



**Facility**

Name: *Charles Brown* License Number: *149402*  
 Address: *1813 Debra, Clovis, NM 88101*  
 Phone: *5757491990* Fax: E-mail: *CNBPKC@gmail.com*

**License Information**

Type: *5 Star FOCUS Group Child Care Home* Status: *Licensed* Issue Date: *05/25/2017* Expiration Date: *05/21/2018*

**Capacity**

Over Age 2: *8* Under Age 2: *4* Night Care: *0* Playground: *0*  
 Square Footage: *420*

**Census**

Over 2: *5* Under 2: *1*

**Classrooms**

Number of Classrooms: *2*

**Days and Hours of Operation**

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

**Inspection**

Date: *04/12/2018* Time In: *9:50 AM* Time Out: *11:05 AM* Purpose: *Annual*

**Licensure**

8.16.2.31 A Licensing Requirements	<i>Compliance</i>
8.16.2.31 B Capacity of a Home	<i>Compliance</i>
8.16.2.31 C Incident Reporting Requirements	<i>Not Inspected</i>

**Administrative Requirements**

8.16.2.32 A Administrative Records	<i>Compliance</i>
8.16.2.32 B Mission, Philosophy and Curriculum Statement	<i>Compliance</i>
8.16.2.32 C Parent Handbook	<i>Compliance</i>
8.16.2.32 D Children's Records	<i>Compliance</i>

## Administrative Requirements (*continued*)

### 8.16.2.32 E Personnel Records

**Non-compliance**

*The home does not have documentation of a care giver(s) for background check within 5 years.*

#### *Corrective Action Plan*

*Documentation of a background check and employment history verification for all staff members and all adults living in the home. A background check must be conducted at least once every five years on all required individuals.*

Date to be Completed: 05/12/2018

### 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

Compliance

## Services & Care of Children

### 8.16.2.34 A Guidance

Compliance

### 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

Compliance

### 8.16.2.34 E Additional Requirements for Children with Special Needs

Not Inspected

### 8.16.2.34 F Night Care

Not Inspected

### 8.16.2.34 G Physical Environment

Compliance

### 8.16.2.34 H Social-Emotional Responsive Environment

Compliance

### 8.16.2.34 I Equipment and Program

Compliance

### 8.16.2.34 J Outdoor Play

Compliance

### 8.16.2.34 K Swimming, Wadding and Water

Not Inspected

### 8.16.2.34 L Field Trips

Not Inspected

## Food Service

### 8.16.2.35 B Meals and Snacks

Compliance

### 8.16.2.35 C Menus

Compliance

### 8.16.2.35 D Kitchens

Compliance

### 8.16.2.35 E Meal Times

Compliance

## Health & Safety Requirements

### 8.16.2.36 A Hygiene

Compliance

### 8.16.2.36 B First Aid Requirements

Compliance

### Health & Safety Requirements *(continued)*

8.16.2.36 C Medication	Compliance
8.16.2.36 D Illness and Notifiable Diseases	Compliance
8.16.2.37 A-G Transportation Requirements for Homes	N/A

### Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	Compliance
8.16.2.38 B Pest Control	N/A
8.16.2.38 C Mechanical Systems	Compliance
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	Compliance
8.16.2.38 E Exits	Compliance
8.16.2.38 F Toilet and Bathing Facilities:	Compliance
8.16.2.38 G Safety Compliance	Compliance
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	Compliance
8.16.2.38 I Pets	N/A

### Additional Comments

*Paper Survey was done unable to contact.*

### 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.

*Maria Susie Aragon*  
11:05 AM

Surveyor: *Maria Aragon*

*Signature of file*

Facility Representative: *Charles Brown*

