



**Facility**

**Name:** *Imagination Station Preschool* **License Number:** *151671*  
**Address:** *216 N. 1st., Bloomfield, NM 87413*  
**Phone:** *5056323140* **Fax:**  **E-mail:** *sandrak8384@gmail.com*

**License Information**

**Type:** *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *43380* **Expiration Date:** *43744*

**Capacity**

**Over Age 2:** *30* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *33*  
**Square Footage:** *0*

**Census**

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

**Classrooms**

**Number of Classrooms:** *3*

**Days and Hours of Operation**

<b>Monday</b> <i>6:30 AM - 5:30 PM</i>	<b>Tuesday</b> <i>6:30 AM - 5:30 PM</i>	<b>Wednesday</b> <i>6:30 AM - 5:30 PM</i>	<b>Thursday</b> <i>6:30 AM - 5:30 PM</i>	<b>Friday</b> <i>6:30 AM - 5:30 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

**Date:** *02/13/2019* **Time In:** *9:20 AM* **Time Out:** *9:24 AM* **Purpose:** *Follow-up*

**Licensure**

8.16.2.11 A Types of Licenses	<i>Not Inspected</i>
8.16.2.11 B Renewal of License	<i>Not Inspected</i>
8.16.2.11 D Non-transferable Restrictions of License	<i>Not Inspected</i>
8.16.2.12 A, K, M Licensing Actions and Administrative Appeals	<i>Not Inspected</i>
8.16.2.17 E, F Surveys for Child Care Facilities	<i>Compliance</i>
8.16.2.18 D Complaints	<i>Not Inspected</i>
8.16.2.21 A Licensing Requirements	<i>Not Inspected</i>
8.16.2.21 B Capacity of Centers	<i>Not Inspected</i>

### Administrative Requirements *(continued)*

8.16.2.21 C Incident Reporting Requirements	<i>Not Inspected</i>
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### Administrative Requirements

8.16.2.22 A Administrative Records	<i>Not Inspected</i>
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8.16.2.22 B Mission, Philosophy and Curriculum Statement	<i>Not Inspected</i>
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8.16.2.22 C Policy and Procedures	<i>Not Inspected</i>
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8.16.2.22 D Family Handbook	<i>Not Inspected</i>
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8.16.2.22 E Children's Records	<i>Compliance</i>
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8.16.2.22 F Personnel Records	<i>Not Inspected</i>
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8.16.2.22 G Personnel Handbook	<i>Not Inspected</i>
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### Personnel & Staffing

8.16.2.23 A Personnel and Staffing Requirements	<i>Not Inspected</i>
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8.16.2.23 B Staff Qualifications and Training	<i>Not Inspected</i>
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8.16.2.23 C Staff/Child Ratios and Group Sizes	<i>Not Inspected</i>
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### Services & Care of Children

8.16.2.24 A Guidance	<i>Not Inspected</i>
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8.16.2.24 B Naps or Rest Period	<i>Not Inspected</i>
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8.16.2.24 C Additional Requirements for Infants and Toddlers	<i>Not Inspected</i>
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8.16.2.24 D Diapering and Toileting	<i>Not Inspected</i>
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8.16.2.24 E Additional Requirements for Children with Special Needs	<i>Not Inspected</i>
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8.16.2.24 F Additional Requirements for Night Care	<i>Not Inspected</i>
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8.16.2.24 G Physical Environment	<i>Not Inspected</i>
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8.16.2.24 H Social-Emotional Responsive Environment	<i>Not Inspected</i>
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8.16.2.24 I Equipment and Program	<i>Not Inspected</i>
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8.16.2.24 J Outdoor Play Areas	<i>Not Inspected</i>
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8.16.2.24 K Swimming, Wading and Water	<i>Not Inspected</i>
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8.16.2.24 L Field Trips	<i>Not Inspected</i>
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## Food Service

8.16.2.25 B Meals and Snacks	<i>Not Inspected</i>
8.16.2.25 C Menus	<i>Not Inspected</i>
8.16.2.25 D Kitchens	<i>Compliance</i>
8.16.2.25 E Meal Times	<i>Not Inspected</i>

## Health &amp; Safety Requirements

8.16.2.26 A Hygiene	<i>Not Inspected</i>
8.16.2.26 B First Aid Requirements	<i>Not Inspected</i>
8.16.2.26 C Medication	<i>Not Inspected</i>
8.16.2.27 A-D Illness Requirements for Centers	<i>Not Inspected</i>
8.16.2.28 A-H Transportation Requirements for Centers	<i>N/A</i>

## Buildings, Grounds &amp; Safety

8.16.2.29 A Housekeeping	<i>Not Inspected</i>
8.16.2.29 B Pest Control	<i>Not Inspected</i>
8.16.2.29 C Mechanical Systems	<i>Not Inspected</i>
8.16.2.29 D Water and Waste	<i>Not Inspected</i>
8.16.2.29 E Lighting, Lighting Fixtures and Electrical	<i>Not Inspected</i>
8.16.2.29 F Exits and Windows	<i>Not Inspected</i>
8.16.2.29 G Toilet and Bathing Facilities	<i>Not Inspected</i>
8.16.2.29 H Safety Compliance	<i>Not Inspected</i>
8.16.2.29 H3(f)(i)(k) Safety Compliance	<i>Not Inspected</i>
8.16.2.29 J Pets	<i>Not Inspected</i>

## Additional Comments

*Follow up survey for semiannual conducted on 01/08/2019. All corrective action plans have been completed.*

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: *Nicole Denney*

*signature on file*



Facility Representative: *Sandra Kinslow*