

|   |                                 |                                       |   |                 |               |                                |               |         |                          |          |    |
|---|---------------------------------|---------------------------------------|---|-----------------|---------------|--------------------------------|---------------|---------|--------------------------|----------|----|
| <b>Center Name:</b><br>Clovis Head Start      |                                 |                                       | <b>Address:</b><br>901 N. MLK Blvd.<br>Clovis, NM 88101 |                 |               | <b>Phone:</b><br>(575)763-6443 |               |         |                          |          |    |
| <b>License Number:</b><br>112349              | <b>Issue Date:</b><br>03/1/2017 | <b>Expiration Date:</b><br>02/28/2018 | <b>Type:</b><br>2 Star Child Care Center                |                 |               | <b>Status:</b><br>Licensed     |               |         |                          |          |    |
| <b>Capacity</b>                               |                                 |                                       |   |                 |               | <b>Census</b>                  |               |         |                          |          |    |
| Over Age 2:                                   | 111                             | Under Age 2:                          | 35  | Night Care:     | 0             | Playground:                    | 85            | Over 2: | 66                       | Under 2: | 15 |
| <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:                                | 07:30                           | 07:30                                 | 07:30   | 07:30           | 07:30         | Closed                         | Closed        |         |                          |          |    |
| Closing Times:                                | 05:15 P                         | 05:15 P                               | 05:15 P   | 05:15 P         | 05:15 P       |                                |               |         |                          |          |    |
| <b># of Classrooms:</b><br>8                  |                                 |                                       | <b>Purpose:</b><br>Annual                               |                 |               | <b>Date:</b><br>01/11/2018     |               |         | <b>Time:</b><br>01:00 PM |          |    |
| <b>Comments</b><br><br>No Deficiencies found. |                                 |                                       |   |                 |               |                                |               |         |                          |          |    |

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

| Licensure  |               |
|--|---------------|
| 8.16.2.11 A TYPES OF LICENSES                                  | Compliance    |
| 8.16.2.11 B RENEWAL OF LICENSE                                 | Compliance    |
| 8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE           | Not Inspected |
| 8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS | Not Inspected |
| 8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES               | Compliance    |
| 8.16.2.18 D COMPLAINTS   | Not Inspected |
| 8.16.2.21 A LICENSING REQUIREMENTS                             | Not Inspected |
| 8.16.2.21 B CAPACITY OF CENTERS                                | Compliance    |
| 8.16.2.21 C INCIDENT REPORTING REQUIREMENTS                    | Not Inspected |
| Administrative Requirements                                    |               |
| 8.16.2.22 A ADMINISTRATION RECORDS                             | Compliance    |
| 8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT       | Not Inspected |
| 8.16.2.22 C POLICY AND PROCEDURES                              | Not Inspected |
| 8.16.2.22 D FAMILY HANDBOOK                                    | Compliance    |
| 8.16.2.22 E CHILDREN'S RECORDS                                 | Compliance    |
| 8.16.2.22 F PERSONNEL RECORDS                                  | Compliance    |
| 8.16.2.22 G PERSONNEL HANDBOOK                                 | Compliance    |

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| <b>Center Name:</b><br>Clovis Head Start                            | <b>License Number:</b><br>112349 | <b>Date:</b><br>01/11/2018 |
| <b>Personnel &amp; Staffing</b>                                     |                                  |                            |
| 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS                     |                                  | Compliance                 |
| 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING                       |                                  | Compliance                 |
| 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES                      |                                  | Compliance                 |
| <b>Services &amp; Care of Children</b>                              |                                  |                            |
| 8.16.2.24 A GUIDANCE  |                                  | Compliance                 |
| 8.16.2.24 B NAPS OR REST PERIOD                                     |                                  | Compliance                 |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS        |                                  | Compliance                 |
| 8.16.2.24 D DIAPERING AND TOILETING                                 |                                  | Compliance                 |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS |                                  | Compliance                 |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE                  |                                  | Compliance                 |
| 8.16.2.24 G PHYSICAL ENVIRONMENT                                    |                                  | Compliance                 |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT                 |                                  | Compliance                 |
| 8.16.2.24 I EQUIPMENT AND PROGRAM                                   |                                  | Compliance                 |
| 8.16.2.24 J OUTDOOR PLAY AREAS                                      |                                  | Compliance                 |
| 8.16.2.24 K SWIMMING, WADING AND WATER                              |                                  | N/A                        |
| 8.16.2.24 L FIELD TRIPS   |                                  | N/A                        |
| <b>Food Service</b>   |                                  |                            |
| 8.16.2.25 B MEALS AND SNACKS  |                                  | Compliance                 |
| 8.16.2.25 C MENUS   |                                  | Compliance                 |
| 8.16.2.25 D KITCHENS  |                                  | Compliance                 |
| 8.16.2.25 E MEAL TIMES  |                                  | Compliance                 |
| <b>Health &amp; Safety Requirements</b>                             |                                  |                            |
| 8.16.2.26 A HYGIENE   |                                  | Compliance                 |
| 8.16.2.26 B FIRST AID REQUIREMENTS                                  |                                  | Compliance                 |
| 8.16.2.26 C MEDICATION  |                                  | Not Inspected              |
| 8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS                      |                                  | Not Inspected              |
| 8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS               |                                  | Not Inspected              |
| <b>Buildings, Grounds &amp; Safety</b>                              |                                  |                            |
| 8.16.2.29 A HOUSEKEEPING  |                                  | Compliance                 |
| 8.16.2.29 B PEST CONTROL  |                                  | Not Inspected              |
| 8.16.2.29 C MECHANICAL SYSTEMS                                      |                                  | Compliance                 |
| 8.16.2.29 D WATER AND WASTE   |                                  | Compliance                 |
| 8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL              |                                  | Compliance                 |
| 8.16.2.29 F EXITS AND WINDOWS                                       |                                  | Compliance                 |

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**Buildings, Grounds & Safety**

|  |            |
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| <b>8.16.2.29 G TOILET AND BATHING FACILITIES</b>   | Compliance |
| <b>8.16.2.29 H SAFETY COMPLIANCE</b>   | Compliance |
| <b>8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b> | Compliance |
| <b>8.16.2.29 J PETS</b>  | 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.**

*Susie Aragon 3:20*

01/11/2018

*Linsey Wallace*

01/11/2018

|                        |      |   |      |
|------------------------|------|---|------|
| Surveyor: Susie Aragon | Date | Facility Rep: Nichole Marez/ Linsey Wallace | Date |
|------------------------|------|---|------|