

Center Name: Deborah Caldwell		Address: 3737 Albion Las Cruces, NM 88012			Phone: (915)383-6181		
License Number: 152900	Issue Date: 02/1/2017	Expiration Date: 05/31/2017	Type: 2 Star + Group Child Care Home	Status: Licensed			
Capacity				Census			
Over Age 2: 8	Under Age 2: 4	Night Care: 0	Playground: 0	Over 2: 9	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:	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Closing Times:							
# of Classrooms: 1	Purpose: Follow-up		Date: 03/21/2017	Time: 02:45 PM			
Comments							

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	Not Inspected
8.16.2.31 B CAPACITY OF A HOME	Compliance
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	Not Inspected
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	Compliance
8.16.2.32 D CHILDREN'S RECORDS	Compliance
8.16.2.32 E PERSONNEL RECORDS	Not Inspected
8.16.2.32 F PERSONNEL HANDBOOK	N/A
Personnel & Staffing	
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Non-compliance
<p><u>Deficiencies</u> The home does not have on duty at all times all educators certified in first aid and cardiopulmonary resuscitation (CPR). Regulation: 8.16.2.33B(6)</p> <p><u>Corrective Action Plan</u> A home must have all educators certified in first aid and cardio-pulmonary resuscitation (CPR). Date to be Completed: 04/07/2017</p>	
Services & Care of Children	
8.16.2.34 A GUIDANCE	Not Inspected

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Services & Care of Children		
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		Not Inspected
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS		Not Inspected
8.16.2.34 F NIGHT CARE		N/A
8.16.2.34 G PHYSICAL ENVIRONMENT		Not Inspected
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT		Not Inspected
8.16.2.34 I EQUIPMENT AND PROGRAM		Not Inspected
8.16.2.34 J OUTDOOR PLAY Deficiencies The fall zone underneath the climber is not adequate as evidenced by the absence of any protective material - the surface is bare soil. Regulation: 8.16.2.34J(3) Corrective Action Plan A resilient surface will be provided beneath the play equipment and a schedule will be devised to provide routine checks. Date to be Completed: 04/07/2017		Non-compliance
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		Not Inspected
8.16.2.35 C MENUS		Compliance
8.16.2.35 D KITCHENS		Not Inspected
8.16.2.35 E MEAL TIMES		Not Inspected
Health & Safety Requirements		
8.16.2.36 A HYGIENE		Not Inspected
8.16.2.36 B FIRST AID REQUIREMENTS		Not Inspected
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		Not Inspected
8.16.2.38 B PEST CONTROL		Not Inspected
8.16.2.38 C MECHANICAL SYSTEMS		Not Inspected
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL		Not Inspected
8.16.2.38 E EXITS		Not Inspected
8.16.2.38 F TOILET AND BATHING FACILITIES		Not Inspected

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Buildings, Grounds & Safety		
8.16.2.38 G SAFETY COMPLIANCE <u>Deficiencies</u> The home failed to conduct a fire drill for the month(s) of January; February; November; December. Regulation: 8.16.2.38G(3) <u>Corrective Action Plan</u> A monthly fire drill will be held and recorded. Date to be Completed: 03/31/2017		Non-compliance
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES		Not Inspected
8.16.2.38 I PETS <u>Deficiencies</u> The home does not have a record of inoculations for a pet dog in the home. Regulation: 8.16.2.38I(2) <u>Corrective Action Plan</u> An inoculation record will be obtained and kept on file for future review. Date to be Completed: 04/07/2017		Non-compliance

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.

Emma Gonzales 3.25

03/21/2017

Deborah Caldwell

03/21/2017

Surveyor: Emma Gonzales

Date

Facility Rep: Deborah Caldwell

Date