



Facility

Name: *Charlotte's Place Preschool* **License Number:** *157952*
Address: *3100 Oak St., Las Cruces, NM 88005*
Phone: *5756354778* **Fax:** *na* **E-mail:** *melanie.waller@hotmail.com*

License Information

Type: *2 Star Child Care Center* **Status:** *Licensed* **Issue Date:** *03/12/2018* **Expiration Date:** *08/04/2018*

Capacity

Over Age 2: *36* **Under Age 2:** *28* **Night Care:** *0* **Playground:** *45*
Square Footage: *0*

Census

Over 2: *0* **Under 2:** *0*

Classrooms

Number of Classrooms: *7*

Days and Hours of Operation

| | | | | |
|---|--|--|---|---|
| Monday <i>7:00 AM - 5:00 PM</i> | Tuesday <i>7:00 AM - 5:00 PM</i> | Wednesday <i>7:00 AM - 5:00 PM</i> | Thursday <i>7:00 AM - 5:00 PM</i> | Friday <i>7:00 AM - 5:00 PM</i> |
| Saturday <i>Closed</i> | Sunday <i>Closed</i> | | | |

Inspection

Date: *04/03/2018* **Time In:** *3:05 PM* **Time Out:** *3:21 PM* **Purpose:** *Complaint*

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****Non-compliance**

The center failed to notify parents or guardians in writing of an incident regarding an injury to a child. Although an Incident Report was written up it was not given to parent until 2 days later. The facility failed to notify parent at the time the child was injured. The delayed caused a delay in the treatment of the child by medical staff.

Corrective Action Plan

Parents or guardians will be notified in writing of an incident that threatened or could have threatened the health or safety of children in the center.

Date to be Completed: 05/03/2018

Administrative Requirements

| | |
|--|-----|
| 8.16.2.22 A Administrative 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 | N/A |
| 8.16.2.22 F Personnel Records | N/A |
| 8.16.2.22 G Personnel Handbook | N/A |

Personnel & Staffing

| | |
|---|-----|
| 8.16.2.23 A Personnel and Staffing Requirements | N/A |
| 8.16.2.23 B Staff Qualifications and Training | N/A |
| 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 |
| 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 |

Services & Care of Children *(continued)*

| | |
|---|-----|
| 8.16.2.24 K Swimming, Wadding 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 | 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 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances | N/A |
| 8.16.2.29 J Pets | N/A |

Additional Comments


Survey is a result of a substantiated complaint.

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: Melanie Waller

