



## Facility

**Name:** *Children's Choice at Inez Elementary* **License Number:** *162825*  
**Address:** *1700 Pennsylvania St NE, Albuquerque, NM 87110*  
**Phone:** *5053821914* **Fax:**  **E-mail:** *fuentes.victoria93@gmail.com*

## License Information

**Type:** *5 Star FOCUS Child Care Center* **Status:** *Licensed* **Issue Date:** *08/31/2017* **Expiration Date:** *08/13/2018*

## Capacity

**Over Age 2:** *105* **Under Age 2:** *0* **Night Care:** *0* **Playground:** *105*  
**Square Footage:** *0*

## Census

**Over 2:** *40* **Under 2:** *0*

## Classrooms

**Number of Classrooms:** *1*

## Days and Hours of Operation - Morning

<b>Monday</b> <i>7:00 AM - 8:15 AM</i>	<b>Tuesday</b> <i>7:00 AM - 8:15 AM</i>	<b>Wednesday</b> <i>7:00 AM - 8:15 AM</i>	<b>Thursday</b> <i>7:00 AM - 8:15 AM</i>	<b>Friday</b> <i>7:00 AM - 8:15 AM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

## Days and Hours of Operation - Afternoon

<b>Monday</b> <i>2:30 PM - 6:00 PM</i>	<b>Tuesday</b> <i>2:30 PM - 6:00 PM</i>	<b>Wednesday</b> <i>2:30 PM - 6:00 PM</i>	<b>Thursday</b> <i>2:30 PM - 6:00 PM</i>	<b>Friday</b> <i>2:30 PM - 6:00 PM</i>
<b>Saturday</b> <i>Closed</i>	<b>Sunday</b> <i>Closed</i>			

## Inspection

**Date:** *05/21/2018* **Time In:** *2:00 PM* **Time Out:** *3:05 PM* **Purpose:** *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>Compliance</i>
8.16.2.41 C Parent Handbook	<i>Compliance</i>
8.16.2.41 D Children's Records	<i>Compliance</i>
8.16.2.41 E Personnel Records	<i>Compliance</i>
8.16.2.41 F Personnel Handbook	<i>Compliance</i>

**Personnel & Staffing**

8.16.2.42 A Personnel and Staffing Requirements	<i>Compliance</i>
8.16.2.42 B Staff Qualifications	<i>Compliance</i>
8.16.2.42 C Training	<i>Compliance</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>Compliance</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>Compliance</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>
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**Health & Safety Requirements (*continued*)**

8.16.2.45 B First Aid Requirements	Compliance
8.16.2.45 C Medication	Compliance
8.16.2.45 D Illnesses	Compliance
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	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: Patricia Williams



Facility Representative: Leann Sommers Rachelle C Ford