



Center Name: Cloudfcroft United Methodist Presch			Address: 50 Chipmunk Cloudfcroft, NM 88317			Phone: (575)682-2264		
License Number: 55989	Issue Date: 12/15/2016	Expiration Date: 12/14/2017	Type: 3 Star FOCUS Child Care Center			Status: Licensed		
Capacity Over Age 2: 40 Under Age 2: 18 Night Care: 0 Playground: 27						Census Over 2: 0 Under 2: 0		
Days and Hours of Operation								
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	
Opening Times:	07:30 AM	07:30 AM	07:30 AM	07:30 AM	07:30 AM	Closed	Closed	
Closing Times:	05:30 PM	05:30 PM	05:30 PM	05:30 PM	05:30 PM			
# of Classrooms: 3		Purpose: Follow-up		Date: 02/02/2017		Time: 04:04 PM		
Comments Survey is a follow up to Annual Survey conducted 10/25/2016 Current information on trainings: Infant/Toddler training; 4 completed, 1 scheduled 3/2017 45 hour training: 4 staff members in training currently CPR training: Currently being scheduled through Fire Department in Cloudfcroft All other deficiencies have been corrected, via physical observation and statements from Director.								

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:

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
8.16.2.21 C INCIDENT REPORTING REQUIREMENTS	N/A
Administrative Requirements	
8.16.2.22 A ADMINISTRATION RECORDS	N/A
8.16.2.22 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	N/A
8.16.2.22 C POLICY AND PROCEDURES	N/A
8.16.2.22 D FAMILY HANDBOOK	N/A
8.16.2.22 E CHILDREN'S RECORDS	Compliance
8.16.2.22 F PERSONNEL RECORDS	Non-compliance

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Administrative Requirements

Deficiencies

From the review of staff records, it was determined that 3 out of 8 staff records does/do not include a professional development plan based on seven areas of competency. See Staff Records 8.16.2.22 form for staff who need a current plan.

Regulation: 8.16.2.22F(1)(n)

Corrective Action Plan

The center will have staff complete a professional development plan and sign the plan . The plan will be maintained on file

Only 1 staff member needs to complete Plan.

Two completed.

Date to be Completed: 02/28/2017

Deficiencies

From the review of staff records, it was determined that 2out of 8 staff records does/do not include signed acknowledgement that the personnel handbook had been read and understood. See Staff Records 8.16.2.22 form for staff who need to complete the acknowledgement.

Regulation: 8.16.2.22F(1)(o)

Corrective Action Plan

The center will have staff complete the required acknowledgement and will retain on file .

Completed

Date to be Completed: 02/02/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 8 staff records does/do not include the required Form I-9. See Staff Records 8.16.2.22 form for staff missing the form.

Regulation: 8.16.2.22F(1)(q)

Corrective Action Plan

The center will obtain Form I-9s from all staff and maintain them in their personnel files .

Completed.

Date to be Completed: 02/02/2017

Deficiencies

From the review of staff records, it was determined that 1 out of 8 staff having direct contact with the children, does/do not have a complete file as required in 8.16.2.22F. See Staff Records 8.16.2.22 form for staff with an incomplete file .

Regulation: 8.16.2.22F(1)

Corrective Action Plan

The program will complete a file for each staff including substitutes and volunteers .

File updated

Date to be Completed: 02/02/2017

8.16.2.22 G PERSONNEL HANDBOOK

N/A

Personnel & Staffing

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Personnel & Staffing		
8.16.2.23 A PERSONNEL AND STAFFING REQUIREMENTS		N/A
8.16.2.23 B STAFF QUALIFICATIONS AND TRAINING <u>Deficiencies</u> From the review of staff records, it was determined that 3 out of 8 staff does/do not have documentation of the 45-hour entry level course or an approved equivalent prior to or within six months of employment. Regulation: 8.16.2.23B(2)(c) <u>Corrective Action Plan</u> Training will be completed for staff as required and documentation retained on file . Staff currently in training for 45 hour training. Date to be Completed: 02/28/2017 <u>Deficiencies</u> It was observed that 1 out of 2 infant and toddler care givers failed to complete at least four hours of training in infant and toddler care annually or within six months of starting work. Regulation: 8.16.2.23B(2)(k) <u>Corrective Action Plan</u> Training in infant and toddler care will be obtained for care givers as required ; training will be documented and retained on file. Infant Toddler training completed 12/17/2016. New hire registered for training March 2017. Date to be Completed: 12/17/2016 <u>Deficiencies</u> Educators did not complete the following training within 3-months: first aid and cardiopulmonary resuscitation (CPR) certification 2 out of 8 educators do not have certification Regulation: 8.16.2.23B(2)(b) <u>Corrective Action Plan</u> All educators, regardless of the number of hours per week, will complete the above listed training. The following staff members need to complete the required training: Training is being set up with Local Fire Department Date to be Completed: 02/28/2017		Non-compliance
8.16.2.23 C STAFF/CHILD RATIOS AND GROUP SIZES		N/A
Services & Care of Children		
8.16.2.24 A GUIDANCE		N/A
8.16.2.24 B NAPS OR REST PERIOD		N/A
8.16.2.24 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS		N/A
8.16.2.24 D DIAPERING AND TOILETING		N/A
8.16.2.24 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS		N/A

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Services & Care of Children		
8.16.2.24 F ADDITIONAL REQUIREMENTS FOR NIGHT CARE	N/A	
8.16.2.24 G PHYSICAL ENVIRONMENT	N/A	
8.16.2.24 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT	N/A	
8.16.2.24 I EQUIPMENT AND PROGRAM	N/A	
8.16.2.24 J OUTDOOR PLAY AREAS	N/A	
8.16.2.24 K SWIMMING, WADING AND WATER	N/A	
8.16.2.24 L FIELD TRIPS	N/A	
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	Compliance	
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 I SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS AND CONTROLLED SUBSTANCES	N/A	
8.16.2.29 J PETS	N/A	

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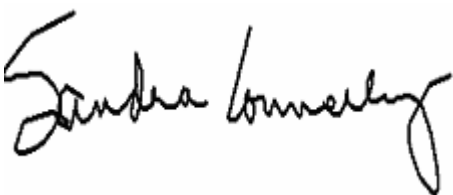
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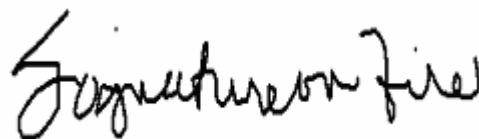
Date:

02/02/2017

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.



02/02/2017



02/02/2017

Surveyor:Sandra Connolly

Date

Facility Rep:Robin Kimble

Date