



Facility

Name: *Cloudcroft United Methodist Preschool*

License Number: 55989

Address: *50 Chipmunk, Cloudcroft, NM 88317*

Phone: 5756822264

Fax: na

E-mail: *ccumprek@gmail.com*

License Information

Type: *3 Star Child Care Center*

Status: *Licensed*

Issue Date: *12/15/2018*

Expiration Date:
12/14/2019

Capacity

Over Age 2: *40*

Under Age 2: *18*

Night Care: *0*

Playground: *27*

Square Footage: *0*

Census

Over 2: *0*

Under 2: *0*

Classrooms

Number of Classrooms: *3*

Days and Hours of Operation

Monday

7:30 AM - 5:30 PM

Tuesday

7:30 AM - 5:30 PM

Wednesday

7:30 AM - 5:30 PM

Thursday

7:30 AM - 5:30 PM

Friday

7:30 AM - 5:30 PM

Saturday

Closed

Sunday

Closed

Inspection

Date: *01/14/2019*

Time In: *9:54 AM*

Time Out: *10:03 AM*

Purpose: *Follow-up*

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	N/A
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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	Compliance
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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	Compliance
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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	N/A
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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	N/A
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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 is a follow up to Annual Survey.

Facility provided photo documents showing corrections to deficiencies noted on Annual.

Facility now in compliance.

Areas marked as NA are not applicable to this survey, only the areas that were corrected.

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: *Shanny Housler*