

Children, Youth and Families Department Registered Home Child Care SURVEY REPORT

| Facility   |                             |                           |                                      |  |  |
|--|-----------------------------|---------------------------|--------------------------------------|--|--|
| Name: Amanda Lackey  |                             |                           | License Number: 94447                |  |  |
| Address: Grants, NM 8702   | 20                          |                           |                                      |  |  |
| Phone: 5052403658  | Fax: N/A                    | E-mail: N/A               |                                      |  |  |
| License Information  |                             |                           |                                      |  |  |
| <b>Type</b> : Child Care Reg. Self-<br>Cert Part   | Status: Registered          | Issue Date: 01/01/2018    | Expiration Date:<br>12/31/2018       |  |  |
| Capacity   |                             |                           |                                      |  |  |
| Over Age 2: <i>4</i><br>Square Footage: <i>0</i>   | Under Age 2:2               | Night Care: 0             | Playground: 0                        |  |  |
| Census   |                             |                           |                                      |  |  |
| <b>Over 2</b> : 1  | Under 2:0                   |                           |                                      |  |  |
| Classrooms   |                             |                           |                                      |  |  |
| Number of Classrooms: (  | )                           |                           |                                      |  |  |
| Days and Hours of Operatio   | n                           |                           |                                      |  |  |
| Monday   | •                           | nesday Thursday           | -                                    |  |  |
|  |                             | M - 6:00 PM 7:00 AM - 6:0 | 00 PM 7:00 AM - 6:00 PM              |  |  |
| Saturday<br>11:30 AM - 7:00 PM 11  | Sunday<br>1:30 AM - 7:00 PM |                           |                                      |  |  |
| Inspection   |                             |                           |                                      |  |  |
| Date: 10/29/2018   | Time In: 10:00 AM           | Time Out: 11:50 AM        | Purpose: Annual                      |  |  |
| Registration   |                             |                           |                                      |  |  |
| 8.17.2.11 A,B Background Checks Non-compliance   |                             |                           |                                      |  |  |
| Background check(s) for the Household Members were not conducted in accordance with the most current provisions of 8.8.3 NMAC Governing Background Checks and Employment History Verification. |                             |                           |                                      |  |  |
| ** HHM did get registered for fingerprinting but needs to continue the process. **   |                             |                           |                                      |  |  |
| Corrective Action Plan<br>Background checks will be conducted in accordance with the most current provisions of 8.8.3 NMAC Governing<br>Background Checks and Employment History Verification. |                             |                           |                                      |  |  |
| Regulation: <i>8.17.2.11.A</i>   |                             | Date                      | e to be Completed: <i>11/28/2018</i> |  |  |

| Registration (continued)   |                                  |  |  |  |
|--|----------------------------------|--|--|--|
| 8.17.2.11 C Other Persons Background Checks  | N/A                              |  |  |  |
| 8.17.2.11 E Documentation  | Compliance                       |  |  |  |
| 8.17.2.13 Visits by Agency and Registered Authority  | Compliance                       |  |  |  |
| 8.17.2.14 A-C Non-Transferability of Registration  | Compliance                       |  |  |  |
| 8.17.2.15 A-C Incident Reports   | Compliance                       |  |  |  |
| Record Keeping Requirements  |                                  |  |  |  |
| 8.17.2.24 Record Keeping Requirements  | Non-compliance                   |  |  |  |
| Information card is missing an immunization record showing each child or a written waiver for immunizations granted by the                               |                                  |  |  |  |
| ** All immunization records are needed for all children caring for and resident children **  |                                  |  |  |  |
| Corrective Action Plan<br>Caregivers will collect and have parent/guardian complete/fill in any missing information on each child's<br>information card. |                                  |  |  |  |
| Regulation: <i>8.17.2.24., 8.17.2.24.A</i> .   | Date to be Completed: 11/28/2018 |  |  |  |
| No information card for each child   |                                  |  |  |  |
| **Child Enrollment Forms are needed for all children caring for and resident children. **  |                                  |  |  |  |
| Corrective Action Plan<br>Caregivers will collect the appropriate information to store in  | formation cards on each child.   |  |  |  |
| Regulation: <i>8.17.2.24</i> .   | Date to be Completed: 11/28/2018 |  |  |  |
| Caregiver Requirements   |                                  |  |  |  |
| 8.17.2.10 A Caregiver Reimbursement  | Compliance                       |  |  |  |
| 8.17.2.10 B Age Requirements   | Compliance                       |  |  |  |
| 8.17.2.10 E,F Caregiver Reporting  | Compliance                       |  |  |  |
| 8.17.2.10 G Primary and Substitute Caregiver Training  | Compliance                       |  |  |  |
| 8.17.2.10 H Primary and Substitute Caregiver Training  | Compliance                       |  |  |  |

8.17.2.10 I Primary Caregiver for Infants

8.17.2.10 K CPR and First Aid Certification

Compliance

N/A

| Caregiver Requirements (continued)                  |                          |            |
|---|--------------------------|------------|
| 8.17.2.10 L Competency Training                     |                          | Compliance |
| Group Composition                                   |                          |            |
| 8.17.2.21 A Non-resident Children                   |                          | Compliance |
| 8.17.2.21 B Children Under 2                        |                          | Compliance |
| 8.17.2.21 C Children Under 6                        |                          | Compliance |
| 8.17.2.21 D Drop In Children                        |                          | Compliance |
| 8.17.2.21 E Shift Changes                           |                          | Compliance |
| 8.17.2.21 F Caregiver Involvement                   |                          | Compliance |
| Health & Safety Requirements                        |                          |            |
| 8.17.2.22 A Safe Condition                          |                          | Compliance |
| 8.17.2.22 B,C Electrical Outlets                    |                          | Compliance |
| 8.17.2.22 D Temperature                             |                          | Compliance |
| 8.17.2.22 E Ventilation                             |                          | Compliance |
| 8.17.2.22 F Heaters and Heating Units               |                          | Compliance |
| 8.17.2.22 G Hot and Cold Running Water              |                          | Compliance |
| 8.17.2.22 H,I,J Inside and Outside Play Ar          | eas                      | Compliance |
| 8.17.2.22 K Storage of Dangerous Materials          |                          | Compliance |
| 8.17.2.22 L Working Telephone                       |                          | Compliance |
| 8.17.2.22 M Emergency Numbers                       |                          | Compliance |
| 8.17.2.22 N Smoke / Carbon Monoxide Detector        |                          | Compliance |
| 8.17.2.22 O,P Firearm Safety/Storage                | N/A                      |            |
| 8.17.2.22 Q. Smoking, Alcohol, and Illegal Drug Use |                          | Compliance |
| 8.17.2.22 R Fire Extinguisher                       | Compliance               |            |
| 8.17.2.22 S Combustible and Flammable N             | Compliance               |            |
| 8.17.2.22 T Emergency Evacuation and Di             | saster Preparedness Plan | Compliance |
| 8.17.2.22 U Major Exits                             | Compliance               |            |
| 8.17.2.22 V Toys, Objects and Crib Standa           | N/A                      |            |
| 8.17.2.22 W Toilet Rooms                            | Compliance               |            |
| 8.17.2.22 X First Aid Kit                           |                          | Compliance |
| 10/29/2018  | https://cyfd.org/        | 3 of 5     |

| Health & Safety Requirements (continued)   |            |
|--|------------|
| 8.17.2.22 Y Pets   | Compliance |
| 8.17.2.22 Z Diaper Changing  | N/A        |
| 8.17.2.22 AA Transportation  | N/A        |
| Meal Requirements  |            |
| 8.17.2.23 H Refrigeration  | Compliance |
| 8.17.2.23   Refrigerator Thermometers  | Compliance |
| Caregiver's Responsibilities   |            |
| 8.17.2.25 A,B Supervision  | Compliance |
| 8.17.2.25 C Guidance   | Compliance |
| 8.17.2.25 D Policies and Procedures for Expulsion  | Compliance |
| 8.17.2.25 E Activities and Experiences   | Compliance |
| 8.17.2.25 F Caring for Infants   | N/A        |
| 8.17.2.25 G Rest Periods   | Compliance |
| 8.17.2.25 H Swimming, Wading and Water   | N/A        |
| Additional Comments  |            |
| Caring for four non-resident children and two resident children.   |            |
| Registered as Subsidy/Food.  |            |
| Last CACFP visit: 9/18/18  |            |
| BC Date: 1/4/14<br>MNL-HHM BC Date expired   |            |
| CPR/First aid expiration date: 8/2019<br>Infant/toddler training is not required.<br>Health and Safety training completed: 9/24/2016 |            |
| Three pet inoculations viewed.   |            |
| I appreciate your time and thank you, Amanda.  |            |

## Amanda Lackey

## Signatures

Please Note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans noted above, may result in further action taken against the licensee.

Surveyor: Valanesia Johnson

Facility Representative: Amanda Lackey