



Facility

Name: *Theresa McDowell*

License Number: *129525*

Address: *421 Teresa Street, Grants, NM 87020*

Phone: *5052900521*

Fax:

E-mail: *tntmcdowell01@hotmail.com*

License Information

Type: *2 Star Family Child
Care Home*

Status: *Licensed*

Issue Date: *01/01/2018*

Expiration Date:
08/26/2018

Capacity

Over Age 2: *4*
Square Footage: *0*

Under Age 2: *2*

Night Care: *0*

Playground: *0*

Census

Over 2: *0*

Under 2: *0*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday

7:30 AM - 5:30 PM

Tuesday

7:30 AM - 5:30 PM

Wednesday

7:30 AM - 5:30 PM

Thursday

7:30 AM - 5:30 PM

Friday

7:30 AM - 5:30 PM

Saturday

Closed

Sunday

Closed

Inspection

Date: *05/31/2018*

Time In: *2:00 PM*

Time Out: *2:05 PM*

Purpose: *Follow-up*

Licensure

8.16.2.31 A Licensing Requirements	<i>Not Inspected</i>
8.16.2.31 B Capacity of a Home	<i>Not Inspected</i>
8.16.2.31 C Incident Reporting Requirements	<i>Not Inspected</i>

Administrative Requirements

8.16.2.32 A Administrative Records	<i>Not Inspected</i>
8.16.2.32 B Mission, Philosophy and Curriculum Statement	<i>Not Inspected</i>
8.16.2.32 C Parent Handbook	<i>Not Inspected</i>
8.16.2.32 D Children's Records	<i>Not Inspected</i>
8.16.2.32 E Personnel Records	<i>Not Inspected</i>
8.16.2.32 F Personnel Handbook	<i>Not Inspected</i>

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	<i>Not Inspected</i>
8.16.2.33 B Staff Qualifications and Training	<i>Not Inspected</i>

Services & Care of Children

8.16.2.34 A Guidance	<i>Not Inspected</i>
8.16.2.34 B Naps or Rest Period	<i>Not Inspected</i>
8.16.2.34 C Additional Requirements for Infants and Toddlers	<i>Not Inspected</i>
8.16.2.34 D Diapering and Toileting	<i>Not Inspected</i>
8.16.2.34 E Additional Requirements for Children with Special Needs	<i>N/A</i>
8.16.2.34 F Night Care	<i>N/A</i>
8.16.2.34 G Physical Environment	<i>Not Inspected</i>
8.16.2.34 H Social-Emotional Responsive Environment	<i>Not Inspected</i>
8.16.2.34 I Equipment and Program	<i>Not Inspected</i>
8.16.2.34 J Outdoor Play	<i>Not Inspected</i>
8.16.2.34 K Swimming, Wadding and Water	<i>N/A</i>
8.16.2.34 L Field Trips	<i>N/A</i>

Food Service

8.16.2.35 B Meals and Snacks	<i>Not Inspected</i>
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Food Service *(continued)*

8.16.2.35 C Menus	<i>Not Inspected</i>
8.16.2.35 D Kitchens	<i>Compliance</i>
8.16.2.35 E Meal Times	<i>Not Inspected</i>

Health & Safety Requirements

8.16.2.36 A Hygiene	<i>Not Inspected</i>
8.16.2.36 B First Aid Requirements	<i>Not Inspected</i>
8.16.2.36 C Medication	<i>Not Inspected</i>
8.16.2.36 D Illness and Notifiable Diseases	<i>Not Inspected</i>
8.16.2.37 A-G Transportation Requirements for Homes	<i>N/A</i>

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping	<i>Not Inspected</i>
8.16.2.38 B Pest Control	<i>Not Inspected</i>
8.16.2.38 C Mechanical Systems	<i>Not Inspected</i>
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	<i>Not Inspected</i>
8.16.2.38 E Exits	<i>Not Inspected</i>
8.16.2.38 F Toilet and Bathing Facilities:	<i>Not Inspected</i>
8.16.2.38 G Safety Compliance	<i>Not Inspected</i>
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	<i>Not Inspected</i>
8.16.2.38 I Pets	<i>Not Inspected</i>

Additional Comments

Follow up survey from annual survey on 5/31/2018. Provider completed all correction action plans.

Thank you, for the quick response for follow up corrections!

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: *Nicole Denney*



Facility Representative: *Theresa McDowell*