

Center Name: Olga Grays			Address: 2600 N. Valley Las Cruces, NM 88007					Phone: (575)680-4053	
License Number: Issue Date: Expiration Date		Date: Type: Status			Status:	•			
136391	11/7/2016	08/7/2017		2 Star Group Child Care Home			Licensed	Licensed	
Capacity				•		Cei	nsus		
Over Age 2: 8	Under Age 2:	4 Night	Care: 0 Playground: 0 Over 2: 7 Under				er 2: 3		
Days and Hours of	Operation								
	<u>Monday</u>	<u>Tuesda</u>	<u>y</u> <u>W</u>	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	Saturday	Sunday
Opening Times	: 06:	06:		06:	06:	0	6:	Closed	Closed
Closing Times	Closing Times: 06:00 PM 06:00 I		M 06:00 PM		06:00 PM 06:0		0 PM		
# of Classrooms:	Pt	ırpose:			Date:		-	Γime:	
1	Fo	ollow-up			06/13/2017			10:15	
Comments Follow-Up to semi-a	nnual inspection co	onducted on 12	/29/16. All	deficiencies	are corrected.				

Tollow-op to Semi-amidal inspection conducted on 12/23/10. All deficiencies are confeded.	
A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED	D BELOW:
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	N/A
8.16.2.32 F PERSONNEL HANDBOOK	N/A
Personnel & Staffing	
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	N/A
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

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Center Name: Olga Grays	License Number:	<b>Date:</b> 06/13/2017	
	Care of Children		
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, WADING AND WATER			N/A
8.16.2.34 L FIELD TRIPS			N/A
Food	d 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 & Safe	ety 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, G	Frounds & 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 SUBS	STANCES	N/A
8.16.2.38 I PETS			Compliance

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.

06/13/2017

06/13/2017

Surveyor:Steven Wells

Date

Facility Rep:Olga Grays

Date