliance	<i>Compliance</i>
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	<i>Compliance</i>
8.16.2.38 I Pets	<i>Compliance</i>

Additional Comments

None

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: *Steven Wells*



Facility Representative: *Carol Welch*