Facility

Name: Pando Little School LLC License Number: 168764

Address: 3538 Anderson Ave SE, Albuquerque, NM 87106

Phone: 5055851259 Fax: E-mail: melissa@pandoschool.com

License Information

Type: 2 Star Child Care Status: Licensed Issue Date: 06/14/2018 Expiration Date:

Center 03/13/2019

Capacity

Over Age 2: 12 Under Age 2: 0 Night Care: 0 Playground: 12

Square Footage: 0

Census

Over 2: 11 Under 2: 0

Classrooms

Number of Classrooms: 2

Days and Hours of Operation

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday
Closed Closed

Inspection

Date: 09/27/2018 Time In: 11:00 AM Time Out: 12:16 PM Purpose: Semi-Annual

Licensure

8.16.2.11 A Types of Licenses Not Inspected

8.16.2.11 B Renewal of License Not Inspected

8.16.2.11 D Non-transferable Restrictions of License

Not Inspected

8.16.2.12 A, K, M Licensing Actions and Administrative Appeals

Not Inspected

8.16.2.17 E, F Surveys for Child Care Facilities

Not Inspected

8.16.2.18 D Complaints

Not Inspected

8.16.2.21 A Licensing Requirements Not Inspected

Licensure (continued)

8.16.2.21 B Capacity of Centers

Non-compliance

The center failed to post the maximum capacity of the playground on the doors to the playground.

Corrective Action Plan

The center will post the maximum capacity of the playground on the doors to the playground.

Regulation: 8.16.2.21.B.3.b.

8.16.2.21 C Incident Reporting Requirements

Not Inspected

Date to be Completed: 10/27/2018

Administrative Requirements

8.16.2.22 A Administrative Records

Compliance

8.16.2.22 B Mission, Philosophy and Curriculum Statement

Not Inspected

8.16.2.22 C Policy and Procedures

Not Inspected

8.16.2.22 D Family Handbook

Not Inspected

8.16.2.22 E Children's Records

Non-compliance

Of the 4 children's records reviewed, 3 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.22 form for the child(ren) with no immunization/exemption.

Corrective Action Plan

Parents will be advised to submit a complete and up-to-date immunization record or exemption. The center will review all children's records to ensure complete information is on file.

Regulation: 8.16.2.22.E.1.e.

Date to be Completed: 10/27/2018

Of the 4 children's records reviewed, 1 is/are missing a signed parent or guardian acknowledgement that the parent handbook had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Corrective Action Plan

Parents will be advised to complete the statement. The center will review all children's records to ensure a signed acknowledgement is on file.

Regulation: 8.16.2.22.E.1.l.

Date to be Completed: 10/27/2018

Administrative Requirements (continued)

8.16.2.22 F Personnel Records

Non-compliance

Date to be Completed: 10/27/2018

Date to be Completed: 10/27/2018

Date to be Completed: 10/27/2018

From the review of staff records, it was determined that 2 out of 4 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.

Corrective Action Plan

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

Regulation: 8.16.2.22.F.1.n.

From the review of staff records, it was determined that [] out of [] staff records does/do not include signed acknowledgement that the center's disaster preparedness plan and fire evacuation plan were reviewed.

Corrective Action Plan

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

Regulation: 8.16.2.22.F.1.p.

From the review of staff records, it was determined that 1 out of 4 staff records do/does not include the staff's current and past duties and responsibilities. See Staff Records 8.16.2.22 form for staff with this missing information.

Corrective Action Plan

The center will add staff's current and past duties and responsibilities to the record.

Regulation: 8.16.2.22.F.1.c.

From the review of staff records, it was determined that 2 out of 4 staff records does/do not include documentation of training by date, time, hours and area of competency or a training certificate. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

The center will obtain verification of all training and retain on file.

Regulation: 8.16.2.22.F.1.h. Date to be Completed: 10/27/2018

8.16.2.22 F Personnel Records (continued)

Non-compliance

From the review of staff records, it was determined that 1 out of 4 staff records does/do not include a signed universal precaution acknowledgement form. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

The center will have staff complete and sign the universal precaution acknowledgement form and will retain on file.

Regulation: 8.16.2.22.F.1.j.

Date to be Completed: 10/27/2018

From the review of staff records, it was determined that 1 out of 4 staff records does/do not include a signed confidentiality form. See Staff Records 8.16.2.22 form for staff who need to complete a signed confidentiality form.

Corrective Action Plan

The center will have staff complete a signed confidentiality form and will retain on file.

Regulation: 8.16.2.22.F.1.k.

Date to be Completed: 10/27/2018

From the review of staff records, it was determined that 1 out of 4 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.

Corrective Action Plan

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

Regulation: 8.16.2.22.F.1.o.

Date to be Completed: 10/27/2018

8.16.2.22 G Personnel Handbook

Not Inspected

Personnel & Staffing

8.16.2.23 A Personnel and Staffing Requirements

Compliance

8.16.2.23 B Staff Qualifications and Training

Non-compliance

From the review of staff records, it was determined that 1 out of 4 new staff does/do not have documentation of orientation training. See Staff Records 8.16.2.22 form for staff with missing documentation.

Corrective Action Plan

Orientation will be completed and documented for staff noted; in the future, orientation will be completed prior to time staff begin working with children.

Regulation: 8.16.2.23.B.2.a. Date to be Completed: 10/27/2018

8.16.2.23 B Staff Qualifications and Training (continued)

Non-compliance

From the review of staff records, it was determined that 1 out of 4 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.

Corrective Action Plan

Training will be completed for staff as required and documentation retained on file.

Regulation: 8.16.2.23.B.2.c.

Date to be Completed: 10/27/2018

Educators did not complete the following training within 3-months: Health and Safety Training2 educators need to complete Health & Safety as 3 months has passed.

Corrective Action Plan

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:

Regulation: 8.16.2.23.B.2.b.

Date to be Completed: 10/27/2018

8.16.2.23 C Staff/Child Ratios and Group Sizes

Compliance

Services & Care of Children

8.16.2.24 A Guidance Non-compliance

Of the 4 children's records reviewed, 1 is/are missing a signed parent or guardian acknowledgement that the center's guidance policy had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Corrective Action Plan

The center will review all children's records to ensure a signed parent or quardian acknowledgement is on file.

Regulation: 8.16.2.24.A.1.

Date to be Completed: 10/27/2018

Of the 4 staffs records reviewed, 1 is/are missing a signed staff acknowledgement that the center's guidance policy had been read and understood. See the Children's Records 8.16.2.22 form for the child(ren) who have this missing.

Corrective Action Plan

The center will review all staff's records to ensure a signed staff acknowledgement is on file.

Regulation: 8.16.2.24.A.1.

Date to be Completed: 10/27/2018

8.16.2.24 B Naps or Rest Period

Compliance

8.16.2.24 C Additional Requirements for Infants and Toddlers

N/A

Services & Care of Children (continued)

8.16.2.24 D Diapering and Toileting	Compliance
8.16.2.24 E Additional Requirements for Children with Special Needs	Compliance
8.16.2.24 F Additional Requirements for Night Care	N/A
8.16.2.24 G Physical Environment	Not Inspected
8.16.2.24 H Social-Emotional Responsive Environment	Compliance
8.16.2.24 I Equipment and Program	Not Inspected
8.16.2.24 J Outdoor Play Areas	Compliance
8.16.2.24 K Swimming, Wadding and Water	Not Inspected
8.16.2.24 L Field Trips	Not Inspected

Food Service

8.16.2.25 B Meals and Snacks	Compliance
8.16.2.25 C Menus	Compliance
8.16.2.25 D Kitchens	Compliance
8.16.2.25 E Meal Times	Compliance

Health & Safety Requirements

8.16.2.26 A Hygiene	Compliance
8.16.2.26 B First Aid Requirements	Not Inspected
8.16.2.26 C Medication	Not Inspected
8.16.2.27 A-D Illness Requirements for Centers	Compliance
8.16.2.28 A-H Transportation Requirements for Centers	Not Inspected

Buildings, Grounds & Safety

8.16.2.29 A Housekeeping

Non-compliance

The fixtures are not in good repair as evidenced by one bulb out in the restroom.

Corrective Action Plan

Repairs will be completed and a system for routine inspection of the center and premises will be established.

Regulation: 8.16.2.29.A.1. Date to be Completed: 10/27/2018

8.16.2.29 B Pest Control Compliance

Buildings, Grounds & Safety (continued)

8.16.2.29 C Mechanical Systems Compliance

8.16.2.29 D Water and Waste Compliance

8.16.2.29 E Lighting, Lighting Fixtures and Electrical Compliance

8.16.2.29 F Exits and Windows Compliance

8.16.2.29 G Toilet and Bathing Facilities Compliance

8.16.2.29 H Safety Compliance

Non-compliance

The center failed to conduct an emergency preparedness practice drills for at least once a quarter.

Corrective Action Plan

A center will conduct emergency preparedness practice drills at least quarterly beginning January of each calendar year.

Regulation: 8.16.2.29.H.1. Date to be Completed: 10/27/2018

The center failed to conduct a fire drill for the month(s) of July 2018.

Regulation: 8.16.2.29.H.2. Date to be Completed: 10/27/2018

An evacuation plan is not posted in the 3 yr. old, 4 yr. (rooms) used by children.

Corrective Action Plan

An evacuation plan will be posted in each room used by children.

Regulation: 8.16.2.29.H.3.f. Date to be Completed: 10/27/2018

8.16.2.29 I Smoking, Firearms, Alcoholic Beverages, Illegal Drugs and Controlled Substances

Compliance

8.16.2.29 J Pets *N/A*

Additional Comments

None

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: Kia Kennedy Facility Representative: Melissa Scott