

|   |                                 |  |  |                 |                                |                 |               |
|---|---------------------------------|--|--|-----------------|--------------------------------|-----------------|---------------|
| <b>Center Name:</b><br>Deborah Caldwell |                                 | <b>Address:</b><br>3737 Albion<br>Las Cruces, NM 88012 |  |                 | <b>Phone:</b><br>(915)383-6181 |                 |               |
| <b>License Number:</b><br>152900        | <b>Issue Date:</b><br>06/1/2017 | <b>Expiration Date:</b><br>05/31/2018                  | <b>Type:</b><br>2 Star + Group Child Care Home |                 | <b>Status:</b><br>Licensed     |                 |               |
| <b>Capacity</b>                         |                                 |  |  |                 | <b>Census</b>                  |                 |               |
| Over Age 2:                             | 8                               | Under Age 2:   | 4  | Night Care:     | 0                              | Playground:     | 0             |
|   |                                 |  |  |                 |                                | Over 2:         | 8             |
|   |                                 |  |  |                 |                                | Under 2:        | 2             |
| <b>Days and Hours of Operation</b>      |                                 |  |  |                 |                                |                 |               |
|   | <u>Monday</u>                   | <u>Tuesday</u>   | <u>Wednesday</u>                               | <u>Thursday</u> | <u>Friday</u>                  | <u>Saturday</u> | <u>Sunday</u> |
| Opening Times:                          | 07:00 AM                        | 07:00 AM   | 07:00 AM                                       | 07:00 AM        | 07:00 AM                       | Closed          | Closed        |
| Closing Times:                          | 05:30 PM                        | 05:30 PM   | 05:30 PM                                       | 05:30 PM        | 05:30 PM                       |                 |               |
| <b># of Classrooms:</b><br>1            | <b>Purpose:</b><br>Semi-Annual  |  | <b>Date:</b><br>10/27/2017                     |                 | <b>Time:</b><br>09:10 AM       |                 |               |
| <b>Comments</b>                         |                                 |  |  |                 |                                |                 |               |

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                                  | Compliance    |
| 8.16.2.31 B CAPACITY OF A HOME                                      | Compliance    |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS                         | N/A           |
| Administrative Requirements   |               |
| 8.16.2.32 A ADMINISTRATIVE RECORDS                                  | Compliance    |
| 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                                      | Not Inspected |
| 8.16.2.32 E PERSONNEL RECORDS                                       | Compliance    |
| 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                       | Not Inspected |
| 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 | N/A           |
| 8.16.2.34 F NIGHT CARE  | N/A           |
| 8.16.2.34 G PHYSICAL ENVIRONMENT                                    | Compliance    |


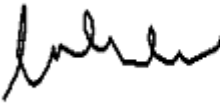
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|--|----------------------------------|----------------------------|
| <b>Center Name:</b><br>Deborah Caldwell  | <b>License Number:</b><br>152900 | <b>Date:</b><br>10/27/2017 |
| <b>Services &amp; Care of Children</b>   |                                  |                            |
| <b>8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>   |                                  | Compliance                 |
| <b>8.16.2.34 I EQUIPMENT AND PROGRAM</b>   |                                  | Compliance                 |
| <b>8.16.2.34 J OUTDOOR PLAY</b><br><u><b>Deficiencies</b></u><br>The fall zone underneath the climber is not adequate as evidenced by the resilient material is not deep enough.<br><b>Regulation:</b> 8.16.2.34J(3)<br><u><b>Corrective Action Plan</b></u><br>A resilient surface will be provided beneath the play equipment and a schedule will be devised to provide routine checks.<br><b>Date to be Completed:</b> 11/27/2017 |                                  | Non-compliance             |
| <b>8.16.2.34 K SWIMMING, WADING AND WATER</b>  |                                  | N/A                        |
| <b>8.16.2.34 L FIELD TRIPS</b>   |                                  | N/A                        |
| <b>Food Service</b>  |                                  |                            |
| <b>8.16.2.35 B MEALS AND SNACKS</b>  |                                  | Compliance                 |
| <b>8.16.2.35 C MENUS</b>   |                                  | Compliance                 |
| <b>8.16.2.35 D KITCHENS</b>  |                                  | Compliance                 |
| <b>8.16.2.35 E MEAL TIMES</b>  |                                  | Compliance                 |
| <b>Health &amp; Safety Requirements</b>  |                                  |                            |
| <b>8.16.2.36 A HYGIENE</b>   |                                  | Compliance                 |
| <b>8.16.2.36 B FIRST AID REQUIREMENTS</b>  |                                  | Not Inspected              |
| <b>8.16.2.36 C MEDICATION</b>  |                                  | N/A                        |
| <b>8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES</b>   |                                  | Compliance                 |
| <b>8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES</b>   |                                  | N/A                        |
| <b>Buildings, Grounds &amp; Safety</b>   |                                  |                            |
| <b>8.16.2.38 A HOUSEKEEPING</b><br><u><b>Deficiencies</b></u><br>The premises in the bathroom are not safe in that there was lysol accessible to the children.<br><b>Regulation:</b> 8.16.2.38A(1)<br><u><b>Corrective Action Plan</b></u><br>The safety violation will be corrected and a system for routine safety inspection developed.<br>(corrected on site)<br><b>Date to be Completed:</b> 10/27/2017                         |                                  | Non-compliance             |
| <b>8.16.2.38 B PEST CONTROL</b>  |                                  | N/A                        |
| <b>8.16.2.38 C MECHANICAL SYSTEMS</b>  |                                  | Compliance                 |
| <b>8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL</b>  |                                  | Compliance                 |
| <b>8.16.2.38 E EXITS</b>   |                                  | Compliance                 |
| <b>8.16.2.38 F TOILET AND BATHING FACILITIES</b>   |                                  | Compliance                 |

|   |                                  |                            |
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|---|----------------------------------|----------------------------|

**Buildings, Grounds & Safety**

|   |                |
|---|----------------|
| <b>8.16.2.38 G SAFETY COMPLIANCE</b><br><u>Deficiencies</u><br>The home failed to conduct an emergency preparedness practice drills for at least once a quarter.<br><b>Regulation:</b> 8.16.2.38 G(3)<br><br><u>Corrective Action Plan</u><br>A home will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.<br><b>Date to be Completed:</b> 11/27/2017 | Non-compliance |
| <b>8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>  | Compliance     |
| <b>8.16.2.38 I PETS</b>   | 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.**

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| 10/27/2017  | 10/27/2017   |

|                         |      |                                |      |
|-------------------------|------|--------------------------------|------|
| Surveyor: Emma Gonzales | Date | Facility Rep: Deborah Caldwell | Date |
|-------------------------|------|--------------------------------|------|