



**Facility**

**Name:** *Children's Choice at Comanche Elementary* **License Number:** *149127*  
**Address:** *3505 Pennsylvania NE, Albuquerque, NM 87110*  
**Phone:** *5052962880* **Fax:**  **E-mail:** *comanche@childrens-choice.org*

**License Information**

**Type:** *5 Star FOCUS Child Care Center* **Status:** *Licensed* **Issue Date:** *08/31/2018* **Expiration Date:** *08/30/2019*

**Capacity**

**Over Age 2:** *163* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *163*  
**Square Footage:** *0*

**Census**

**Over 2:** *39* **Under 2:** *0*

**Classrooms**

**Number of Classrooms:** *0*

**Days and Hours of Operation - Morning**

<b>Monday</b> <i>Closed</i>	<b>Tuesday</b> <i>Closed</i>	<b>Wednesday</b> <i>Closed</i>	<b>Thursday</b> <i>Closed</i>	<b>Friday</b> <i>Closed</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Days and Hours of Operation - Afternoon**

<b>Monday</b> <i>2:00 PM - 6:00 PM</i>	<b>Tuesday</b> <i>2:00 PM - 6:00 PM</i>	<b>Wednesday</b> <i>2:00 PM - 6:00 PM</i>	<b>Thursday</b> <i>2:00 PM - 6:00 PM</i>	<b>Friday</b> <i>2:00 PM - 6:00 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

**Date:** *10/16/2018* **Time In:** *1:50 PM* **Time Out:** *2:30 PM* **Purpose:** *Semi-Annual*

**Licensure**

8.16.2.40 A Licensing Requirements	<i>Not Inspected</i>
8.16.2.40 B Capacity of a Program	<i>Compliance</i>
8.16.2.40 C,D Incident Reporting Requirements	<i>Not Inspected</i>

**Administrative Requirements**

8.16.2.41 A Administrative Records	<i>Compliance</i>
8.16.2.41 B Mission, Philosophy and Curriculum Statement	<i>Not Inspected</i>
8.16.2.41 C Parent Handbook	<i>Not Inspected</i>
8.16.2.41 D Children's Records	<i>Not Inspected</i>
8.16.2.41 E Personnel Records	<i>Compliance</i>
8.16.2.41 F Personnel Handbook	<i>Not Inspected</i>

**Personnel & Staffing**

8.16.2.42 A Personnel and Staffing Requirements	<i>Compliance</i>
8.16.2.42 B Staff Qualifications	<i>Not Inspected</i>
8.16.2.42 C Training	<i>Not Inspected</i>

**Services & Care of Children**

8.16.2.43 A Guidance	<i>Compliance</i>
8.16.2.43 B Physical Environment	<i>Compliance</i>
8.16.2.43 C Social-Emotional Responsive Environment	<i>Compliance</i>
8.16.2.43 D Equipment and Program	<i>Compliance</i>
8.16.2.43 E Additional Requirements for Children with Special Needs	<i>Not Inspected</i>
8.16.2.43 F Outdoor Play Areas	<i>Compliance</i>
8.16.2.43 G Swimming, Wading and Water	<i>Not Inspected</i>
8.16.2.43 H Field Trips	<i>Not Inspected</i>

**Food Service**

8.16.2.44 B Meals and Snacks	<i>Compliance</i>
8.16.2.44 C Kitchens	<i>Compliance</i>

**Health & Safety Requirements**

8.16.2.45 A Hygiene	<i>Compliance</i>
8.16.2.45 B First Aid Requirements	<i>Not Inspected</i>
8.16.2.45 C Medication	<i>Not Inspected</i>
8.16.2.45 D Illnesses	<i>Not Inspected</i>

**Buildings, Grounds & Safety (continued)**

8.16.2.46 A-H Transportation Requirements

Compliance

**Buildings, Grounds & Safety**

8.16.2.47 A Housekeeping

Compliance

8.16.2.47 B Pest Control

Compliance

8.16.2.47 C Mechanical Systems

Compliance

8.16.2.47 D Lighting, Lighting Fixtures and Electrical

Compliance

8.16.2.47 E Exits and Windows

Compliance

8.16.2.47 F Toilet and Bathing Facilities:

Compliance

8.16.2.47 G Safety Compliance:

Compliance

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

Compliance

8.16.2.47 I Pets

N/A

**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.

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Surveyor: Patricia Williams\_\_\_\_\_  
Facility Representative: Carrie Walker Patrick Riggs