

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name:			Address:	VEI KEPU					Phon	e:	
PMS Early Start Head Start			900 South Carlton					(505)3	(505)327-7940		
License Number:	Issue Date:	Expiration	-	n, NM 87401 Type:			St	atus:	()		
94712	09/15/2017	12/18/2017	Date.		ld Care Center			ensed			
Capacity	03/13/2017	12/10/2017		2 0141 0111			Census				
Over Age 2: 217	Under Age 2:	25 Nigh	t Care:	0 F	Playground:	181	Over 2:		97	Under 2:	0
Days and Hours of	Operation										
	Monday	Tuesd	<u>ay N</u>	Vednesday	Thurso	lay	<u>Friday</u>		<u>Saturda</u>	Y	<u>Sunday</u>
Opening Times				07:45 AM 05:00 PM	07:45 A 05:00 F		07:45 AN 05:00 PN		Closed		Closed
Closing Times	T		'IVI	05.00 PM			05.00 Piv		T i		
# of Classrooms: 14		Purpose: Annual			Date: 11/13/2017				Time: 11:55 AM		
Comments Census: PM snack	: 60 over 2 / 0 u	ndor 2						I			
A SUR	VEY OF YOUR FAC	LITY HAS BEEN M	ADE AND YOU	J ARE NOTIFI	ED OF NON-CO		F THE REC	GULATION	NS AS NOTE	D BELOW:	
				Lice	nsure						
8.16.2.11 A TYPES OF LICENSES								Compliance			
8.16.2.11 B RENEWAL OF LICENSE								Compliance			
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 LICENS	ING REQUIREM	ENTS									Compliance
8.16.2.21 B CAPACITY OF CENTERS							Compliance				
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS								N/A			
			Admi	inistrativo	e Requiren	nents					
8.16.2.22 A ADMINI	STRATION REC	ORDS									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				
8.16.2.22 F PERSO	NNEL RECORDS	3								N	lon-compliance

Center Name:	License Number:	Date:
PMS Early Start Head Start	94712	11/13/2017
Administrat	tive Requirements	
Deficiencies From the review of staff records, it was determined that 1 out of include a professional development plan based on seven areas 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	of competency. See Staff	
plan will be maintained on file. Date to be Completed: 12/13/2017		
8.16.2.22 G PERSONNEL HANDBOOK		Compliance
Person	nel & Staffing	
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS		Compliance
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING	Non-compliance	
<u>Deficiencies</u> Educators did not complete the following training within 3-months: Hea CPR Training Regulation: 8.16.2.23B(2)(b)	Ith and Safety Training;	
Corrective Action Plan All educators, regardless of the number of hours per week, will comple	te the above listed training.	
The following staff members need to complete the required training: Date to be Completed: 12/13/2017		
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	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 TODDLI	Compliance	
8.16.2.24 D DIAPERING AND TOILETING	Compliance	
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPEC	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	
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		Compliance
Foc	od Service	
8.16.2.25 B MEALS AND SNACKS		Not Inspected
8.16.2.25 C MENUS		Compliance
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Center Name:	License Number:	Date:		
PMS Early Start Head Start	94712	11/13/2017	2017	
	Food Service			
8.16.2.25 D KITCHENS			Compliance	
8.16.2.25 E MEAL TIMES			Not Inspected	
Hea	Ith & 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 CEN	ITERS		Compliance	
Bui	ildings, 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	
8.16.2.29 D WATER AND WASTE			Compliance	
8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRIC	AL		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			Compliance	
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES	, ILLEGAL DRUGS AND CONTROLLED SUBST	ANCES	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.

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Drown

11/13/2017

Date

11/13/2017

Surveyor:Peggy Waconda

Facility Rep:Shannon Brown

Date