

Center Name: PMS Early Start Head Start		Address: 900 South Carlton Farmington, NM 87401			Phone: (505)327-7940		
License Number: 94712	Issue Date: 12/19/2016	Expiration Date: 12/18/2017	Type: 2 Star Child Care Center		Status: Licensed		
Capacity					Census		
Over Age 2:	217	Under Age 2:	25	Night Care:	0	Playground:	181
						Over 2:	35
						Under 2:	1
Days and Hours of Operation							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:45 AM	07:45 AM	07:45 AM	07:45 AM	07:45 AM	Closed	Closed
Closing Times:	05:00 PM	05:00 PM	05:00 PM	05:00 PM	05:00 PM		
# of Classrooms: 6	Purpose: Semi-Annual		Date: 06/29/2017		Time: 01:10 PM		
Comments During the summer 6 classrooms are open. The covering for the toddlers playground was taken down for repairs. Environmental Inspection is due in August.							

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	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	Compliance
8.16.2.18 D COMPLAINTS	N/A
8.16.2.21 A LICENSING REQUIREMENTS	Compliance
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 <u>Deficiencies</u> The center failed to display in a prominent place that is readily visible to parents, staff and visitors the current child care regulations. Regulation: 8.16.2.22A <u>Corrective Action Plan</u> The center will post the missing item. Date to be Completed: 07/31/2017	Non-compliance
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance
8.16.2.22 C POLICY AND PROCEDURES	Compliance
8.16.2.22 D FAMILY HANDBOOK	Compliance
8.16.2.22 E CHILDREN'S RECORDS	Compliance

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Administrative Requirements		
8.16.2.22 F PERSONNEL RECORDS Deficiencies From the review of staff records, it was determined that 2 out of 3 staff records does/do not include a professional development plan based on seven areas of competency. See Staff Records 8.16.2.22 form for staff who need a current plan. Regulation: 8.16.2.22F(1)(n) Corrective Action Plan The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file. Date to be Completed: 07/31/2017	Non-compliance	
8.16.2.22 G PERSONNEL HANDBOOK	Compliance	
Personnel & Staffing		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance	
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING Deficiencies Educators did not complete the following training within 3-months: first aid and cardiopulmonary resuscitation (CPR) certification Regulation: 8.16.2.23B(2)(b) Corrective Action Plan All educators, regardless of the number of hours per week, will complete the above listed training. The following staff members need to complete the required training: Date to be Completed: 07/31/2017	Non-compliance	
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES Deficiencies The center failed to post the capacity for each activity/interest area. 2 out of 6 classrooms failed to post the capacity for each activity/interest area. Regulation: 8.16.2.23 C (2)(b) Corrective Action Plan Each activity/interest area will have a posted capacity, which may vary according to the activity and size of the space, and will not exceed the group size requirement as specified in Paragraph (1) of Subsection C of 8.16.2.23 NMAC Date to be Completed: 07/31/2017	Non-compliance	
Services & Care of Children		
8.16.2.24 A GUIDANCE	Compliance	
8.16.2.24 B NAPS OR REST PERIOD	Compliance	
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliance	
8.16.2.24 D DIAPERING AND TOILETING	Compliance	
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Compliance	
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	

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Services & Care of Children		
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		N/A
Food Service		
8.16.2.25 B MEALS AND SNACKS		Not Inspected
8.16.2.25 C MENUS		Compliance
8.16.2.25 D KITCHENS		Compliance
8.16.2.25 E MEAL TIMES		Not Inspected
Health & 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 CENTERS		N/A
Buildings, Grounds & Safety		
8.16.2.29 A HOUSEKEEPING Deficiencies The Equipment are not in good repair as evidenced by worn resting mats and in the bathroom specklings is exposed in room 10,worn edging on children's couch in room 11, Room 13 dry wall is exposed around soap dispenser. Regulation: 8.16.2.29A(1) Corrective Action Plan Repairs will be completed and a system for routine inspection of the center and premises will be established. Date to be Completed: 07/31/2017		Non-compliance
8.16.2.29 B PEST CONTROL		Compliance
8.16.2.29 C MECHANICAL SYSTEMS		Compliance
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		Compliance
8.16.2.29 H SAFETY COMPLIANCE		Non-compliance

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Buildings, Grounds & Safety

Deficiencies

The center does not have verification of an annual fire inspection from the fire authority having jurisdiction.

Regulation: 8.16.2.29H(3)(e)

Corrective Action Plan

An annual fire inspection will be requested from the fire authority having jurisdiction over the center.

Date to be Completed: 07/31/2017

8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	Compliance
8.16.2.29 J 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.

Peggy Waconda 3:29 PM

06/29/2017

Kristie Sage

06/29/2017

Surveyor: Peggy Waconda	Date	Facility Rep: Kristie Sage	Date
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