

| Center Name: MILLIE WEED    |               |              | Address:<br>1121 N REID<br>Clovis, NM 88101 |                  |                          |     | Phone: (575)762-7170 |                 |               |  |  |
|-----------------------------|---------------|--------------|---|------------------|--------------------------|-----|----------------------|-----------------|---------------|--|--|
| License Number:             | Issue Date:   | Expiration I | Date:                                       | Туре:            |                          |     | Status:              |                 |               |  |  |
| 124718                      | 01/1/2017     | 12/31/2017   |   | 5 Star FO        | CUS Group Child Care Hom | е   | Licensed             |                 |               |  |  |
| Capacity                    |               |              |   | •                |                          | Cei | nsus                 |                 |               |  |  |
| Over Age 2: 8               | Under Age 2:  | 4 Night      | Care:                                       | 0 1              | Playground: 0            | Ove | er 2: 7              | Unde            | er 2: 3       |  |  |
| Days and Hours of Operation |               |              |   |                  |                          |     |                      |                 |               |  |  |
|                             | <u>Monday</u> | Tuesda       | y <u>W</u>                                  | <u>'ednesday</u> | <u>Thursday</u>          | Fri | day                  | <u>Saturday</u> | <u>Sunday</u> |  |  |
| Opening Times:              | 05:00         | 05:00        |   | 05:00            | 05:00                    | 05  | :00                  | Closed          | Closed        |  |  |
| Closing Times:              | 05:30 P       | 05:30 F      | •   | 05:30 P          | 05:30 P                  | 05: | 30 P                 |                 |               |  |  |
| # of Classrooms:            | ı             | Purpose:     |   |                  | Date:                    |     | Tir                  | me:             |               |  |  |
| 2                           | A             | Annual       |   |                  | 11/01/2017               |     | 09:                  | :25 AM          |               |  |  |
| Comments Water temp 102.    |               |              |   |                  |                          |     |                      |                 |               |  |  |

| water temp 102.  |                 |
|--|-----------------|
| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS A  | AS NOTED BELOW: |
| Licensure  |                 |
| 8.16.2.31 A LICENSING REQUIREMENTS   | Compliance      |
| 8.16.2.31 B CAPACITY OF A HOME   | Compliance      |
| 8.16.2.31 C INCIDENT REPORTING REQUIREMENTS  | Not Inspected   |
| Administrative Requirements  |                 |
| 8.16.2.32 A ADMINISTRATIVE RECORDS   | Compliance      |
| 8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT   | Compliance      |
| 8.16.2.32 C PARENT HANDBOOK  | Compliance      |
| 8.16.2.32 D CHILDREN'S RECORDS   | Non-compliance  |
| Deficiencies  Of the 13 children's records reviewed, 2 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.32 form for the child(ren) with no immunization/exemption.  Regulation: 8.16.2.32D(1)(e)  Corrective Action Plan  The home will review a child's record to ensure complete information has been obtained before a child is admitted.  Date to be Completed: 12/01/2017 |                 |
| 8.16.2.32 E PERSONNEL RECORDS  | Compliance      |
| 8.16.2.32 F PERSONNEL HANDBOOK   | Compliance      |
| 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  |                 |
|  |                 |

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| Center Name: MILLIE WEED   | License Number:                  | Date:<br>11/01/2017       |               |
|--|----------------------------------|---------------------------|---------------|
|  |                                  | 11/01/2017                |               |
| 8.16.2.34 A GUIDANCE   | s & Care of Children             |                           | Compliance    |
| 8.16.2.34 B NAPS OR REST PERIOD  |                                  |                           | Not Inspected |
|  | ODI EDO                          |                           | Compliance    |
| 8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TOD                                      |                                  | Compliance                |               |
| 8.16.2.34 D DIAPERING AND TOILETING  8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH S |                                  | Not Inspected             |               |
| 8.16.2.34 F NIGHT CARE   |                                  | N/A                       |               |
| 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, WADING AND WATER   |                                  |                           | Not Inspected |
| 8.16.2.34 L FIELD TRIPS  |                                  |                           | Not Inspected |
|  |                                  |                           | Tet mopeoted  |
|  | Food Service                     |                           | Compliance    |
| 8.16.2.35 B MEALS AND SNACKS   |                                  |                           | Compliance    |
| 8.16.2.35 C MENUS<br>8.16.2.35 D KITCHENS  |                                  |                           | Compliance    |
| 8.16.2.35 E MEAL TIMES   |                                  |                           | Compliance    |
|  | 0.64 D                           |                           | Compilance    |
| 8.16.2.36 A HYGIENE  | Safety Requirements              | I                         | Compliance    |
|  |                                  |                           | •             |
| 8.16.2.36 B FIRST AID REQUIREMENTS 8.16.2.36 C MEDICATION                                    |                                  |                           | Compliance    |
|  |                                  |                           | Not Inspected |
| 8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES  |                                  | Not Inspected  Compliance |               |
| 8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES  |                                  |                           | Compliance    |
|  | gs, Grounds & Safety             |                           | 0 "           |
| 8.16.2.38 A HOUSEKEEPING   |                                  | Compliance                |               |
| 8.16.2.38 B PEST CONTROL   |                                  | Compliance                |               |
| 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, ILLI                                     | EGAL DRUGS AND CONTROLLED SUBSTA | NCES                      | Compliance    |
| 8.16.2.38   PETS   |                                  |                           | Compliance    |

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 Center Name:
 License Number:
 Date:

 MILLIE WEED
 124718
 11/01/2017

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.

11/01/2017

Date

Surveyor:Susie Aragon

11/01/2017

Date

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Facility Rep:Millie Weed