



**Facility**

Name: *Deborah Caldwell* License Number: *152900*  
 Address: *3737 Albion, Las Cruces, NM 88012*  
 Phone: *9153836181* Fax: *n/a* E-mail: *caldwell0323@gmail.com*

**License Information**

Type: *2 Star + Group Child Care Home* Status: *Licensed* Issue Date: *06/01/2017* Expiration Date: *05/31/2018*

**Capacity**

Over Age 2: *8* Under Age 2: *4* Night Care: *0* Playground: *0*  
 Square Footage: *0*

**Census**

Over 2: *7* Under 2: *3*

**Classrooms**

Number of Classrooms: *2*

**Days and Hours of Operation**

<b>Monday</b> <i>7:00 AM - 5:30 PM</i>	<b>Tuesday</b> <i>7:00 AM - 5:30 PM</i>	<b>Wednesday</b> <i>7:00 AM - 5:30 PM</i>	<b>Thursday</b> <i>7:00 AM - 5:30 PM</i>	<b>Friday</b> <i>7:00 AM - 5:30 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

Date: *05/11/2018* Time In: *12:20 PM* Time Out: *1:25 PM* Purpose: *Annual*

**Licensure**

8.16.2.31 A Licensing Requirements	<i>Compliance</i>
8.16.2.31 B Capacity of a Home	<i>Compliance</i>
8.16.2.31 C Incident Reporting Requirements	<i>Not Inspected</i>

## Administrative Requirements

### 8.16.2.32 A Administrative Records

**Non-compliance**

*The licensee does not have on file the following: the latest licensing inspection report.*

*Corrective Action Plan*

*All required items will be on file for review.*

Date to be Completed: 06/13/2018

### 8.16.2.32 B Mission, Philosophy and Curriculum Statement

*Compliance*

### 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

*Not Inspected*

### 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

*Compliance*

### 8.16.2.34 F Night Care

*N/A*

### 8.16.2.34 G Physical Environment

*Compliance*

### 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, Wadding and Water

*N/A*

### 8.16.2.34 L Field Trips

*N/A*

## 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	Compliance
8.16.2.36 D Illness and Notifiable Diseases	Not Inspected
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	Not Inspected
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	Not Inspected
8.16.2.38 I Pets	Compliance

## Additional Comments

*Did not observe nap rest/period*

## 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.

*Sandra Connolly*

Surveyor: Sandra Connolly

*Signature on file*

Facility Representative: Deborah Caldwell