



Facility

Name: *Amanda Lackey* License Number: *94447*
 Address: *Grants, NM 87020*
 Phone: *5052403658* Fax: *N/A* E-mail: *N/A*

License Information

Type: Status: Issue Date: Expiration Date:

Capacity

Over Age 2: Under Age 2: Night Care: Playground:
 Square Footage: *0*

Census

Over 2: *0* Under 2: *0*

Classrooms

Number of Classrooms: *0*

Days and Hours of Operation

| | | | | |
|--|--|--|---|---|
| Monday <i>7:00 AM - 6:00 PM</i> | Tuesday <i>7:00 AM - 6:00 PM</i> | Wednesday <i>7:00 AM - 6:00 PM</i> | Thursday <i>7:00 AM - 6:00 PM</i> | Friday <i>7:00 AM - 6:00 PM</i> |
| Saturday <i>11:30 AM - 7:00 PM</i> | Sunday <i>11:30 AM - 7:00 PM</i> | | | |

Inspection

Date: *11/09/2018* Time In: *9:45 AM* Time Out: *10:25 AM* Purpose: *Follow-up*

Registration

- 8.17.2.11 A,B Background Checks *Compliance*
- 8.17.2.11 C Other Persons Background Checks *Compliance*
- 8.17.2.11 E Documentation *Compliance*
- 8.17.2.13 Visits by Agency and Registered Authority *Not Inspected*
- 8.17.2.14 A-C Non-Transferability of Registration *Not Inspected*
- 8.17.2.15 A-C Incident Reports *Not Inspected*

Record Keeping Requirements

- 8.17.2.24 Record Keeping Requirements *Compliance*

Caregiver Requirements

| | |
|---|----------------------|
| 8.17.2.10 A Caregiver Reimbursement | <i>Not Inspected</i> |
| 8.17.2.10 B Age Requirements | <i>Not Inspected</i> |
| 8.17.2.10 E,F Caregiver Reporting | <i>Not Inspected</i> |
| 8.17.2.10 G Primary and Substitute Caregiver Training | <i>Not Inspected</i> |
| 8.17.2.10 H Primary and Substitute Caregiver Training | <i>Not Inspected</i> |
| 8.17.2.10 I Primary Caregiver for Infants | <i>Not Inspected</i> |
| 8.17.2.10 K CPR and First Aid Certification | <i>Not Inspected</i> |
| 8.17.2.10 L Competency Training | <i>Not Inspected</i> |

Group Composition

| | |
|-----------------------------------|----------------------|
| 8.17.2.21 A Non-resident Children | <i>Not Inspected</i> |
| 8.17.2.21 B Children Under 2 | <i>Not Inspected</i> |
| 8.17.2.21 C Children Under 6 | <i>Not Inspected</i> |
| 8.17.2.21 D Drop In Children | <i>Not Inspected</i> |
| 8.17.2.21 E Shift Changes | <i>Not Inspected</i> |
| 8.17.2.21 F Caregiver Involvement | <i>Not Inspected</i> |

Health & Safety Requirements

| | |
|---|----------------------|
| 8.17.2.22 A Safe Condition | <i>Not Inspected</i> |
| 8.17.2.22 B,C Electrical Outlets | <i>Not Inspected</i> |
| 8.17.2.22 D Temperature | <i>Not Inspected</i> |
| 8.17.2.22 E Ventilation | <i>Not Inspected</i> |
| 8.17.2.22 F Heaters and Heating Units | <i>Not Inspected</i> |
| 8.17.2.22 G Hot and Cold Running Water | <i>Not Inspected</i> |
| 8.17.2.22 H,I,J Inside and Outside Play Areas | <i>Not Inspected</i> |
| 8.17.2.22 K Storage of Dangerous Materials | <i>Not Inspected</i> |
| 8.17.2.22 L Working Telephone | <i>Not Inspected</i> |
| 8.17.2.22 M Emergency Numbers | <i>Not Inspected</i> |
| 8.17.2.22 N Smoke / Carbon Monoxide Detector | <i>Not Inspected</i> |
| 8.17.2.22 O,P Firearm Safety/Storage | <i>Not Inspected</i> |
| 8.17.2.22 Q. Smoking, Alcohol, and Illegal Drug Use | <i>Not Inspected</i> |

Health & Safety Requirements (*continued*)

| | |
|---|----------------------|
| 8.17.2.22 R Fire Extinguisher | <i>Not Inspected</i> |
| 8.17.2.22 S Combustible and Flammable Materials | <i>Not Inspected</i> |
| 8.17.2.22 T Emergency Evacuation and Disaster Preparedness Plan | <i>Not Inspected</i> |
| 8.17.2.22 U Major Exits | <i>Not Inspected</i> |
| 8.17.2.22 V Toys, Objects and Crib Standards | <i>Not Inspected</i> |
| 8.17.2.22 W Toilet Rooms | <i>Not Inspected</i> |
| 8.17.2.22 X First Aid Kit | <i>Not Inspected</i> |
| 8.17.2.22 Y Pets | <i>Not Inspected</i> |
| 8.17.2.22 Z Diaper Changing | <i>Not Inspected</i> |
| 8.17.2.22 AA Transportation | <i>Not Inspected</i> |

Meal Requirements

| | |
|---------------------------------------|----------------------|
| 8.17.2.23 H Refrigeration | <i>Not Inspected</i> |
| 8.17.2.23 I Refrigerator Thermometers | <i>Not Inspected</i> |

Caregiver's Responsibilities

| | |
|---|----------------------|
| 8.17.2.25 A,B Supervision | <i>Not Inspected</i> |
| 8.17.2.25 C Guidance | <i>Not Inspected</i> |
| 8.17.2.25 D Policies and Procedures for Expulsion | <i>Not Inspected</i> |
| 8.17.2.25 E Activities and Experiences | <i>Not Inspected</i> |
| 8.17.2.25 F Caring for Infants | <i>Not Inspected</i> |
| 8.17.2.25 G Rest Periods | <i>Not Inspected</i> |
| 8.17.2.25 H Swimming, Wading and Water | <i>Not Inspected</i> |

Additional Comments

This is a follow-up to annual home visit conducted on 10/29/2018.

BC Date: 01/04/2014

MNL-HHM BC Date: 08/30/2016

No follow-up is needed.

Thank you for your time and willingness, Amanda.

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*