

| Center Name: Midwest NMCAP Adelino Head Start | | | Address: 2747 Highway 47 Los Lunas, NM 87031 | | | | | | Phone: (505)864-6700 | | |
|--|---------------|--------------|--|-----------------|---------------------------|-----------|---------------|---------|-----------------------------|----------|---------------|
| License Number: | Issue Date: | Expiration D | ate: | Туре: | | | | Status: | atus: | | |
| 94704 | 08/13/2017 | 08/12/2018 | | 2 Star Chi | nild Care Center Licensed | | | | | | |
| Capacity | | • | | | | | Cer | ısus | | | |
| Over Age 2: 82 | Under Age 2: | 0 Night 0 | Care: | 0 F | Playground: | 82 | Ove | r 2: | 63 | Under 2: | 0 |
| Days and Hours of 0 | Operation | | | | | | | | | | |
| | <u>Monday</u> | Tuesday | <u>/</u> <u>W</u> | <u>ednesday</u> | Thursd | <u>ay</u> | <u>Friday</u> | | <u>Saturda</u> | У | <u>Sunday</u> |
| Opening Times: | 07:00 AM | 07:00 AM | 1 (| 7:00 AM | 07:00 A | AM 07: | | MA C | Closed | | Closed |
| Closing Times: | 04:00 PM | 04:00 PM | 1 (| 04:00 PM | 04:00 P | PM | 04:00 PM | | | | |
| # of Classrooms: | F | Purpose: | | | Date: | | | | Time: | | |
| 5 | 5 | Semi-Annual | | | 11/07/2017 | | | | 09:00 AM | | |
| Comments | | | | | | | | | | | |

| A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW: | | | | |
|--|----------------|--|--|--|
| Licensure | | | | |
| 8.16.2.11 A TYPES OF LICENSES | Not Inspected | | | |
| 8.16.2.11 B RENEWAL 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 | Compliance | | | |
| 8.16.2.21 B CAPACITY OF CENTERS Deficiencies The center failed to post the maximum capacity of the playground on the doors to the playground. Regulation: 8.16.2.21B(3)(b) Corrective Action Plan The center will post the maximum capacity of the playground on the doors to the playground. Date to be Completed: 12/07/2017 | Non-compliance | | | |
| 8.16.2.21 C INCIDENT REPORTING REQUIREMENTS | Not Inspected | | | |
| Administrative Requirements | | | | |
| 8.16.2.22 A ADMINISTRATION RECORDS | Compliance | | | |
| 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 | Compliance | | | |
| | | | | |

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| Center Name: Midwest NMCAP Adelino Head Start | License Number: 94704 | Date: 11/07/2017 | |
|--|--------------------------|---------------------|---------------|
| | | 1110112011 | |
| 8.16.2.22 F PERSONNEL RECORDS | strative Requirements | | Compliance |
| | | | Not Inspected |
| 8.16.2.22 G PERSONNEL HANDBOOK | | | Not inspected |
| Per | rsonnel & Staffing | | |
| 8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS | | | Compliance |
| 8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING | | | Compliance |
| 8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES | | | Compliance |
| Service | es & Care of Children | | |
| 8.16.2.24 A GUIDANCE | | | Compliance |
| 8.16.2.24 B NAPS OR REST PERIOD | | | Not Inspected |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TO | DDLERS | | N/A |
| 8.16.2.24 D DIAPERING AND TOILETING | | | Compliance |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH | SPECIAL NEEDS | | Not Inspected |
| 8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE | | | N/A |
| 8.16.2.24 G PHYSICAL ENVIRONMENT | | | Compliance |
| 8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT | | | Compliance |
| 8.16.2.24 I EQUIPMENT AND PROGRAM | | | Compliance |
| 8.16.2.24 J OUTDOOR PLAY AREAS | | | Compliance |
| 8.16.2.24 K SWIMMING, WADING AND WATER | | | N/A |
| 8.16.2.24 L FIELD TRIPS | | | Not Inspected |
| | Food Service | | |
| 8.16.2.25 B MEALS AND SNACKS | | | Compliance |
| 8.16.2.25 C MENUS | | | Compliance |
| 8.16.2.25 D KITCHENS | | | Compliance |
| 8.16.2.25 E MEAL TIMES | | | Compliance |
| Health 8 | & Safety Requirements | | |
| 8.16.2.26 A HYGIENE | | | Compliance |
| 8.16.2.26 B FIRST AID REQUIREMENTS | | | Compliance |
| 8.16.2.26 C MEDICATION | | | Compliance |
| 8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS | | | Compliance |
| 8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTER | s | | Not Inspected |
| Buildin | gs, Grounds & Safety | | |
| 8.16.2.29 A HOUSEKEEPING | . | | Compliance |
| 8.16.2.29 B PEST CONTROL | | | Compliance |
| 8.16.2.29 C MECHANICAL SYSTEMS | | | Compliance |
| | | | · · |

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| Center Name: Midwest NMCAP Adelino Head Start | License Number: 94704 | Date: 11/07/2017 | |
|--|--------------------------|-------------------------|----------------|
| Buildings, Gr | ounds & Safety | | |
| 8.16.2.29 D WATER AND WASTE | | | Compliance |
| 8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL | | | Compliance |
| 8.16.2.29 F EXITS AND WINDOWS | | | Compliance |
| 8.16.2.29 G TOILET AND BATHING FACILITIES Deficiencies The toilet room for the head start classroom(s) is missing toilet pap Regulation: 8.16.2.29G(2) | er. | | Non-compliance |
| Corrective Action Plan The toilet room will be restocked and a routine established to moni adequate supplies. Date to be Completed: 12/07/2017 | tor all toilet rooms for | | |
| 8.16.2.29 H SAFETY COMPLIANCE Deficiencies The center failed to conduct an emergency preparedness practice quarter. Regulation: 8.16.2.29H(1) Corrective Action Plan A center will conduct emergency preparedness practice drills at least January of each calendar year. Date to be Completed: 12/07/2017 | | | Non-compliance |
| 8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DI | RUGS AND CONTROLLED SUBS | TANCES | Compliance |
| | | | Compliance |

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.

11/07/2017

11/07/2017

Surveyor:Mark PrizziDateFacility Rep:Griselda RamirezDateSurvey Report FormPage 3 of 3

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