

Center Name: PMS Early Start Head Start			Address: 900 South Carlton Farmington, NM 87401				Phone: (505)327-794	Phone: (505)327-7940	
License Number: Issue Date: Expiration D		Date: Type: Statu			Status:	•			
94712	12/19/2016	12/18/2017	2 Star Child Care Center		d Care Center		Licensed		
Capacity				•		Ce	nsus		
Over Age 2: 217	Under Age 2:	25 Night	Care:	re: 0 Playground: 181 Over 2:		er 2: (0 Under 2: 0		
Days and Hours of Operation									
	<u>Monday</u>	Tuesda	y W	/ednesday	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturday	<u>Sunday</u>
Opening Times	: 07:45 AM	07:45 Al	M (07:45 AM	07:45 AM	07:4	5 AM	Closed	Closed
Closing Times	: 05:00 PM	05:00 PI	M (05:00 PM	05:00 PM	05:0	0 PM		
# of Classrooms:	P	urpose:			Date:		1	Γime:	
14	Fo	ollow-up			03/03/2017		(3:43 PM	
Comments The Provider scan documentation to Licensing.									

The Provider scan documentation to Licensing.			
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF T	THE REGULATIONS AS NOTED BELOW:		
Licensure			
8.16.2.11 A TYPES OF LICENSES	N/A		
8.16.2.11 B RENEWAL OF LICENSE	N/A		
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	N/A		
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	N/A		
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Not Inspected		
8.16.2.18 D COMPLAINTS	N/A		
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspected		
8.16.2.21 B CAPACITY OF CENTERS	Compliance		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	N/A		
Administrative Requirements			
8.16.2.22 A ADMINISTRATION RECORDS	Not Inspected		
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected		
8.16.2.22 C POLICY AND PROCEDURES	Compliance		
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 PERSONNEL AND STAFFING REQUIREMENTS	Not Inspected		
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING	Compliance		
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Compliance		

Survey Report Form Page 1 of 3

Center Name: PMS Early Start Head Start	License Number: 94712	Date: 03/03/2017			
	es & 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 TO		Not Inspected			
8.16.2.24 D DIAPERING AND TOILETING	Not Inspected				
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH		Not Inspected			
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE	N/A				
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		N/A			
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			Compliance		
8.16.2.26 C MEDICATION					
8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS	Not Inspected				
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTER	Not Inspected				
Buildin	gs, Grounds & Safety	,			
8.16.2.29 A HOUSEKEEPING			Compliance		
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				
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLI	Not Inspected				
8.16.2.29 J PETS	Not Inspected				

Survey Report Form Page 2 of 3

Center Name:	License Number:	Date:
PMS Early Start Head Start	94712	03/03/2017

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.

03/03/2017

Date

Surveyor:Peggy Waconda

03/03/2017

Date

Survey Report Form Page 3 of 3

Facility Rep:Kristie Sage