



Facility

Name: *Tori Martinez* License Number: *158175*
 Address: *7418 Palm Ln SW, Albuquerque, NM 87121*
 Phone: *5053013506* Fax: E-mail: *tori@childcarebytori.com*

License Information

Type: *2 Star + Group Child Care Home* Status: *Licensed* Issue Date: *04/01/2018* Expiration Date: *03/31/2019*

Capacity

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

Census

Over 2: *3* Under 2: *1*

Classrooms

Number of Classrooms: *2*

Days and Hours of Operation

Monday <i>8:00 AM - 4:30 PM</i>	Tuesday <i>8:00 AM - 4:30 PM</i>	Wednesday <i>8:00 AM - 4:30 PM</i>	Thursday <i>8:00 AM - 4:30 PM</i>	Friday <i>8:00 AM - 4:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *07/05/2018* Time In: *10:30 AM* Time Out: *10:45 AM* Purpose: *Annual*

Licensure

8.16.2.31 A Licensing Requirements	<i>Not Inspected</i>
8.16.2.31 B Capacity of a Home	<i>Compliance</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>Not Inspected</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

*Compliance***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***Annual survey was not completed at this time, provider was leaving on a field trip.***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: *Darlene Montoya*_____
Facility Representative: *Tori Martinez*