

Center Name: Tori Martinez			Address: 7418 Palm Ln SW Albuquerque, NM 87121					Phone: (505)301-3	Phone: (505)301-3506	
License Number: Issue Date: Expiration		Pate: Type: Status:			Status:	•				
158175	04/1/2017	09/2/2017		2 Star + Group Child Care Home			Licensed			
Capacity				•		Cei	nsus			
Over Age 2: 8	Under Age 2:	4 Night	4 Night Care: 0 Playground: 0		Playground: 0	Ove	er 2: 0	Unc	ler 2: 0	
Days and Hours of	Operation									
	Monday	Tuesda	y W	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>	
Opening Times	08:00 AM	08:00 A	M (08:00 AM	08:00 AM	08:0	0 AM	Closed	Closed	
Closing Times	04:30 PM	04:30 PI	M (04:30 PM	04:30 PM	04:3	0 PM			
# of Classrooms:	ı	Purpose:			Date:		1	ime:		
1	,	Annual			07/03/2017		1	0:30 AM		
Comments Provider was closed	at time of visit.									

Provider was closed at time of visit.						
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED	BELOW:					
Licensure						
8.16.2.31 A LICENSING REQUIREMENTS	Not Inspected					
8.16.2.31 B CAPACITY OF A HOME	Not Inspected					
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	Not Inspected					
Administrative Requirements						
8.16.2.32 A ADMINISTRATIVE RECORDS	Not Inspected					
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Not Inspected					
8.16.2.32 C PARENT HANDBOOK	Not Inspected					
8.16.2.32 D CHILDREN'S RECORDS	Not Inspected					
8.16.2.32 E PERSONNEL RECORDS	Not Inspected					
8.16.2.32 F PERSONNEL HANDBOOK	Not Inspected					
Personnel & Staffing						
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Not Inspected					
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Not Inspected					
Services & Care of Children						
8.16.2.34 A GUIDANCE	Not Inspected					
8.16.2.34 B NAPS OR REST PERIOD	Not Inspected					
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Not Inspected					
8.16.2.34 D DIAPERING AND TOILETING	Not Inspected					
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Not Inspected					
8.16.2.34 F NIGHT CARE	Not Inspected					
8.16.2.34 G PHYSICAL ENVIRONMENT	Not Inspected					

Survey Report Form Page 1 of 2

Center Name: Tori Martinez	License Number: 158175	Date: 07/03/2017	
Services 8	k Care of Children		
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT			Not Inspected
8.16.2.34 I EQUIPMENT AND PROGRAM			Not Inspected
8.16.2.34 J OUTDOOR PLAY			Not Inspected
8.16.2.34 K SWIMMING, WADING AND WATER			Not Inspected
8.16.2.34 L FIELD TRIPS			Not Inspected
Foo	od Service		
8.16.2.35 B MEALS AND SNACKS			Not Inspected
8.16.2.35 C MENUS			Not Inspected
8.16.2.35 D KITCHENS			Not Inspected
8.16.2.35 E MEAL TIMES			Not Inspected
Health & Sa	afety Requirements		
8.16.2.36 A HYGIENE	•		Not Inspected
8.16.2.36 B FIRST AID REQUIREMENTS			Not Inspected
8.16.2.36 C MEDICATION			Not Inspected
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES			Not Inspected
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, ILLEGA	STANCES	Not Inspected	
8.16.2.38 I PETS			Not Inspected

Please note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans as noted above, may result in further action taken against the licensee.

BW 10:01

07/03/2017

notovailable

07/03/2017

Surveyor:Darlene Montoya

Date

Facility Rep:Tori Martinez

Date
Page 2 of 2