

Children, Youth and Families Department Child Care Licensing SURVEY REPORT

Contor Name:				EY REPOR					Dhene		
Center Name: Address: Phon 504 Whispering Meadows Dr. 504 Whispering Meadows Dr. (505)											
Shelly Davila	. - :			o, NM 87144					(505)26	9-4/00	
License Number:	Issue Date:	Expiration D	Date:	Туре:			Status:				
162752	08/4/2016	08/3/2017		2 Star Fam	ily Child Care Home		Licensed				
Capacity Over Age 2: 6	Under Age 2:	0 Night	Care:	0 P	layground: 0	_	nsus er 2:	0		Under 2:	0
_	-	o inight	Jait.	v P	ayyı ounu. U	0.00	51 2 .	U			v
Days and Hours of		- .		(Thus	- ·		~	- 4		Quanda
Opening Times	<u>Monday</u> : 09:00 PM	<u>Tuesday</u> 09:00 AN		<u>/ednesday</u> 09:00 AM	<u>Thursday</u> 09:00 AM		<u>day</u> 10 AM		<u>aturday</u> Closed		<u>Sunday</u> Closed
Closing Times				05:00 PM	05:00 PM		0 PM				
# of Classrooms:		Purpose:			Date:			Time	e:		
2		Other			08/18/2017			02:35	5 AM		
Comments This survey is for a c children.											
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:											
				Lice	nsure						
8.16.2.31 A LICENSING REQUIREMENTS								Not Inspected			
8.16.2.31 B CAPACITY OF A HOME								Not Inspected			
8.16.2.31 C INCIDE	NT REPORTING	REQUIREMENTS	3								Not Inspected
Administrative Requirements											
8.16.2.32 A ADMINISTRATIVE RECORDS							Not Inspected				
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT								Not Inspected			
8.16.2.32 C PARENT HANDBOOK								Not Inspected			
8.16.2.32 D CHILDREN'S RECORDS								Not Inspected			
8.16.2.32 E PERSONNEL RECORDS								Not Inspected			
8.16.2.32 F PERSONNEL HANDBOOK								Not Inspected			
			F	Personnel	& Staffing						
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS							Not Inspected				
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING							Not Inspected				
	Services & Care of Children										
8.16.2.34 A GUIDAN	NCE										Not Inspected
8.16.2.34 B NAPS OR REST PERIOD							Not Inspected				
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS							Not Inspected				
8.16.2.34 D DIAPERING AND TOILETING							Not Inspected				
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS								Not Inspected			
8.16.2.34 F NIGHT CARE								Not Inspected			
8.16.2.34 G PHYSICAL ENVIRONMENT								Not Inspected			
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Survey Report Form

Center Name:	License Number:	Date:	
Shelly Davila	162752	08/18/2017	
Se	ervices & Care of Children		
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONM	ENT		Not Inspected
8.16.2.34 I EQUIPMENT AND PROGRAM			Compliance
8.16.2.34 J OUTDOOR PLAY		Compliance	
8.16.2.34 K SWIMMING, WADING AND WATER		Not Inspected	
8.16.2.34 L FIELD TRIPS		Not Inspected	
	Food Service		
8.16.2.35 B MEALS AND SNACKS			Not Inspected
8.16.2.35 C MENUS		Not Inspected	
8.16.2.35 D KITCHENS		Not Inspected	
8.16.2.35 E MEAL TIMES		Not Inspected	
Hea	alth & Safety Requirements	•	
8.16.2.36 A HYGIENE			Not Inspected
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspected
8.16.2.36 C MEDICATION			Not Inspected
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES		Not Inspected	
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HO		Not Inspected	
Βι	uildings, Grounds & Safety		
8.16.2.38 A HOUSEKEEPING			Not Inspected
8.16.2.38 B PEST CONTROL		Not Inspected	
8.16.2.38 C MECHANICAL SYSTEMS		Not Inspected	
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRIC		Compliance	
8.16.2.38 E EXITS		Compliance	
8.16.2.38 F TOILET AND BATHING FACILITIES		Not Inspected	
8.16.2.38 G SAFETY COMPLIANCE		Compliance	
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGE	STANCES	Not Inspected	
8.16.2.38 I PETS		Not Inspected	

Please note: Per CYFD regulation NMAC 8.16.2 above, may result in further action taken agains	-	y with the corrective action plans as noted	
Kia Kg:49	08/18/2017	A	08/18/2017
Surveyor:Kia Kennedy	Date	Facility Rep:Shelly Davila	Date

Survey Report Form