



Facility

Name: *Deborah Hernandez* License Number: *102037*
 Address: *1805 Mountain View, Alamogordo, NM 88310*
 Phone: *5754430284* Fax: E-mail: *mysapito@hotmail.com*

License Information

Type: *2 Star Family Child Care Home* Status: *Licensed* Issue Date: *11/22/2017* Expiration Date: *11/21/2018*

Capacity

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

Census

Over 2: *0* Under 2: *0*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

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

Inspection

Date: *10/10/2018* Time In: *2:51 PM* Time Out: *2:56 PM* Purpose: *Follow-up*

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

Administrative Requirements (continued)

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
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, Wadding 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

Health & Safety Requirements (*continued*)

8.16.2.37 A-G Transportation Requirements for Homes N/A

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping N/A

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 *Compliance*

Additional Comments

Follow up to Annual Inspection conducted on 09/11/2018.

The provider has sent the compliance officer proof of pet inoculations for her pets.

Regulation 8.16.2.38 I Pets: will show compliance.

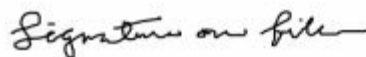
All other areas will read N/A.

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.



Surveyor: Jose Morales



Facility Representative: Deborah Hernandez