

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Add	lress:	ET KEIC						Phon	e:	
Clovis Head Start				901 N. MLK Blvd. Clovis, NM 88101						(575)763-6443			
License Number:	Issue Date:	Expira	tion Date:		Туре:				Status:				
112349	03/1/2016	02/28/2	017	2 Star Child Care Center				Licensed					
Capacity								Cen	isus				
Over Age 2: 111	Under Age 2:	35	Night Care:		0	Playground:	85	Ove	r 2:	58		Under 2:	15
Days and Hours of	Operation												
MondayTuesdayWednesdayThursdayFridaySaturdayOpening Times:07:30 A07:3007:3007:3007:30Closed						Y	Sunday						
Opening Times Closing Times			07:30 5:15 P	(07:30 05:15 P	07:3		07:			Closed		Closed
# of Classrooms:		Purpose:				Date:	-			Tim	ne:		
8				01/12/2017					01:40 PM				
Comments	anoture												
Paper survey has si													
A SUR	VEY OF YOUR FAC	ILITY HAS BEE	N MADE AN		ARE NOTIF	IED OF NON-CO	MPLIANCE O	FTHE	REGULATI	IONS A	AS NOTE	D BELOW:	
					Lice	ensure							
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									Compliance				
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS									Compliance				
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES									Compliance				
8.16.2.18 D COMPLAINTS									Compliance				
8.16.2.21 A LICENSING REQUIREMENTS									Compliance				
8.16.2.21 B CAPACITY OF CENTERS									Compliance				
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS									Compliance				
			4	Admir	nistrativ	e Requirer	nents						
8.16.2.22 A ADMINI	STRATION REC	ORDS											Compliance
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT									Compliance				
8.16.2.22 C POLICY AND PROCEDURES								Compliance					
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					
Personnel & Staffing													
8.16.2.23 A PERSO	NNEL AND STA	FFING REQU	JIREMENT										Compliance
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING							1	Compliance					
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES							1	Compliance					

Center Name:	License Number:	Date:	
Clovis Head Start	112349	01/12/2017	
Services & C	Care of Children		
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 TODDLEF		Compliance	
8.16.2.24 D DIAPERING AND TOILETING		Compliance	
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIA		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			Not Inspected
Food	I Service		
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
Health & Safe	ety Requirements		
8.16.2.26 A HYGIENE			Compliance
8.16.2.26 B FIRST AID REQUIREMENTS			Compliance
8.16.2.26 C MEDICATION		Compliance	
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	Compliance		
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS		N/A	
Buildings, G	rounds & Safety		
8.16.2.29 A HOUSEKEEPING			Compliance
8.16.2.29 B PEST CONTROL		Compliance	
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	
8.16.2.29 G TOILET AND BATHING FACILITIES		Compliance	
8.16.2.29 H SAFETY COMPLIANCE		Compliance	
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL D	TANCES	Compliance	
8.16.2.29 J PETS			Compliance

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Clovis Head Start	112349	01/12/2017

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.

W Mayon 3:05

file

Facility Rep:Nichole Marez

01/12/2017

Date

01/12/2017

Surveyor:Susie Aragon

Survey Report Form

Date