



Facility

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

License Information

Type: *2 Star + Group Child Care Home* Status: *Licensed* Issue Date: *07/24/2018* Expiration Date: *05/31/2019*

Capacity

Over Age 2: *8* Under Age 2: *4* Night Care: *0* Playground: *0*
 Square Footage: *0*

Census

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

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

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

Inspection

Date: *11/01/2018* Time In: *3:25 PM* Time Out: *4:00 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>Compliance</i>

Administrative Requirements (*continued*)

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>Not Inspected</i>
8.16.2.34 F Night Care	<i>Not Inspected</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>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>Not Inspected</i>
8.16.2.35 C Menus	<i>Not Inspected</i>
8.16.2.35 D Kitchens	<i>Not Inspected</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>

Health & Safety Requirements (continued)

8.16.2.37 A-G Transportation Requirements for Homes *Not Inspected*

Buildings, 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 Electrical *Not Inspected*

8.16.2.38 E Exits *Not Inspected*

8.16.2.38 F Toilet and Bathing Facilities: *Not Inspected*

8.16.2.38 G Safety Compliance *Not Inspected*

8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances *Not Inspected*

8.16.2.38 I Pets *Not Inspected*

Additional Comments

this is a follow up to semi annual inspection conducted on 10/23/18

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*