



**Facility**

Name: *Merline Gallegos* License Number: *159898*  
 Address: *250 Iroquois, Las Cruces, NM 88007*  
 Phone: *9157279829* Fax: E-mail: *alejandraamaya1210@gmail.com*

**License Information**

Type: *2 Star Family Child Care Home* Status: *Licensed* Issue Date: *08/02/2018* Expiration Date: *10/30/2018*

**Capacity**

Over Age 2: *4* Under Age 2: *2* 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**

<b>Monday</b> <i>6:00 AM - 10:00 PM</i>	<b>Tuesday</b> <i>6:00 AM - 10:00 PM</i>	<b>Wednesday</b> <i>6:00 AM - 10:00 PM</i>	<b>Thursday</b> <i>6:00 AM - 10:00 PM</i>	<b>Friday</b> <i>6:00 AM - 10:00 PM</i>
<b>Saturday</b> <i>7:00 AM - 5:00 PM</i>	<b>Sunday</b> <i>Closed</i>			

**Inspection**

Date: *10/29/2018* Time In: *3:40 PM* Time Out: *4:37 PM* Purpose: *Other*

**Licensure**

- 8.16.2.31 A Licensing Requirements *Compliance*
- 8.16.2.31 B Capacity of a Home *Compliance*
- 8.16.2.31 C Incident Reporting Requirements *Compliance*

**Administrative Requirements**

- 8.16.2.32 A Administrative Records *Compliance*
- 8.16.2.32 B Mission, Philosophy and Curriculum Statement *Compliance*
- 8.16.2.32 C Parent Handbook *Compliance*
- 8.16.2.32 D Children's Records *Compliance*

### Administrative Requirements (*continued*)

8.16.2.32 E Personnel Records	<i>Compliance</i>
8.16.2.32 F Personnel Handbook	<i>Compliance</i>

### Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements	<i>Compliance</i>
8.16.2.33 B Staff Qualifications and Training	<i>Compliance</i>

### Services & Care of Children

8.16.2.34 A Guidance	<i>Compliance</i>
8.16.2.34 B Naps or Rest Period	<i>Compliance</i>
8.16.2.34 C Additional Requirements for Infants and Toddlers	<i>Compliance</i>
8.16.2.34 D Diapering and Toileting	<i>Compliance</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>N/A</i>
8.16.2.34 G Physical Environment	<i>Compliance</i>
8.16.2.34 H Social-Emotional Responsive Environment	<i>Compliance</i>
8.16.2.34 I Equipment and Program	<i>Compliance</i>
8.16.2.34 J Outdoor Play	<i>Compliance</i>
8.16.2.34 K Swimming, Wadding and Water	<i>N/A</i>
8.16.2.34 L Field Trips	<i>N/A</i>

### Food Service

8.16.2.35 B Meals and Snacks	<i>Not Inspected</i>
8.16.2.35 C Menus	<i>Compliance</i>
8.16.2.35 D Kitchens	<i>Compliance</i>
8.16.2.35 E Meal Times	<i>Not Inspected</i>

### Health & Safety Requirements

8.16.2.36 A Hygiene	<i>Compliance</i>
8.16.2.36 B First Aid Requirements	<i>Compliance</i>
8.16.2.36 C Medication	<i>N/A</i>

### Health & Safety Requirements *(continued)*

8.16.2.36 D Illness and Notifiable Diseases	Compliance
8.16.2.37 A-G Transportation Requirements for Homes	N/A

### Buildings, Grounds & Safety

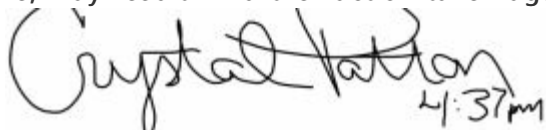
8.16.2.38 A Housekeeping	Compliance
8.16.2.38 B Pest Control	Compliance
8.16.2.38 C Mechanical Systems	Compliance
8.16.2.38 D Lighting, Lighting Fixtures and Electrical	Compliance
8.16.2.38 E Exits	Compliance
8.16.2.38 F Toilet and Bathing Facilities:	Compliance
8.16.2.38 G Safety Compliance	Compliance
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	Compliance
8.16.2.38 I Pets	Compliance

### Additional Comments

*Survey in reference to initial license expiration, license will be extended for the remainder of the year.*

### 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.

  
4:37pm

Surveyor: Crystal Patton



Facility Representative: Merline Gallegos