



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: *8* Under 2: *2*

Classrooms

Number of Classrooms: *2*

Days and Hours of Operation

Monday <i>7:30 AM - 6:00 PM</i>	Tuesday <i>7:30 AM - 6:00 PM</i>	Wednesday <i>7:30 AM - 6:00 PM</i>	Thursday <i>7:30 AM - 6:00 PM</i>	Friday <i>7:30 AM - 6:00 PM</i>
Saturday <i>Closed</i>	Sunday <i>Closed</i>			

Inspection

Date: *05/18/2018* Time In: *1:45 PM* Time Out: *2:15 PM* Purpose: *Follow-up*

Licensure

8.16.2.31 A Licensing Requirements	<i>Compliance</i>
8.16.2.31 B Capacity of a Home	<i>Compliance</i>
8.16.2.31 C Incident Reporting Requirements	<i>N/A</i>

Administrative Requirements

8.16.2.32 A Administrative Records	<i>N/A</i>
8.16.2.32 B Mission, Philosophy and Curriculum Statement	<i>N/A</i>
8.16.2.32 C Parent Handbook	<i>N/A</i>
8.16.2.32 D Children's Records	<i>N/A</i>

Administrative Requirements (*continued*)

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

Services & Care of Children

8.16.2.34 A Guidance	<i>N/A</i>
8.16.2.34 B Naps or Rest Period	<i>N/A</i>
8.16.2.34 C Additional Requirements for Infants and Toddlers	<i>N/A</i>
8.16.2.34 D Diapering and Toileting	<i>N/A</i>
8.16.2.34 E Additional Requirements for Children with Special Needs	<i>N/A</i>
8.16.2.34 F Night Care	<i>N/A</i>
8.16.2.34 G Physical Environment	<i>N/A</i>
8.16.2.34 H Social-Emotional Responsive Environment	<i>N/A</i>
8.16.2.34 I Equipment and Program	<i>N/A</i>
8.16.2.34 J Outdoor Play	<i>N/A</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>N/A</i>
8.16.2.35 C Menus	<i>N/A</i>
8.16.2.35 D Kitchens	<i>N/A</i>
8.16.2.35 E Meal Times	<i>N/A</i>

Health & Safety Requirements

8.16.2.36 A Hygiene	<i>N/A</i>
8.16.2.36 B First Aid Requirements	<i>N/A</i>
8.16.2.36 C Medication	<i>N/A</i>
8.16.2.36 D Illness and Notifiable Diseases	<i>N/A</i>

Health & Safety Requirements (*continued*)

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

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

*Followup to Conditions of Operations.
In Compliance*

Areas marked as "N/A" are not applicable 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