



**Facility**

Name: *Flor Gonzalez* License Number: *154459*  
 Address: *8400 Spring Sage Rd. SW, Albuquerque, NM 87121*  
 Phone: *5053631805* Fax: *na* E-mail: *na*

**License Information**

Type: *2 Star + Family Child Care Home* Status: *Licensed* Issue Date: *06/01/2017* Expiration Date: *05/31/2018*

**Capacity**

Over Age 2: *2* Under Age 2: *4* Night Care: *0* Playground: *0*  
 Square Footage: *0*

**Census**

Over 2: *4* Under 2: *1*

**Classrooms**

Number of Classrooms: *1*

**Days and Hours of Operation**

<b>Monday</b> <i>5:00 AM - 9:30 PM</i>	<b>Tuesday</b> <i>5:00 AM - 9:30 PM</i>	<b>Wednesday</b> <i>5:00 AM -</i>	<b>Thursday</b> <i>5:00 AM - null</i>	<b>Friday</b> <i>5:00 AM - null</i>
<b>Saturday</b> <i>5:00 AM - null</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

Date: *03/26/2018* Time In: *10:00 AM* Time Out: *11:30 AM* Purpose: *Annual*

**Licensure**

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

**Administrative Requirements**

8.16.2.32 A Administrative Records	<i>Compliance</i>
8.16.2.32 B Mission, Philosophy and Curriculum Statement	<i>Compliance</i>
8.16.2.32 C Parent Handbook	<i>Compliance</i>

**Administrative Requirements (continued)****8.16.2.32 D Children's Records****Non-compliance**

*Of the [12 ] children's records reviewed, [1 ] is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.32 form for the child(ren) with no immunization/exemption.*

**Corrective Action Plan**

*The home will review a child's record to ensure complete information has been obtained before a child is admitted.*

1

Date to be Completed: 04/26/2018

**8.16.2.32 E Personnel Records****Non-compliance**

*The home does not have a record of the time the second care giver(s) arrived at and left work including breaks and lunch.*

**Corrective Action Plan**

*A record of the second care giver(s) work schedule will be maintained for review.*

Date to be Completed: 04/25/2018

*The home does not have documentation of a bcc] for [ 1 ].*

**Corrective Action Plan**

*Documentation of a background check and employment history verification for all staff members and all adults living in the home. A background check must be conducted at least once every five years on all required individuals.*

*24 hours to provide*

Date to be Completed: 04/26/2018

**8.16.2.32 F Personnel Handbook****Non-compliance**

Date to be Completed: 03/27/2018

8.16.2.32 F Personnel Handbook (*continued*)**Non-compliance**

*The provider did not have a [ personnel handbook ] for each non-resident employee. The following information needs to be included: [ all requirements for a staff handbook].*

*Corrective Action Plan*

*A personnel handbook with required information will be completed and distributed to each non -resident employee.*

Date to be Completed: 04/26/2018

**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

Compliance

8.16.2.34 F Night Care

Not Inspected

8.16.2.34 G Physical Environment

**Non-compliance**

*Examples of children's individually expressed artwork were not displayed in the environment.*

*Corrective Action Plan*

*The home will ensure that examples of children's individually expressed artwork are displayed in the environment.*

Date to be Completed: 04/25/2018

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

Not Inspected

8.16.2.34 L Field Trips

Not Inspected

**Food Service**

8.16.2.35 B Meals and Snacks

Compliance

8.16.2.35 C Menus

**Non-compliance**

*not current*

*(continued)*

Date to be Completed: 04/26/2018

8.16.2.35 D Kitchens

Compliance

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

**Non-compliance***The home's first aid kit does not contain termometer J.**Corrective Action Plan**Missing items will be added to the first-aid kit and replaced as used.*

Date to be Completed: 04/25/2018

8.16.2.36 C Medication

Compliance

8.16.2.36 D Illness and Notifiable Diseases

Not Inspected

8.16.2.37 A-G Transportation Requirements for Homes

**Non-compliance***A vehicle used for transporting children is not equipped with water blanket J.**Corrective Action Plan**The vehicle will be equipped with required items.*

Date to be Completed: 04/25/2018

**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**

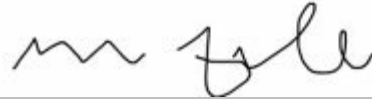
None

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: *Sylvia Foster*



Facility Representative: *flor gonzalez*

