

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Contor Nama: | | | SURVEY | I KEI OK | 1 | | | Phone | |
|--|---------------------------|------------------------|----------------|-----------------------|--------------------------|--------------------------------|-----------------------|---------------------------|-------------------------|
| 501 E. 1st Street | | | | | - | | | | |
| Portales Head Start | | | Portales, NM 8 | | | | | (575)35 | ου-υ/12 |
| License Number: | Issue Date: | Expiration [| | ype: | | | Status: | | |
| 94583 | 09/12/2017 | 03/12/2018 | 2 | Star Child | Care Center | | Licensed | | |
| Capacity Over Age 2: 58 | Under Age 2: | 0 Night | Care: 0 | Dia | ayground: 58 | | n sus er 2: | _ | Under 2: - |
| _ | | o inigiti | | | yyrounu. oo | UVE | <i>∕</i> 1 ∠. | | |
| Days and Hours of | | ÷ . | | | The | | davi | O-tu l | |
| Opening Times | <u>Monday</u> :: 07:45 | <u>Tuesda</u> 07:45 | | <u>nesday</u> 7:45 | <u>Thursday</u> 07:45 | | <u>day</u> ::45 | <u>Saturday</u> Closed | <u>Sunday</u> Closed |
| Closing Times | | 05:15 P | | :15 P | 05:15 P | | 15 P | | |
| # of Classrooms: | | Purpose: | | | Date: | | | Time: | |
| 3 | F | Follow-up | | | 02/13/2018 | | | 10:06 | |
| Comments Follow up on survey | v dated 01/11/2018 | 3. Via E-Mail | | | | | | | |
| All Deficiencies hav | e been cleared. | | | | | | | | |
| A SUR | VEY OF YOUR FACIL | ITY HAS BEEN MA | DE AND YOU AR | | OF NON-COMPLIAN | CE OF THE | REGULATIO | ONS AS NOTED | BELOW: |
| | | | | Licen | sure | | | | |
| 8.16.2.11 A TYPES | OF LICENSES | | | | | | | | Not Inspected |
| 8.16.2.11 B RENEV | VAL OF LICENSE | | | | | | | | Not Inspected |
| 8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE | | | | | | Not Inspected | | | |
| 8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS | | | | | | Not Inspected | | | |
| 8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES | | | | | | | Not Inspected | | |
| 8.16.2.18 D COMPLAINTS | | | | | | Not Inspected | | | |
| 8.16.2.21 A LICENSING REQUIREMENTS | | | | | | Not Inspected | | | |
| 8.16.2.21 B CAPACITY OF CENTERS 8.16.2.21 C INCIDENT REPORTING REQUIREMENTS | | | | | | Not Inspected Not Inspected | | | |
| | | | | strativo | Requirements | | | | |
| 8.16.2.22 A ADMIN | ISTRATION RECO | RDS | | Shanve | Requirements | | | | Not Inspected |
| 8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT | | | | | | Not Inspected | | | |
| 8.16.2.22 C POLICY AND PROCEDURES | | | | | | Not Inspected | | | |
| 8.16.2.22 D FAMILY HANDBOOK | | | | | | Not Inspected | | | |
| 8.16.2.22 E CHILDREN'S RECORDS | | | | | | Not Inspected | | | |
| 8.16.2.22 F PERSONNEL RECORDS | | | | | | Compliance | | | |
| 8.16.2.22 G PERSONNEL HANDBOOK | | | | | | Not Inspected | | | |
| Personnel & Staffing | | | | | | | | | |
| 8.16.2.23 A PERSO | NNEL AND STAF | FING REQUIREN | MENTS | | | | | | Not Inspected |
| 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING | | | | | | Not Inspected | | | |
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| Center Name: Portales Head Start | License Number: 94583 | Date: 02/13/2018 | | | |
|---|--------------------------|---------------------|---------------|--|--|
| Personnel & | | | | | |
| 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES | | Not Inspected | | | |
| Services & Care of Children | | | | | |
| 8.16.2.24 A GUIDANCE | | Not Inspected | | | |
| 8.16.2.24 B NAPS OR REST PERIOD | | Not Inspected | | | |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS | | Not Inspected | | | |
| 8.16.2.24 D DIAPERING AND TOILETING | Not Inspected | | | | |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL N | | Not Inspected | | | |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE | | Not Inspected | | | |
| 8.16.2.24 G PHYSICAL ENVIRONMENT | | Not Inspected | | | |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT | | Not Inspected | | | |
| 8.16.2.24 I EQUIPMENT AND PROGRAM | | | Not Inspected | | |
| 8.16.2.24 J OUTDOOR PLAY AREAS | | Not Inspected | | | |
| 8.16.2.24 K SWIMMING, WADING AND WATER | Not Inspected | | | | |
| 8.16.2.24 L FIELD TRIPS | | Not Inspected | | | |
| Food Service | | | | | |
| 8.16.2.25 B MEALS AND SNACKS | | | Not Inspected | | |
| 8.16.2.25 C MENUS | Not Inspected | | | | |
| 8.16.2.25 D KITCHENS | Not Inspected | | | | |
| 8.16.2.25 E MEAL TIMES | Not Inspected | | | | |
| Health & Safety Requirements | | | | | |
| 8.16.2.26 A HYGIENE | | | Not Inspected | | |
| 8.16.2.26 B FIRST AID REQUIREMENTS | | Not Inspected | | | |
| 8.16.2.26 C MEDICATION | | Not Inspected | | | |
| 8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS | Not Inspected | | | | |
| 8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS | | Not Inspected | | | |
| Buildings, Grounds & Safety | | | | | |
| 8.16.2.29 A HOUSEKEEPING | | | Not Inspected | | |
| 8.16.2.29 B PEST CONTROL | | Not Inspected | | | |
| 8.16.2.29 C MECHANICAL SYSTEMS | | Not Inspected | | | |
| 8.16.2.29 D WATER AND WASTE | | Not Inspected | | | |
| 8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL | Not Inspected | | | | |
| 8.16.2.29 F EXITS AND WINDOWS | Not Inspected | | | | |
| 8.16.2.29 G TOILET AND BATHING FACILITIES | Not Inspected | | | | |
| 8.16.2.29 H SAFETY COMPLIANCE | Not Inspected | | | | |
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| Portales Head Start | | 94583 | 02/13/2018 |
|---|------------------|---|------------------|
| | Buildings, | Grounds & Safety | |
| 8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEV | ERAGES, ILLEGAL | DRUGS AND CONTROLLED SUBSTANC | ES Not Inspected |
| 8.16.2.29 J PETS | | | Not Inspected |
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| Please note: Per CYFD regulation NMAC 8.16. | | oly with the corrective action plans as | noted |
| above, may result in further action taken again | st the licensee. | | |
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| SUDIE MARM 10:11 | | (<u> </u> // +'(\n | |
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| And the last | 02/13/2018 | | 02/13/2018 |
| Surveyor:Susie Aragon | Date | Facility Rep:Diane Lucero | Date |
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| | | | |

License Number:

Date:

Center Name: