

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

| Center Name: | | | Addres | RVEY REPOR | 1 | | | Ph | one: | |
|---|------------------|------------------|--|----------------------|----------------------|----------|----------------|----------------|-------------|-------------|
| PMS Headstart - La Com.de los Ninos | | | 1121 Alto Street Santa Fe, NM 87501 | | | | (505)820-1604 | | | |
| License Number: | Issue Date: | Expiration | | Туре: | | | Status: | | | |
| 52479 | 08/1/2016 | 07/31/2017 | | | Care Center | | Licensed | | | |
| Capacity | | | | | | Cei | nsus | | | |
| Over Age 2: 60 | Under Age 2: | 8 Nigh | Care: | 0 Pl | ayground: 77 | Ove | er 2: | 45 | Under 2: | 8 |
| Days and Hours of | Operation | | | | | - | | | | |
| | Monday | | | Wednesday | Thursday | | day 0 0 0 0 | <u>Satur</u> | | Sunday |
| Opening Times Closing Times | | | | 07:00 AM 03:00 PM | 07:00 AM 03:00 PM | | 0 AM 0 PM | Clos | sea | Closed |
| # of Classrooms: | | Purpose: | | | Date: | | | Time: | | |
| 5 | | Annual | | | 05/01/2017 | | | 12:30 PM | N | |
| Comments Files well well organ | ized and easy to | look at. Good jo | b. | | | | | | | |
| A SUR | VEY OF YOUR FAC | ILITY HAS BEEN M | ADE AND Y | OU ARE NOTIFIE | D OF NON-COMPLIANC | E OF THE | REGULATI | ONS AS NO | DTED BELOW: | |
| Licensure | | | | | | | | | | |
| 8.16.2.11 A TYPES | OF LICENSES | | | | | | | | | Compliance |
| 8.16.2.11 B RENEW | AL OF LICENSE | | | | | | | | | Compliance |
| 8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE | | | | | | | | Compliance | | |
| 8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS | | | | | | | | Compliance | | |
| 8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES | | | | | | | | Compliance | | |
| 8.16.2.18 D COMPLAINTS | | | | | | | | Not Inspected | | |
| 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 | | | | | | | Compliance | | | |
| | | | Adı | ministrative | Requirements | | | | | |
| 8.16.2.22 A ADMINI | STRATION REC | ORDS | | | | | | | | Compliance |
| 8.16.2.22 B MISSIO | N, PHILOSOPH | Y AND CURRICU | LUM STA | TEMENT | | | | | | Compliance |
| 8.16.2.22 C POLICY AND PROCEDURES | | | | | | | 1 | Non-compliance | | |
| Deficiencies | | | | | | | | | | |
| The center did not have available for review written policies and procedures covering | | | | | | | | | | |
| expulsion of chi | | | | | | | | | | |
| Regulation: 8.16 | | | | | | | | | | |
| Corrective Acti The center will o Date to be Comp | | | orocedure | es for the miss | sing area(s). | | | | | |
| 8.16.2.22 D FAMILY | HANDBOOK | | | | | | | | | Compliance |
| 8.16.2.22 E CHILDF | REN'S RECORDS | 3 | | | | | | | | Compliance |
| 8.16.2.22 F PERSO | | 6 | | | | | | | | Compliance |
| Survey Benert Fo | | | | | | | | | | Page 1 of 3 |

| Center Name: | License Number: | Date: | | | | | |
|--|-----------------|----------------|------------|--|--|--|--|
| PMS Headstart - La Com.de los Ninos | 52479 | 05/01/2017 | | | | | |
| Administrative Requirements | | | | | | | |
| 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 | | Non-compliance | | | | | |
| Deficiencies Educators did not complete the following training within 3-months: Heal Regulation: 8.16.2.23B(2)(b) | | | | | | | |
| Corrective Action Plan All educators, regardless of the number of hours per week, will complete | | | | | | | |
| The following staff members need to complete the required training: Date to be Completed: 06/01/2017 | | | | | | | |
| 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 TODDLE | | N/A | | | | | |
| 8.16.2.24 D DIAPERING AND TOILETING | | Non-compliance | | | | | |
| Deficiencies The diaper changing surface in the 18 mo 35 mo. room(s) is ur Regulation: 8.16.2.24D(4) | | | | | | | |
| <u>Corrective Action Plan</u> An educator will change a child's diaper on a clean, safe, waterp any disposable cover and disinfect the surface after each diaper Date to be Completed: 06/01/2017 | | | | | | | |
| 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 | | Not Inspected | | | | | |
| 8.16.2.24 L FIELD TRIPS | | Not Inspected | | | | | |
| 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 | | | | | |

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|---|---------------|----------------------------------|------------|----------------|--|--|--|--|
| PMS Headstart - La Com.de los Ninos | | 52479 | 05/01/2017 | | | | | |
| 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 CEN | Not Inspected | | | | | | | |
| Buildings, 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 Deficiencies | | | | Non-compliance | | | | |
| The center failed to conduct an emergency preparedne | ess practice | drills for at least once a | | | | | | |
| quarter. | · | | | | | | | |
| Regulation: 8.16.2.29H(1) | | | | | | | | |
| Corrective Action Plan A center will conduct emergency preparedness practice | | | | | | | | |
| January of each calendar year. | | | | | | | | |
| Date to be Completed: 06/01/2017 | | | | | | | | |
| 8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES | , ILLEGAL DF | RUGS AND CONTROLLED SUBSTAN | CES | Compliance | | | | |
| 8.16.2.29 J PETS | | | | Compliance | | | | |
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| Diagon note: Der CVED regulation NMAC 9.46.2. feilur | to comply | with the corrective action plane | o notod | | | | | |
| 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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| 11141-2:M | | L.Trujil | D | | | | | |
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| 05/0 ⁻ | 1/2017 | / | | 05/01/2017 | | | | |
| Surveyor:Dion Ortega | Date | Facility Rep:Lucia Trujillo | | Date | | | | |