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| Center Name: Carol Welch | | Address: 1828 Foster Rd. Las Cruces, NM 88001 | | | Phone: (575)496-3670 | | | |
| License Number: 27066 | Issue Date: 06/1/2017 | Expiration Date: 03/1/2018 | Type: 2 Star Family Child Care Home | | Status: Licensed | | | |
| Capacity | | | | | Census | | | |
| Over Age 2: | 4 | Under Age 2: | 2 | Night Care: | 0 | Playground: | 0 | |
| | | | | | Over 2: | 4 | Under 2: | 2 |
| 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: | 07:30 AM | 07:30 AM | 07:30 AM | 07:30 AM | 07:30 AM | 09:00 AM | 09:00 AM | |
| Closing Times: | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | 06:00 PM | |
| # of Classrooms: 1 | Purpose: Annual | | Date: 01/04/2018 | | Time: 04:30 PM | | | |
| Comments | | | | | | | | |

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

| Licensure | |
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| 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 |
| 8.16.2.32 E PERSONNEL RECORDS | Compliance |
| 8.16.2.32 F PERSONNEL HANDBOOK | Not Inspected |
| 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 | Not Inspected |
| 8.16.2.34 F NIGHT CARE | Compliance |
| 8.16.2.34 G PHYSICAL ENVIRONMENT | Compliance |
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| Center Name: Carol Welch | License Number: 27066 | Date: 01/04/2018 |
| 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 | | Not Inspected |
| 8.16.2.34 L FIELD TRIPS | | Not Inspected |
| Food Service | | |
| 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 Requirements | | |
| 8.16.2.36 A HYGIENE | | Compliance |
| 8.16.2.36 B FIRST AID REQUIREMENTS | | Compliance |
| 8.16.2.36 C MEDICATION | | Not Inspected |
| 8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES | | Not Inspected |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES | | Compliance |
| Buildings, Grounds & Safety | | |
| 8.16.2.38 A HOUSEKEEPING Deficiencies The premises in the playground are not safe in that the water hose is unravelled causing a tripping hazard. Regulation: 8.16.2.38A(1) Corrective Action Plan The safety violation will be corrected and a system for routine safety inspection developed. CORRECTED ON SITE. Date to be Completed: 01/04/2018 | | Non-compliance |
| 8.16.2.38 B PEST CONTROL | | Compliance |
| 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 | | Compliance |
| 8.16.2.38 I PETS | | Compliance |

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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.

 5:35

01/04/2018



01/04/2018

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| Surveyor: Steven Wells | Date | Facility Rep: Carol Welch | Date |
|------------------------|------|---------------------------|------|