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|---|---------------------------------|---------------------------------------|---|----------------------------|---------------|--------------------------------|---------------|----------|
| Center Name: PMS Headstart - Estancia | | | Address: 600 Tenth Street Estancia, NM 87016 | | | Phone: (505)384-2302 | | |
| License Number: 94715 | Issue Date: 06/1/2017 | Expiration Date: 05/31/2018 | Type: 5 Star FOCUS Child Care Center | | | Status: Licensed | | |
| Capacity | | | | | | Census | | |
| Over Age 2: | 40 | Under Age 2: | 0 | Night Care: | 0 | Playground: | 40 | |
| | | | | | | Over 2: | 12 | Under 2: |
| | | | | | | 0 | | |
| 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: | 07:30 AM | 07:30 AM | 07:30 AM | 07:30 AM | 07:30 AM | Closed | Closed | |
| Closing Times: | 01:30 PM | 01:30 PM | 01:30 PM | 01:30 PM | 01:30 PM | | | |
| # of Classrooms: 2 | | Purpose: Semi-Annual | | Date: 11/14/2017 | | Time: 11:45 AM | | |
| Comments Classroom A is not being used due to low enrollment. Training certificates and new staff documentation were not on site. The background letter had to be emailed to the Director during visit. | | | | | | | | |

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

Licensure

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| 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

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| 8.16.2.22 A ADMINISTRATION RECORDS | 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 | Non-compliance |

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| Center Name: PMS Headstart - Estancia | License Number: 94715 | Date: 11/14/2017 |
| Administrative Requirements | | |
| <p><u>Deficiencies</u> Of 3 children's records reviewed, 2 is/are missing complete information as follows: the name of the child, date of birth, sex, home address, mailing address and telephone number. See Children's Records 8.16.2.22 form for the child(ren) with missing information. Regulation: 8.16.2.22E(1)(a)</p> <p><u>Corrective Action Plan</u> Parents will be advised to review and add missing information. The center will review all children's records to ensure complete information is on file. Date to be Completed: 11/14/2017</p> | | |
| <p>8.16.2.22 F PERSONNEL RECORDS</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 6 staff having direct contact with the children, does/do not have a complete file as required in 8.16.2.22F. See Staff Records 8.16.2.22 form for staff with an incomplete file. Note: Background letter was sent to the Director during the visit. Regulation: 8.16.2.22F(1)</p> <p><u>Corrective Action Plan</u> The program will complete a file for each staff including substitutes and volunteers. Date to be Completed: 12/14/2017</p> | Compliance | |
| 8.16.2.22 G PERSONNEL HANDBOOK | Compliance | |
| Personnel & Staffing | | |
| <p>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</p> <p><u>Deficiencies</u> The child(ren) in the Preschool room(s) was/were left unattended when child went to the bathroom. Regulation: 8.16.2.23A(9)</p> <p><u>Corrective Action Plan</u> Requirements for supervision of children whether inside or outside the facility will be reviewed with staff. Note: Corrected on site by the Director. Date to be Completed: 11/14/2017</p> | Non-compliance | |
| <p>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</p> <p><u>Deficiencies</u> The center failed to keep a training log on file with Employee's name; Date of training; Clock hours; Training certificate for 5 out of 6 staff. See Staff Records 8.16.2.22 form for staff who are missing a complete training log. Regulation: 8.16.2.23B(2)(l)</p> <p><u>Corrective Action Plan</u> A training log will be completed for each staff that includes the employee 's name, date of hire, and position, date of training, clock hours, competency area, source of training, and training certificate. Date to be Completed: 12/14/2017</p> | Non-compliance | |

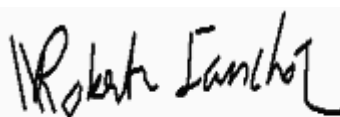
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| Personnel & Staffing | | |
| <p><u>Deficiencies</u> Educators did not complete the following training within 3-months: Health and Safety Training Regulation: 8.16.2.23B(2)(b)</p> <p><u>Corrective Action Plan</u> All educators, regardless of the number of hours per week, will complete the above listed training. The following staff members need to complete the required training: Date to be Completed: 12/14/2017</p> | | |
| 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 | N/A | |
| 8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS | N/A | |
| 8.16.2.24 D DIAPERING AND TOILETING | Compliance | |
| 8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS | N/A | |
| 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 | N/A | |
| 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 & 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 | Compliance | |
| Buildings, Grounds & Safety | | |
| 8.16.2.29 A HOUSEKEEPING | Compliance | |
| 8.16.2.29 B PEST CONTROL | Compliance | |
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| Buildings, Grounds & Safety | | |
| 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 | Compliance | |
| 8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES | Compliance | |
| 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.

 107pm

11/14/2017



11/14/2017

Surveyor: Peggy Waconda

Date

Facility Rep: Roberta Sanchez

Date