

Center Name: PMS Headstart - Mountainair			Address: 109 N. Sunset Avenue Mountainair, NM 87036				Phone: (505)847-0	Phone: (505)847-0547	
License Number:	License Number: Issue Date: Expiration D		ate: Type: Status			Status:	•		
94721	11/1/2016	10/31/2017	5 Star FOCUS Child Care Center			Licensed			
Capacity				-		Cei	nsus		
Over Age 2: 23	Under Age 2:	0 Night	Care:	Care: 0 Playground: 23 Over 2:		0 Under 2: 0			
Days and Hours of Operation									
	<u>Monday</u>	Tuesda	y W	/ednesday	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times	: 08:15 AM	08:15 Al	M	08:15 AM	08:15 AM	08:15 AM		Closed	Closed
Closing Times	: 01:00 PM	01:00 PI	M	01:00 PM	01:00 PM	01:00 PM			
# of Classrooms:	P	Purpose:			Date:			Time:	
1	F	follow-up			05/16/2017			03:51 PM	
Comments Documentation was	scanned to Licens	sing.							

Documentation was scanned to Licensing.				
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF TH	HE 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	Not Inspected			
8.16.2.18 D COMPLAINTS	N/A			
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspected			
8.16.2.21 B CAPACITY OF CENTERS	Not Inspected			
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	N/A			
Administrative Requirements				
8.16.2.22 A ADMINISTRATION RECORDS	Not Inspected			
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected			
8.16.2.22 C POLICY AND PROCEDURES	Compliance			
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 STAFFING REQUIREMENTS	Not Inspected			
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING	Not Inspected			
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES	Not Inspected			

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Center Name: PMS Headstart - Mountainair	License Number: 94721	Date: 05/16/2017			
Services & Care o					
8.16.2.24 A GUIDANCE	or orinaren		Not Inspected		
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	Not Inspected				
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEE	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	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	Not Inspected				
8.16.2.25 D KITCHENS	Not Inspected				
8.16.2.25 E MEAL TIMES	Not Inspected				
Health & Safety Re	quirements				
8.16.2.26 A HYGIENE			Not Inspected		
8.16.2.26 B FIRST AID REQUIREMENTS	Not Inspected				
8.16.2.26 C MEDICATION			N/A		
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	ls & Safety				
8.16.2.29 A HOUSEKEEPING			Not Inspected		
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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Center Name:	License Number:	Date:	
PMS Headstart - Mountainair	94721	05/16/2017	

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.

PSKaman 356 PM

05/16/2017

Date

05/16/2017

Date

Surveyor:Peggy Waconda Survey Report Form Page 3 of 3

per attribute

Facility Rep:Maria Rubi