

| Center Name: Melissa George | | | Address: 120 Raven Dr. Clovis, NM 88101 | | | | | | Phone: (575)791-2940 | |
|---------------------------------------------------|--------------|--------------------|----------------------------------------------|--------------------------------|----------|------------|------------|----------|-------------------------|--|
| License Number: Issue Date: Expiration | | Expiration [| · · | | | | Status: | | | |
| 166657 | 01/1/2018 | 1/1/2018 04/3/2018 | | 2 Star + Group Child Care Home | | | Licensed | | | |
| Capacity | | | | | | nsus | | | | |
| Over Age 2: 4 | Under Age 2: | 2 Night | t Care: 0 Playground: 0 Over 2: - Under 2: - | | | | Under 2: - | | | |
| Days and Hours of Operation | | | | | | | | | | |
| | Monday | Tuesda | <u>y</u> <u>W</u> | /ednesday | Thursday | <u>Fri</u> | <u>day</u> | Saturday | <u>Sunday</u> | |
| Opening Times | 07:00 | 07:00 | | 07:00 | 07:00 | 07 | :00 | Closed | Closed | |
| Closing Times | : 08:00 P | 08:00 P | 1 | 08:00 P | 08:00 P | 08: | 00 P | | | |
| # of Classrooms: | | Purpose: | | | Date: | | | Time: | | |
| 2 Follow-up | | 02/23/2018 | | 02/23/2018 | 0 | | 09:52 |)9:52 | | |
| Comments | | | | | | | | | | |
| Follow up on Annual Survey 01/23/2018 Via E-Mail. | | | | | | | | | | |
| All Deficiencies Cleared. | | | | | | | | | | |

| All Deliciences Gleared. | | | | | |
|-------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|--|
| 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 | Not Inspected | | | | |
| 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 | Compliance | | | | |
| 8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS | Not Inspected | | | | |
| 8.16.2.34 F NIGHT CARE | Not Inspected | | | | |
| | | | | | |

Survey Report Form Page 1 of 2

| Center Name: Melissa George | License Number: Date: 02/23/20 | | | | | | | |
|------------------------------------------------------------------------------|--------------------------------|------------------------------|------------------------------|--|--|--|--|--|
| - | | 02/23/2016 | | | | | | |
| Services & Care of Children 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 | | | | | | |
| | 1 | | . vot mopostou | | | | | |
| Food Servi | ce | | Not Inspected | | | | | |
| | | Not Inspected | | | | | | |
| 8.16.2.35 C MENUS 8.16.2.35 D KITCHENS | | Not Inspected Not Inspected | | | | | | |
| | | | Not Inspected Not Inspected | | | | | |
| 8.16.2.35 E MEAL TIMES | | | Not inspected | | | | | |
| Health & Safety Red | quirements | | | | | | | |
| 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, Ground | s & 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 | CES | Not Inspected | | | | | | |
| 8.16.2.38 I PETS | | | Not Inspected | | | | | |

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.

02/23/2018

02/23/2018

Surveyor:Susie Aragon

Date

Facility Rep:Melissa George