



Facility

Name: *Olga Grays* **License Number:** *136391*
Address: *2600 N. Valley, Las Cruces, NM 88007*
Phone: *5756804053* **Fax:** *n/a* **E-mail:** *olgamarquez1980@hotmail.com*

License Information

Type: *2 Star Group Child Care Home* **Status:** *Licensed* **Issue Date:** *08/08/2017* **Expiration Date:** *08/07/2018*

Capacity

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

Census

Over 2: *5* **Under 2:** *2*

Classrooms

Number of Classrooms: *1*

Days and Hours of Operation

Monday <i>7:30 AM - 7:30 PM</i>	Tuesday <i>7:30 AM - 7:30 PM</i>	Wednesday <i>7:30 AM - 7:30 PM</i>	Thursday <i>7:30 AM - 7:30 PM</i>	Friday <i>7:30 AM - 7:30 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *04/26/2018* **Time In:** *1:59 PM* **Time Out:** *2:35 PM* **Purpose:** *Follow-up*

Licensure

8.16.2.31 A Licensing Requirements	N/A
8.16.2.31 B Capacity of a Home	N/A
8.16.2.31 C Incident Reporting Requirements	N/A

Administrative Requirements

8.16.2.32 A Administrative Records	N/A
8.16.2.32 B Mission, Philosophy and Curriculum Statement	N/A
8.16.2.32 C Parent Handbook	N/A
8.16.2.32 D Children's Records	N/A
8.16.2.32 E Personnel Records	Compliance

Personnel & Staffing (*continued*)

8.16.2.32 F Personnel Handbook N/A

Personnel & Staffing

8.16.2.33 A Personnel and Staffing Requirements *Compliance*

8.16.2.33 B Staff Qualifications and Training N/A

Services & Care of Children

8.16.2.34 A Guidance N/A

8.16.2.34 B Naps or Rest Period N/A

8.16.2.34 C Additional Requirements for Infants and Toddlers N/A

8.16.2.34 D Diapering and Toileting N/A

8.16.2.34 E Additional Requirements for Children with Special Needs N/A

8.16.2.34 F Night Care N/A

8.16.2.34 G Physical Environment N/A

8.16.2.34 H Social-Emotional Responsive Environment N/A

8.16.2.34 I Equipment and Program N/A

8.16.2.34 J Outdoor Play N/A

8.16.2.34 K Swimming, Wadding and Water N/A

8.16.2.34 L Field Trips N/A

Food Service

8.16.2.35 B Meals and Snacks N/A

8.16.2.35 C Menus N/A

8.16.2.35 D Kitchens N/A

8.16.2.35 E Meal Times N/A

Health & Safety Requirements

8.16.2.36 A Hygiene N/A

8.16.2.36 B First Aid Requirements N/A

8.16.2.36 C Medication N/A

8.16.2.36 D Illness and Notifiable Diseases N/A

8.16.2.37 A-G Transportation Requirements for Homes N/A

Buildings, Grounds & Safety

8.16.2.38 A Housekeeping N/A

8.16.2.38 B Pest Control N/A

8.16.2.38 C Mechanical Systems N/A

8.16.2.38 D Lighting, Lighting Fixtures and Electrical N/A

Buildings, Grounds & Safety (continued)

8.16.2.38 E Exits	N/A
8.16.2.38 F Toilet and Bathing Facilities:	N/A
8.16.2.38 G Safety Compliance	N/A
8.16.2.38 H Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances	N/A
8.16.2.38 I Pets	N/A

Additional Comments

Survey is a result of follow up to Conditions of Operations. Provider in compliance with the Conditions of Operations.

Areas marked has "N/A" are not applicable to this survey

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: Sandra Connolly



Facility Representative: Olga Grays

