

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:	0	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:	07:	07:	07:	07:	07:	Closed	Closed
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM		
# of Classrooms: 1	Purpose: Follow-up		Date: 07/20/2017		Time: 08:50		
Comments Follow-Up to Semi-Annual inspection conducted on 07/17/2017. Pictures of corrections received via email, all deficiencies are corrected.							

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
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

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Services & Care of Children		
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		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

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.

Steven Wells 9-00

07/20/2017

Signature on File

07/20/2017

Surveyor: Steven Wells

Date

Facility Rep: Carol Welch

Date