



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: *3*

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: *1:00 PM*

Time Out: *2:00 PM*

Purpose: *Annual*

Licensure

8.16.2.31 A Licensing Requirements	Compliance
8.16.2.31 B Capacity of a Home	Compliance
8.16.2.31 C Incident Reporting Requirements	N/A

Administrative Requirements

8.16.2.32 A Administrative Records	Compliance
8.16.2.32 B Mission, Philosophy and Curriculum Statement	Compliance
8.16.2.32 C Parent Handbook	Compliance
8.16.2.32 D Children's Records	Compliance
8.16.2.32 E Personnel Records	Compliance
8.16.2.32 F Personnel Handbook	Compliance

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	Compliance
8.16.2.33 B Staff Qualifications and Training	Compliance

Services & Care of Children

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

Food Service

8.16.2.35 B Meals and Snacks	Not Inspected
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Food Service (continued)

8.16.2.35 C Menus

Compliance

8.16.2.35 D Kitchens

Non-compliance*The refrigerator is at 44 degrees.**Comment: Provider fixed onsite**Corrective Action Plan**The home will lower temperature to meet regulation requirement.*

Regulation: 8.16.2.35.D.6.

Date to be Completed: 06/30/2018

8.16.2.35 E Meal Times

Compliance

Health & Safety Requirements

8.16.2.36 A Hygiene

Compliance

8.16.2.36 B First Aid Requirements

Compliance

8.16.2.36 C Medication

Compliance

8.16.2.36 D Illness and Notifiable Diseases

Compliance

8.16.2.37 A-G Transportation Requirements for Homes

N/A

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping

Compliance

8.16.2.38 B Pest Control

Compliance

8.16.2.38 C Mechanical Systems

Compliance

8.16.2.38 D Lighting, Lighting Fixtures and Electrical

Compliance

8.16.2.38 E Exits

Compliance

8.16.2.38 F Toilet and Bathing Facilities:

Compliance

8.16.2.38 G Safety Compliance

Compliance

8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

Compliance

8.16.2.38 I Pets

Compliance

Additional Comments*Great Job!*

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*