

<b>Center Name:</b> YDI Pedro Baca Head Start		<b>Address:</b> 1700 Centro Familiar S. W. Albuquerque, NM 87105			<b>Phone:</b> (505)452-2214		
<b>License Number:</b> 94619	<b>Issue Date:</b> 04/20/2016	<b>Expiration Date:</b> 04/19/2017	<b>Type:</b> 5 Star FOCUS Child Care Center		<b>Status:</b> Licensed		
<b>Capacity</b>					<b>Census</b>		
Over Age 2:	57	Under Age 2:	24	Night Care:	0	Playground:	81
		Over 2:	57	Under 2:	2		
<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:	07:30 AM	07:30 AM	07:30 AM	07:30 AM	07:30 AM	Closed	Closed
Closing Times:	05:30 PM	05:30 PM	05:30 PM	05:30 PM	05:30 PM		
<b># of Classrooms:</b> 4	<b>Purpose:</b> Annual		<b>Date:</b> 03/07/2017		<b>Time:</b> 10:30 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	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	Compliance
8.16.2.22 F PERSONNEL RECORDS	Non-compliance

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**Administrative Requirements**

**Deficiencies**

From the review of staff records, it was determined that 1 out of 20 staff records does/do not include a background check. See Staff Records 8.16.2.22 form for staff with this missing information. Within the required every five years.

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

**Corrective Action Plan**

The center will obtain documentation of a background check.

**Date to be Completed:** 04/07/2017

**Deficiencies**

The center failed to have 2 out of 10 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)

**Corrective Action Plan**

The center will put processes in place to ensure that all care giving staff sign annual statements of non-conviction.

**Date to be Completed:** 04/07/2017

**Deficiencies**

From the review of staff records, it was determined that 1 out of 10 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)

**Corrective Action Plan**

The center will obtain documentation of first-aid and CPR training and retain on file.

**Date to be Completed:** 04/07/2017

**Deficiencies**

From the review of staff records, it was determined that 7 out of 10 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:** 04/07/2017

<b>8.16.2.22 G PERSONNEL HANDBOOK</b>	Compliance
<b>Personnel &amp; Staffing</b>	
<b>8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS</b>	Compliance
<b>8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING</b>	Compliance
<b>8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES</b>	Compliance
<b>Services &amp; Care of Children</b>	
<b>8.16.2.24 A GUIDANCE</b>	Compliance
<b>8.16.2.24 B NAPS OR REST PERIOD</b>	Compliance

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<b>Services &amp; Care of Children</b>		
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS		Not Inspected
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
<b>Food Service</b>		
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
<b>Health &amp; Safety Requirements</b>		
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		Not Inspected
<b>Buildings, Grounds &amp; Safety</b>		
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		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 <b>Deficiencies</b> The center failed to conduct a fire drill for the month(s) of February. <b>Regulation:</b> 8.16.2.29H(2) <b>Corrective Action Plan</b> A monthly fire drill will be held and recorded. <b>Date to be Completed:</b> 04/07/2017		Non-compliance

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**Buildings, Grounds & Safety**

<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.**

*GM 1:30*

03/07/2017

*Virginia Moya*

03/07/2017

Surveyor: Lucille Mizner	Date	Facility Rep: Virginia Moya	Date
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