



## Facility

**Name:** *Cradles and Crayons* **License Number:** *110583*  
**Address:** *1205 Anthony, Anthony, NM 88021*  
**Phone:** *5758822366* **Fax:**  **E-mail:** *cradlesandcrayons7a@gmail.com*

## License Information

**Type:** *4 Star FOCUS Child Care Center* **Status:** *Licensed* **Issue Date:** *10/28/2018* **Expiration Date:** *10/27/2019*

## Capacity

**Over Age 2:** *99* **Under Age 2:** *20* **Night Care:** *0* **Playground:** *27*  
**Square Footage:** *0*

## Census

**Over 2:** *24* **Under 2:** *10*

## Classrooms

**Number of Classrooms:** *5*

## Days and Hours of Operation

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

## Inspection

**Date:** *01/30/2019* **Time In:** *9:49 AM* **Time Out:** *10:18 AM* **Purpose:** *Other*

## Licensure

8.16.2.11 A Types of Licenses	N/A
8.16.2.11 B Renewal of License	N/A
8.16.2.11 D Non-transferable Restrictions of License	N/A
8.16.2.12 A, K, M Licensing Actions and Administrative Appeals	N/A
8.16.2.17 E, F Surveys for Child Care Facilities	N/A
8.16.2.18 D Complaints	N/A
8.16.2.21 A Licensing Requirements	N/A
8.16.2.21 B Capacity of Centers	N/A

**Licensure (*continued*)**

8.16.2.21 C Incident Reporting Requirements	N/A
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**Administrative Requirements**

8.16.2.22 A Administrative Records	N/A
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8.16.2.22 B Mission, Philosophy and Curriculum Statement	N/A
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8.16.2.22 C Policy and Procedures	N/A
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8.16.2.22 D Family Handbook	Compliance
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8.16.2.22 E Children's Records	N/A
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8.16.2.22 F Personnel Records	N/A
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8.16.2.22 G Personnel Handbook	N/A
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**Personnel & Staffing**

8.16.2.23 A Personnel and Staffing Requirements	N/A
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8.16.2.23 B Staff Qualifications and Training	N/A
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8.16.2.23 C Staff/Child Ratios and Group Sizes	N/A
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**Services & Care of Children**

8.16.2.24 A Guidance	Compliance
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8.16.2.24 B Naps or Rest Period	N/A
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8.16.2.24 C Additional Requirements for Infants and Toddlers	N/A
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8.16.2.24 D Diapering and Toileting	N/A
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8.16.2.24 E Additional Requirements for Children with Special Needs	N/A
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8.16.2.24 F Additional Requirements for Night Care	N/A
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8.16.2.24 G Physical Environment	N/A
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8.16.2.24 H Social-Emotional Responsive Environment	Compliance
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8.16.2.24 I Equipment and Program	N/A
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8.16.2.24 J Outdoor Play Areas	N/A
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8.16.2.24 K Swimming, Wading and Water	N/A
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8.16.2.24 L Field Trips	N/A
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**Food Service**

8.16.2.25 B Meals and Snacks	N/A
8.16.2.25 C Menus	N/A
8.16.2.25 D Kitchens	N/A
8.16.2.25 E Meal Times	N/A

**Health & Safety Requirements**

8.16.2.26 A Hygiene	N/A
8.16.2.26 B First Aid Requirements	N/A
8.16.2.26 C Medication	N/A
8.16.2.27 A-D Illness Requirements for Centers	N/A
8.16.2.28 A-H Transportation Requirements for Centers	N/A

**Buildings, Grounds & Safety**

8.16.2.29 A Housekeeping	N/A
8.16.2.29 B Pest Control	N/A
8.16.2.29 C Mechanical Systems	N/A
8.16.2.29 D Water and Waste	N/A
8.16.2.29 E Lighting, Lighting Fixtures and Electrical	N/A
8.16.2.29 F Exits and Windows	N/A
8.16.2.29 G Toilet and Bathing Facilities	N/A
8.16.2.29 H Safety Compliance	N/A
8.16.2.29 H3(f)(i)(k) Safety Compliance	N/A
8.16.2.29 J Pets	N/A

**Additional Comments**

*Survey in reference to monitor the Conditions of Operation. All conditions are being met. Guidance on required police of instructions for an aggressive child was provided to the Director.*

## 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.

Handwritten signature of Crystal Patton in cursive script, with the date 10.18 written below it.

Surveyor: *Crystal Patton*

Handwritten signature in cursive script that reads "Signature on File".

Facility Representative: *Lorenza Herrera*