



**Facility**

Name: *Shelly Davila* License Number: *162752*  
 Address: *504 Whispering Meadows Dr., Rio Rancho, NM 87144*  
 Phone: *5052694755* Fax: E-mail: *shellyandsean@aol.com*

**License Information**

Type: *2 Star Family Child Care Home* Status: *Licensed* Issue Date: *08/04/2017* Expiration Date: *08/03/2018*

**Capacity**

Over Age 2: *6* Under Age 2: *0* Night Care: *0* Playground: *0*  
 Square Footage: *0*

**Census**

Over 2: *6* Under 2: *0*

**Classrooms**

Number of Classrooms: *2*

**Days and Hours of Operation**

|   |  |  |   |   |
|---|--|--|---|---|
| <b>Monday</b><br><i>9:00 AM - 5:00 PM</i> | <b>Tuesday</b><br><i>9:00 AM - 5:00 PM</i> | <b>Wednesday</b><br><i>9:00 AM - 5:00 PM</i> | <b>Thursday</b><br><i>9:00 AM - 5:00 PM</i> | <b>Friday</b><br><i>9:00 AM - 5:00 PM</i> |
| <b>Saturday</b><br><i>Closed</i>          | <b>Sunday</b><br><i>Closed</i>             |  |   |   |

**Inspection**

Date: *05/14/2018* Time In: *9:35 AM* Time Out: *10:22 AM* Purpose: *Annual*

**Licensure**

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

**Administrative Requirements**

|  |                      |
|--|----------------------|
| 8.16.2.32 A Administrative Records                       | <i>Compliance</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>Compliance</i>    |

**Administrative Requirements (*continued*)**

|                                |                      |
|--------------------------------|----------------------|
| 8.16.2.32 E Personnel Records  | <i>Compliance</i>    |
| 8.16.2.32 F Personnel Handbook | <i>Not Inspected</i> |

**Personnel & Staffing**

|   |                   |
|---|-------------------|
| 8.16.2.33 A Personnel and Staffing Requirements | <i>Compliance</i> |
| 8.16.2.33 B Staff Qualifications and Training   | <i>Compliance</i> |

**Services & Care of Children**

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

**Food Service**

|                              |                   |
|------------------------------|-------------------|
| 8.16.2.35 B Meals and Snacks | <i>Compliance</i> |
| 8.16.2.35 C Menus            | <i>Compliance</i> |
| 8.16.2.35 D Kitchens         | <i>Compliance</i> |
| 8.16.2.35 E Meal Times       | <i>Compliance</i> |

**Health & Safety Requirements**

|                                    |                   |
|------------------------------------|-------------------|
| 8.16.2.36 A Hygiene                | <i>Compliance</i> |
| 8.16.2.36 B First Aid Requirements | <i>Compliance</i> |

**Health & Safety Requirements (continued)****8.16.2.36 C Medication****Non-compliance**

*The home does not have the written permission of parents or guardians, directions from the prescribing physician to administer medication.*

*Corrective Action Plan*

*Written permission and instructions from the prescribing physician will be obtained from parents /guardians prior to administering any prescription or non-prescription medication. Child will not be returning to the program.*

Date to be Completed: 05/14/2018

*When medication is no longer needed, it is not returned to the parents or guardians or destroyed but it remains in the home. Epi-pen expired in March 2018.*

*Corrective Action Plan*

*Medication no longer needed or expired will be returned to the parents or guardian or destroyed. Epi-pen will be returned to parent.*

Date to be Completed: 05/14/2018

**8.16.2.36 D Illness and Notifiable Diseases***Compliance***8.16.2.37 A-G Transportation Requirements for Homes***Not Inspected***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***N/A***Additional Comments**

*Program closes for the summer and will resume in August.*

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: *Kia Kennedy*



Facility Representative: *Shelly Davila*