



Center Name: YDI Mel Aragon Head Start			Address: 5317 Second St SW Albuquerque, NM 87105			Phone: (505)877-2750		
License Number: 90510	Issue Date: 04/24/2016	Expiration Date: 04/23/2017	Type: 5 Star FOCUS Child Care Center			Status: Licensed		
Capacity Over Age 2: 40 Under Age 2: 0 Night Care: 0 Playground: 40						Census Over 2: 27 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:	03:30 PM	03:30 PM	03:30 PM	03:30 PM	03:30 PM			
# of Classrooms: 2		Purpose: Annual		Date: 03/10/2017		Time: 09:15 AM		
Comments								

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

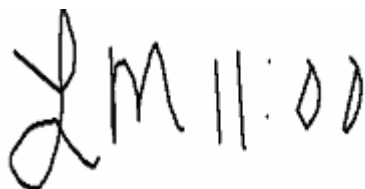
Licensure	
8.16.2.11 A TYPES OF LICENSES	Not Inspected
8.16.2.11 B RENEWAL OF LICENSE	Not Inspected
8.16.2.11 D NON-TRANSFERABLE RESTRICTIONS OF LICENSE	Not Inspected
8.16.2.12 A, K, M LICENSING ACTIONS AND ADMINISTRATIVE APPEALS	Not Inspected
8.16.2.17 E, F SURVEYS FOR CHILD CARE FACILITIES	Not Inspected
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 <u>group sizes</u> in an area of the room that is easily visible to parents, staff and visitors. Regulation: 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. Date to be Completed: 04/10/2017	Non-compliance
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	Not Inspected
Administrative Requirements	
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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Administrative Requirements		
<p><u>Deficiencies</u> Of the 6 children's records reviewed, 1 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.22 form for the child(ren) with no immunization/exemption. Regulation: 8.16.2.22E(1)(e)</p> <p><u>Corrective Action Plan</u> Parents will be advised to submit a complete and up-to-date immunization record or exemption. The center will review all children's records to ensure complete information is on file. Date to be Completed: 04/10/2017</p>		
<p>8.16.2.22 F PERSONNEL RECORDS</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 6 staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information. In the required 5 year time frame. Regulation: 8.16.2.22F(1)(e)</p> <p><u>Corrective Action Plan</u> The center will obtain documentation of a background check. Date to be Completed: 04/10/2017</p> <p><u>Deficiencies</u> The center failed to have 6 out of 6 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. Regulation: 8.16.2.22F(1)(f)</p> <p><u>Corrective Action Plan</u> The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction. Date to be Completed: 04/10/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 1 out of 6 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. Regulation: 8.16.2.22F(1)(g)</p> <p><u>Corrective Action Plan</u> The center will obtain documentation of first-aid and CPR training and retain on file. Date to be Completed: 04/10/2017</p> <p><u>Deficiencies</u> From the review of staff records, it was determined that 6 out of 6 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)</p> <p><u>Corrective Action Plan</u> 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: 04/10/2017</p>		Non-compliance

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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	Compliance	
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 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 <u>Deficiencies</u> The playground equipment isn't inspected weekly. Regulation: 8.16.2.24J(4) <u>Corrective Action Plan</u> The facility will hold weekly inspections of their playground equipment. Date to be Completed: 04/10/2017	Non-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	Not Inspected	
8.16.2.28 A-H TRANSPORTATION REQUIREMENTS FOR CENTERS	N/A	

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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 ELECTRICAL <u>Deficiencies</u> The center does not have emergency lighting that turns on automatically when electrical service is disrupted. The emergency light in classroom M1 at the entrance did not go on when tested. Regulation: 8.16.2.29E(2) <u>Corrective Action Plan</u> Emergency lighting will be installed. Date to be Completed: 04/10/2017	Non-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 <u>Deficiencies</u> The center failed to conduct a fire drill for the month(s) of October; November; December. Regulation: 8.16.2.29H(2) <u>Corrective Action Plan</u> A monthly fire drill will be held and recorded. Date to be Completed: 04/10/2017	Non-compliance	
8.16.2.29 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	Compliance	
8.16.2.29 J PETS	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.



03/10/2017



03/10/2017

Surveyor: Lucille Mizner

Date

Facility Rep: Michelle Sanchez

Date