

**Center Name:** Address: Phone: 1604 HOWARD Helen Gallegos (575)366-4499 CLOVIS, NM 881010000 License Number: Issue Date: **Expiration Date:** Type: Status: 75169 11/21/2016 11/20/2017 Licensed 2 Star + Group Child Care Home Capacity Census Over Age 2: 8 Under Age 2: 4 Night Care: 0 Playground: 0 Over 2: Under 2: **Days and Hours of Operation Monday** <u>Tuesday</u> Wednesday Thursday **Friday** Saturday Sunday 07:00 07:00 07:00 Closed Opening Times: 07:00 07:00 Closed 08:00 P 08:00 P 08:00 P 08:00 P 08:00 P Closing Times: # of Classrooms: Date: Time: Purpose: Follow-up 2 04/14/2017 10:29 AM

## Comments

All Deficiencies have been cleared. for Semi-Annual done 03/14/2017.

Follow up documentation hand delivered to office.

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	Not Inspected	
8.16.2.31 B CAPACITY OF A HOME	Not Inspected	
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	Not Inspected	
Administrative Requirements		
8.16.2.32 A ADMINISTRATIVE RECORDS	Not Inspected	
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected	
8.16.2.32 C PARENT HANDBOOK	Not Inspected	
8.16.2.32 D CHILDREN'S RECORDS	Compliance	
8.16.2.32 E PERSONNEL RECORDS	Compliance	
8.16.2.32 F PERSONNEL HANDBOOK	Not Inspected	
Personnel & Staffing		
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Not Inspected	
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Not Inspected	
Services & Care of Children		
8.16.2.34 A GUIDANCE	Not Inspected	
8.16.2.34 B NAPS OR REST PERIOD	Not Inspected	
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Not Inspected	
8.16.2.34 D DIAPERING AND TOILETING	Not Inspected	
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Not Inspected	

Survey Report Form Page 1 of 3

Center Name: Helen Gallegos	License Number: 75169	<b>Date:</b> 04/14/2017		
Services & Care o	f Children			
8.16.2.34 F NIGHT CARE			Not Inspected	
8.16.2.34 G PHYSICAL ENVIRONMENT			Not Inspected	
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT		Not Inspected		
8.16.2.34 I EQUIPMENT AND PROGRAM		Not Inspected		
8.16.2.34 J OUTDOOR PLAY		Not Inspected		
8.16.2.34 K SWIMMING, WADING AND WATER			Not Inspected	
8.16.2.34 L FIELD TRIPS		Not Inspected		
Food Service				
8.16.2.35 B MEALS AND SNACKS		Not Inspected		
8.16.2.35 C MENUS		Not Inspected		
8.16.2.35 D KITCHENS		Not Inspected		
8.16.2.35 E MEAL TIMES		Not Inspected		
Health & Safety Requirements				
8.16.2.36 A HYGIENE		Not Inspected		
8.16.2.36 B FIRST AID REQUIREMENTS		Not Inspected		
8.16.2.36 C MEDICATION		Not Inspected		
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES		Not Inspected		
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES		Not Inspected		
Buildings, Grounds & Safety				
8.16.2.38 A HOUSEKEEPING			Not Inspected	
8.16.2.38 B PEST CONTROL			Not Inspected	
8.16.2.38 C MECHANICAL SYSTEMS		Not Inspected		
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL		Not Inspected		
8.16.2.38 E EXITS		Not Inspected		
8.16.2.38 F TOILET AND BATHING FACILITIES			Not Inspected	
8.16.2.38 G SAFETY COMPLIANCE		Not Inspected		
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES		CES	Not Inspected	
8.16.2.38 I PETS			Not Inspected	

Survey Report Form Page 2 of 3

Center Name:	License Number:	Date:
Helen Gallegos	75169	04/14/2017

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.

04/14/2017

Date

Surveyor:Susie Aragon

04/14/2017

Date

Survey Report Form Page 3 of 3

Facility Rep:Helen Gallegos