

|  |                                 |  |  |                            |                                |                          |                 |               |
|--|---------------------------------|--|--|----------------------------|--------------------------------|--------------------------|-----------------|---------------|
| <b>Center Name:</b><br>When The Bell Rings                   |                                 | <b>Address:</b><br>1720 W. 21st Street<br>Clovis, NM 88101 |  |                            | <b>Phone:</b><br>(575)769-2138 |                          |                 |               |
| <b>License Number:</b><br>148819                             | <b>Issue Date:</b><br>10/1/2016 | <b>Expiration Date:</b><br>09/30/2017                      | <b>Type:</b><br>2 Star Child Care Center |                            | <b>Status:</b><br>Licensed     |                          |                 |               |
| <b>Capacity</b>  |                                 |  |  |                            | <b>Census</b>                  |                          |                 |               |
| Over Age 2:  | 46                              | Under Age 2:   | 0  | Night Care:                | 0                              | Playground:              | 0               |               |
|  |                                 |  |  |                            | Over 2:                        | 14                       | Under 2:        | 0             |
| <b>Days and Hours of Operation</b>                           |                                 |  |  |                            |                                |                          |                 |               |
| <b>Morning</b>   |                                 | <u>Monday</u>  | <u>Tuesday</u>                           | <u>Wednesday</u>           | <u>Thursday</u>                | <u>Friday</u>            | <u>Saturday</u> | <u>Sunday</u> |
| Opening Times:   |                                 |  |  |                            |                                |                          | Closed          | Closed        |
| Closing Times:   |                                 |  |  |                            |                                |                          |                 |               |
| <b>Afternoon</b>   |                                 | <u>Monday</u>  | <u>Tuesday</u>                           | <u>Wednesday</u>           | <u>Thursday</u>                | <u>Friday</u>            | <u>Saturday</u> | <u>Sunday</u> |
| Opening Times:   |                                 | 03:00 P  | 03:00 P                                  | 03:00 P                    | 03:00                          | 03:00                    |                 |               |
| Closing Times:   |                                 | 05:30 P  | 05:30 P                                  | 05:30 P                    | 05:30 P                        | 05:30 P                  |                 |               |
| <b># of Classrooms:</b><br>1                                 |                                 | <b>Purpose:</b><br>Annual                                  |  | <b>Date:</b><br>08/23/2017 |                                | <b>Time:</b><br>03:40 PM |                 |               |
| <b>Comments</b><br>Will provide training information letter. |                                 |  |  |                            |                                |                          |                 |               |

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

| Licensure  |               |
|--|---------------|
| 8.16.2.40 A LICENSING REQUIREMENTS                       | Compliance    |
| 8.16.2.40 B CAPACITY OF A PROGRAM                        | Compliance    |
| 8.16.2.40 C, D INCIDENT REPORTING REQUIREMENTS           | Not Inspected |
| Administrative Requirements                              |               |
| 8.16.2.41 A ADMINISTRATION RECORDS                       | Compliance    |
| 8.16.2.41 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT | Compliance    |
| 8.16.2.41 C PARENT HANDBOOK                              | Compliance    |
| 8.16.2.41 D, 8.16.2.42 D CHILDREN'S RECORDS              | Compliance    |
| 8.16.2.41 E PERSONNEL RECORDS                            | Compliance    |
| 8.16.2.41 F PERSONNEL HANDBOOK                           | Compliance    |
| Personnel & Staffing                                     |               |
| 8.16.2.42 A PERSONNEL AND STAFFING REQUIREMENTS          | Compliance    |
| 8.16.2.42 B STAFF QUALIFICATIONS                         | Compliance    |
| 8.16.2.42 C TRAINING                                     | Compliance    |
| Services & Care of Children                              |               |
| 8.16.2.43 A GUIDANCE                                     | Compliance    |
| 8.16.2.43 B PHYSICAL ENVIRONMENT                         | Compliance    |

|   |                                  |                            |
|---|----------------------------------|----------------------------|
| <b>Center Name:</b><br>When The Bell Rings  | <b>License Number:</b><br>148819 | <b>Date:</b><br>08/23/2017 |
| <b>Services &amp; Care of Children</b>  |                                  |                            |
| 8.16.2.43 C SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT   |                                  | Compliance                 |
| 8.16.2.43 D EQUIPMENT AND PROGRAM   |                                  | Compliance                 |
| 8.16.2.43 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS                         |                                  | N/A                        |
| 8.16.2.43 G SWIMMING, WADING AND WATER  |                                  | N/A                        |
| 8.16.2.43 H FIELD TRIPS   |                                  | N/A                        |
| 8.16.2.43 F OUTDOOR PLAY AREAS  |                                  | Compliance                 |
| <b>Food Service</b>   |                                  |                            |
| 8.16.2.44 B MEALS AND SNACKS  |                                  | Compliance                 |
| 8.16.2.44 C KITCHENS  |                                  | Compliance                 |
| <b>Health &amp; Safety Requirements</b>   |                                  |                            |
| 8.16.2.45 A HYGIENE   |                                  | Compliance                 |
| 8.16.2.45 B FIRST AID REQUIREMENTS  |                                  | Compliance                 |
| 8.16.2.45 C MEDICATION  |                                  | Not Inspected              |
| 8.16.2.45 D ILLNESSES   |                                  | Not Inspected              |
| 8.16.2.46 A-H TRANSPORTATION REQUIREMENTS   |                                  | Compliance                 |
| <b>Buildings, Grounds &amp; Safety</b>  |                                  |                            |
| 8.16.2.47 A HOUSEKEEPING  |                                  | Compliance                 |
| 8.16.2.47 B PEST CONTROL  |                                  | Not Inspected              |
| 8.16.2.47 C MECHANICAL SYSTEMS  |                                  | Compliance                 |
| 8.16.2.47 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL                                      |                                  | Compliance                 |
| 8.16.2.47 E EXITS AND WINDOWS   |                                  | Compliance                 |
| 8.16.2.47 F TOILET AND BATHING FACILITIES   |                                  | Compliance                 |
| 8.16.2.47 G SAFETY COMPLIANCE   |                                  | Compliance                 |
| 8.16.2.47 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES |                                  | Compliance                 |
| 8.16.2.47 G, I PETS   |                                  | N/A                        |

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.

*Susie Aragon*  
4.40

08/23/2017

*Shelley Bridges*

08/23/2017

Surveyor: Susie Aragon

Date

Facility Rep: Shelley Bridges

Date