

<b>Center Name:</b> YDI Centro De Amor Head Start		<b>Address:</b> 309 Stover SW Albuquerque, NM 87102			<b>Phone:</b> (505)244-3246		
<b>License Number:</b> 90504	<b>Issue Date:</b> 05/1/2016	<b>Expiration Date:</b> 04/30/2017	<b>Type:</b> 5 Star FOCUS Child Care Center		<b>Status:</b> Licensed		
<b>Capacity</b>					<b>Census</b>		
Over Age 2:	190	Under Age 2:	0	Night Care:	0	Playground:	190
		Over 2:	109	Under 2:	0		
<b>Days and Hours of Operation</b>							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:00 AM	07:00 AM	07:00 AM	07:00 AM	07:00 AM	Closed	Closed
Closing Times:	06:00 PM	06:00 PM	06:00 PM	06:00 PM	06:00 PM		
<b># of Classrooms:</b> 9	<b>Purpose:</b> Annual		<b>Date:</b> 04/04/2017		<b>Time:</b> 10:00 AM		
<b>Comments</b>							

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

Licensure	
8.16.2.11 A TYPES OF LICENSES	Not Inspected
8.16.2.11 B RENEWAL OF LICENSE	Not Inspected
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspected
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspected
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Not Inspected
8.16.2.18 D COMPLAINTS	Not Inspected
8.16.2.21 A LICENSING REQUIREMENTS	Not Inspected
8.16.2.21 B CAPACITY OF CENTERS <u>Deficiencies</u> The center failed to post classroom capacities, and ratios and <b>group sizes</b> in an area of the room that is easily visible to parents, staff and visitors. In all classrooms is not posted. The ratio & capacity is not posted in C-6 <b>Regulation:</b> 8.16.2.21B(3)(c)  <u>Corrective Action Plan</u> The center will post the capacity in an area of the room that is easily visible to parents, staff and visitors. <b>Date to be Completed:</b> 05/04/2017	Non-compliance
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected
Administrative Requirements	
8.16.2.22 A ADMINISTRATION RECORDS	Non-compliance

<b>Center Name:</b> YDI Centro De Amor Head Start	<b>License Number:</b> 90504	<b>Date:</b> 04/04/2017
<b>Administrative Requirements</b>		
<p><b><u>Deficiencies</u></b>          The center failed to display in a prominent place that is readily visible to parents, staff and visitors the most recent licensing survey; most recent fire inspection report; guidance policy; current list of notifiable diseases and communicable diseases published by the office of epidemiology of the New Mexico department of health.</p> <p><b>Regulation:</b> 8.16.2.22A</p> <p><b><u>Corrective Action Plan</u></b>          The center will post the missing item.</p> <p><b>Date to be Completed:</b> 05/04/2017</p>		
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	
<p><b>8.16.2.22 F PERSONNEL RECORDS</b></p> <p><b><u>Deficiencies</u></b>          From the review of staff records, it was determined that 1 out of 15 staff records do/does not include the staff's current and past duties and responsibilities. See Staff Records 8.16.2.22 form for staff with this missing information.</p> <p><b>Regulation:</b> 8.16.2.22F(1)(c)</p> <p><b><u>Corrective Action Plan</u></b>          The center will add staff's current and past duties and responsibilities to the record.</p> <p><b>Date to be Completed:</b> 05/04/2017</p> <p><b><u>Deficiencies</u></b>          The center failed to have 1 out of 15 person(s) providing care to sign an annual statement that they have, or have never had, an arrest or substantiated referral to a child protective services agency. See Staff Records 8.16.2.22 form for staff with this missing information.</p> <p><b>Regulation:</b> 8.16.2.22F(1)(f)</p> <p><b><u>Corrective Action Plan</u></b>          The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction.</p> <p><b>Date to be Completed:</b> 05/04/2017</p> <p><b><u>Deficiencies</u></b>          From the review of staff records, it was determined that 10 out of 15 staff records does/do not include documentation of current first-aid and cardiopulmonary resuscitation training. See Staff Records 8.16.2.22 form for staff without verification of training.</p> <p><b>Regulation:</b> 8.16.2.22F(1)(g)</p> <p><b><u>Corrective Action Plan</u></b>          The center will obtain documentation of first-aid and CPR training and retain on file.</p> <p><b>Date to be Completed:</b> 05/04/2017</p>	Non-compliance	

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**Administrative Requirements**

**Deficiencies**

From the review of staff records, it was determined that 1 out of 15 staff records does/do not include documentation of training by date, time, hours and area of competency or a training certificate. See Staff Records 8.16.2.22 form for staff with missing documentation.

**Regulation:** 8.16.2.22F(1)(h)

**Corrective Action Plan**

The center will obtain verification of all training and retain on file.

**Date to be Completed:** 05/04/2017

**Deficiencies**

From the review of staff records, it was determined that 10 out of 15 staff records does/do not include a professional development plan based on seven areas of competency. See Staff 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 plan and sign the plan . The plan will be maintained on file.

**Date to be Completed:** 05/04/2017

<b>8.16.2.22 G PERSONNEL HANDBOOK</b>	Compliance
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**Personnel & Staffing**

<b>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</b>	Compliance
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<p><b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b></p> <p><b><u>Deficiencies</u></b> Educators did not complete the following training within 3-months: Health and Safety Training for 3 staff members <b>Regulation:</b> 8.16.2.23B(2)(b)</p> <p><b><u>Corrective Action Plan</u></b> All educators, regardless of the number of hours per week, will complete the above listed training.</p> <p>The following staff members need to complete the required training: <b>Date to be Completed:</b> 05/03/2017</p>	Non-compliance
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<b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>	Compliance
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**Services & Care of Children**

<b>8.16.2.24 A GUIDANCE</b>	Compliance
<b>8.16.2.24 B NAPS OR REST PERIOD</b>	Compliance
<b>8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS</b>	N/A
<b>8.16.2.24 D DIAPERING AND TOILETING</b>	Compliance
<b>8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS</b>	N/A
<b>8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE</b>	N/A
<b>8.16.2.24 G PHYSICAL ENVIRONMENT</b>	Compliance
<b>8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT</b>	Compliance
<b>8.16.2.24 I EQUIPMENT AND PROGRAM</b>	Non-compliance

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<b>Services &amp; Care of Children</b>		
<p><b><u>Deficiencies</u></b> The center did not post the daily activity schedule. In classroom C-6 <b>Regulation:</b> 8.16.2.24(8)</p> <p><b><u>Corrective Action Plan</u></b> The center will begin posting their daily activities schedules and following them. <b>Date to be Completed:</b> 05/04/2017</p>		
<b>8.16.2.24 J OUTDOOR PLAY AREAS</b>	Compliance	
<b>8.16.2.24 K SWIMMING, WADING AND WATER</b>	N/A	
<b>8.16.2.24 L FIELD TRIPS</b>	N/A	
<b>Food Service</b>		
<b>8.16.2.25 B MEALS AND SNACKS</b>	Compliance	
<b>8.16.2.25 C MENUS</b>	Compliance	
<b>8.16.2.25 D KITCHENS</b>	Compliance	
<b>8.16.2.25 E MEAL TIMES</b>	Compliance	
<b>Health &amp; Safety Requirements</b>		
<b>8.16.2.26 A HYGIENE</b>	Compliance	
<b>8.16.2.26 B FIRST AID REQUIREMENTS</b>	Compliance	
<b>8.16.2.26 C MEDICATION</b>	Compliance	
<b>8.16.2.27 A-D ILLNESS REQUIREMENTS FOR CENTERS</b>	Not Inspected	
<b>8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS</b>	Compliance	
<b>Buildings, Grounds &amp; Safety</b>		
<p><b>8.16.2.29 A HOUSEKEEPING</b></p> <p><b><u>Deficiencies</u></b> The Drinking fountain are not in good repair as evidenced by is not working in classrooms C-9/C-4/C-2. <b>Regulation:</b> 8.16.2.29A(1)</p> <p><b><u>Corrective Action Plan</u></b> Repairs will be completed and a system for routine inspection of the center and premises will be established. <b>Date to be Completed:</b> 05/04/2017</p> <p><b><u>Deficiencies</u></b> The Equipment are not in good repair as evidenced by the play red chair and blue couch are worn in classroom C-4. <b>Regulation:</b> 8.16.2.29A(1)</p> <p><b><u>Corrective Action Plan</u></b> Repairs will be completed and a system for routine inspection of the center and premises will be established. <b>Date to be Completed:</b> 05/04/2017</p>	Non-compliance	

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**Buildings, Grounds & Safety**

**Deficiencies**

The children's cubbies, the floor and music shelf has a heavy accumulation of clutter on top of them in classroom C-4.

**Regulation:** 8.16.2.29A(1)

**Corrective Action Plan**

A routine will be established to assess all areas of the premises for cleanliness , safety and potential hazards.

**Date to be Completed:** 05/04/2017

**Deficiencies**

The metal cabinet/storage units has a heavy accumulation of of storage items on top of them in classroom C-1 and C-3.

**Regulation:** 8.16.2.29A(1)

**Corrective Action Plan**

A routine will be established to assess all areas of the premises for cleanliness , safety and potential hazards.

**Date to be Completed:** 05/04/2017

<b>8.16.2.29 B PEST CONTROL</b>	Compliance
<b>8.16.2.29 C MECHANICAL SYSTEMS</b>	Compliance
<b>8.16.2.29 D WATER AND WASTE</b>	Compliance
<b>8.16.2.29 E LIGHTING, LIGHTING FIXTURES AND ELECTRICAL</b>	Compliance
<b>8.16.2.29 F EXITS AND WINDOWS</b>  <b><u>Deficiencies</u></b> Exit ways are obstructed and do not permit free egress from inside the center to the outside in the Preschool C-2/C-4/C-7/C/8 room(s).  <b>Regulation:</b> 8.16.2.29F(3)  <b><u>Corrective Action Plan</u></b> Exit ways will be kept free from obstructions at all times.  <b>Date to be Completed:</b> 05/04/2017	Non-compliance
<b>8.16.2.29 G TOILET AND BATHING FACILITIES</b>	Compliance
<b>8.16.2.29 H SAFETY COMPLIANCE</b>  <b><u>Deficiencies</u></b> The center failed to conduct a fire drill for the month(s) of April; May; June; July; August; September; October; November; December.  <b>Regulation:</b> 8.16.2.29H(2)  <b><u>Corrective Action Plan</u></b> A monthly fire drill will be held and recorded.  <b>Date to be Completed:</b> 05/04/2017	Non-compliance

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**Buildings, Grounds & Safety**

**Deficiencies**

The center does not have verification of an annual fire inspection from the fire authority having jurisdiction.

**Regulation:** 8.16.2.29H(3)(e)

**Corrective Action Plan**

An annual fire inspection will be requested from the fire authority having jurisdiction over the center.

**Date to be Completed:** 05/04/2017

**Deficiencies**

An evacuation plan is not posted in the Preschool C-6/C-8 room(s) used by children.

**Regulation:** 8.16.2.29H(3)(f)

**Corrective Action Plan**

An evacuation plan will be posted in each room used by children.

**Date to be Completed:** 05/04/2017

<b>8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES</b>	Compliance
<b>8.16.2.29 J PETS</b>	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.**

*LM 2:00*

04/04/2017

*Rosalie E. Mares*

04/04/2017

Surveyor: Lucille Mizner	Date	Facility Rep: Rosalie Mares	Date
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