

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Center Name: Address: Phone:						none:		
PMS Headstart - Rocinante Early Head Start 3250 E. 30th St. Farmington, NM 87402 (505)3				05)326-6434				
License Number: Issue Date:	Expiration Date:	Туре:			Status:	 		
161002 10/27/2017	10/26/2018	5 Star FOC	US Child Care Center		Licensed			
Capacity		-		Ce	nsus			
Over Age 2: 16 Under Age 2:	16 Night Care:	0 Pl	ayground: 0	Ove	er 2:	0	Under 2:	0
Days and Hours of Operation								
<u>Monday</u> Opening Times: 07:30 AM		<u>Vednesday</u> 07:30 AM	<u>Thursday</u> 07:30 AM		iday 30 AM	Satu Clo	<u>rday</u> sed	<u>Sunday</u> Closed
Closing Times: 03:30 PM		03:30 AM	03:30 PM		30 PM	010		0.0000
# of Classrooms: Pu	urpose:		Date:			Time:		
	bllow-up		11/20/2017			01:34 P	M	
Comments Documentation was scanned to Licensi	ing.							
	TY HAS BEEN MADE AND YOU			OF TH	E REGULATI			
				<u> </u>				
		Licen	isure				1	
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							Compliance	
8.16.2.21 B CAPACITY OF CENTERS						Not Inspected		
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS						N/A		
	Adm	inistrative	Requirements					
8.16.2.22 A ADMINISTRATION RECOR	RDS							Not Inspected
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							Not Inspected	
8.16.2.22 F PERSONNEL RECORDS							Not Inspected	
8.16.2.22 G PERSONNEL HANDBOOK							Not Inspected	
Personnel & Staffing								
8.16.2.23 A PERSONNEL AND STAFF								Compliance
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING						Compliance		
8.16.2.23 C STAFF/CHILD RATIOS AN	D GROUP SIZES							Not Inspected

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Services & 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 TODDLERS		Not Inspected						
8.16.2.24 D DIAPERING AND TOILETING	Not Inspected							
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEI	N/A							
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		N/A						
Food Serv	vice							
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 Re	equirements							
8.16.2.26 A HYGIENE			Not Inspected					
8.16.2.26 B FIRST AID REQUIREMENTS								
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 CENTERS	N/A							
Buildings, Ground	ds & 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	Compliance							
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	Not Inspected							
8.16.2.29 J PETS			N/A					

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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.

11/20/2017

Date

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Facility Rep:Robbin Briggs

11/20/2017

Surveyor:Peggy Waconda

Survey Report Form

Date