State of Nevada
Department of Health and Human Services
Division of Welfare & Supportive Services
Child Care Licensing

DATE:______________
TIME: _____TO:________
CREDENTIAL # _______
INSPECTION # _______

ANNUAL SURVEY CHECKLIST

DAR = (Due at Renewal) NO= (Not Observed), NA= (Not Applicable), COS= (Corrected on Site)

FACILITY____OWNER/DIRECTOR______________________________

LICENSE EXPIRATION________________________NUMBER OF CHILDREN________________AGES___________________.

SURVEYOR NAME____CONTACT INFO__________________________

- -

Facility Type: ☐ Center - ☐ Accommodation - ☐ Family/Group - ☐ Other ________________________

NAC 432A – Regulations and Standards for Child Care

		COMPLIANCE	NON-COMPLIANCE	**OBSERVATIONS**
.200.4	NABS Roster/Facility Files accurate	_______	_______	
	FBI background checks w/in 24 hours of employment			
	No persons unsupervised w/out completed backgrounds per NRS 432A.170.6	_______	_______	
	Renewal done every five years	_______	_______	
.210.2	License posted publicly	_______	_______	
.220	Submission of a complete application and fee 45 days prior to license expiration	_______	_______	
.250.1	Changes to use of facility space	_______	_______	
.250.2	Classroom Temperatures	_______	_______	
.250.4	Play area fenced	_______	_______	
	Adequate Drainage	_______	_______	
	Adequate Shade	_______	_______	
	Resilient surface	_______	_______	
	Safety barriers	_______	_______	
	Vegetative matter safe/Hazard free	_______	_______	
	Bodies of water inaccessible	_______	_______	
	Equipment in good repair, minimize injury,	_______	_______	
	age compatible, space to reduce accident,	_______	_______	
	securely anchored	_______	_______	
.260.1	Sanitation inspection/Date in File___________	_______	_______	
	Health Permit Expiration ____________			
.260.2	Local inspections completed	_______	_______	
	Certificate of Occupancy Issued _______________	_______	_______	
	State Business License Issued/Current ________	_______	_______	
	Local Business License Issued/Current________	_______	_______	
.270	Advertising not misleading	_______	_______	
	Copy provided to licensing	_______	_______	
.280.1	Emergency plan: Fire/Natural Disaster	_______	_______	
	Reviewed quarterly	_______	_______	
	Evaluated Annually	_______	_______	
.280.2	Emergency plan must include the following:			
	Procedure for sheltering within building	_______	_______	
	Procedure for lockdown	_______	_______	
	Plan for evacuating facility	_______	_______	
	List of relocation sites	_______	_______	
	Plan for transportation	_______	_______	
	Plan for supervision of children during emergency	_______	_______	
	Manner in which staff and children accounted for	_______	_______	
	Accommodations for infants/toddlers, children with disabilities, children with chronic medical conditions	_______	_______	

NAC 432A		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
	Duties of director, staff, volunteers	_____	_____	
	Method for contacting emergency personnel	_____	_____	
	Plan for communication/reunification of families	_____	_____	
	Continuity of operations	_____	_____	
	Plan for reopening facility once deemed safe by officials	_____	_____	
.280.3	Recorded monthly fire drills with children, employees, caregivers, and volunteers _____	_____	_____	
	Quarterly natural disaster drills with children, employees, caregivers, and volunteers _____	_____	_____	
.280.4	Posted shelter in place/evacuation plan	_____	_____	
.280.5	Accurate sign-in sheet/staff-children	_____	_____	
.280.7	Fire inspection/Date on file _____	_____	_____	
	Certificate of Compliance issued_____			
	Fire extinguisher tagged _____	_____	_____	
290.1	Telephone/emergency numbers posted	_____	_____	
.2	Liability insurance certificate with 30 day notification of cancellation _____	_____	_____	
.3	Transportation provided ☐N/A	_____	_____	
	Driver's license	_____	_____	
	Vehicle liability insurance _____	_____	_____	
	Adequate supervision/child not left unattended	_____	_____	
	Safe departing/boarding of children	_____	_____	
.4	Appropriate staff ratio	_____	_____	
	Child Restraint Law followed	_____	_____	
.6	Transportation Log	_____	_____	
.300.3	Licensing approved facility director	_____	_____	
.302.2	Recognize and eliminate hazards	_____	_____	
.304	Responsibilities of director: Present	_____	_____	
	in facility 25 hours per week	_____	_____	
	Screens, schedules, supervises staff conduct	_____	_____	
	Provides the following: Written program for child care	_____	_____	
	Office space/record storage	_____	_____	
	Parent conferences/ staff meetings	_____	_____	
	Maintains personnel enrollment/ attendance records	_____	_____	
	parent involvement activities	_____	_____	
	Cooperation with Licensing/other agencies	_____	_____	
.306.1	Qualified caretakers	_____	_____	
	Nevada Registry Certificates	_____	_____	
	Able to summon help in emergency	_____	_____	
	Emotionally/physically qualified	_____	_____	
.306. 2	No more than 50% under 18 years	_____	_____	
	Under 18 completed approved course in child dev or Enrolled in approved course	_____	_____	
	Not operated unless person 18 years older on premises	_____	_____	
.308.1	Caretakers on duty with Pediatric First Aid	_____	_____	
	Recognition of Symptoms of Illness	_____	_____	
.310.1	Personal health of caretaker(s)	_____	_____	
	Record of TB test(s) before employee begins	_____	_____	
	Renewed every two years	_____	_____	
	Communicable diseases reported to Licensing	_____	_____	
.320.1	New employees orientation includes	_____	_____	
	policies/procedures facility programs/illness	_____	_____	
	Volunteers in facility	_____	_____	

NAC 432A		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
.323.1	Initial course of training:			
	Pediatric CPR and First Aid	_____	_____	
	Signs of Illness/Blood Borne Pathogens:			
	Prevention of Infectious Diseases and Immunizations	_____	_____	
	Recognizing/Reporting Child Abuse/Neglect			
	and Maltreatment	_____	_____	
	SIDS: Preventions and Use of Safe Sleep	_____	_____	
	Prevention of Shaken Baby and Abusive Head			
	Trauma and Child Maltreatment	_____	_____	
	Child Development or Positive Guidance/Discipline			
	to the Age Group Served by Facility to include			
	Cognition, including Language Arts and Mathematics,			
	Social, Emotional, and Physical Development,			
	and approaches toward Learning	_____	_____	
	Administration of Medication and Prevention and			
	Response to Food and Allergic Reactions	_____	_____	
	Building and Physical Premises Safety: Handling			
	and Storage of Hazardous Materials and Disposal of			
	Bio Contaminants	_____	_____	
	Emergency Preparedness and Response Planning			
	and Procedures	_____	_____	
	Transportation	_____	_____	
	Lifelong Wellness, Health and Safety of children			
	(childhood obesity, nutrition and moderate/vigorous			
	physical activity)	_____	_____	
	All staff within 3 months/on file	_____	_____	
.326.1	All staff 24 hours continuous training	_____	_____	
	2 Hours Obesity/Healthy Nutrition Training	_____	_____	
.340	Admission procedures; child's record complete:	_____	_____	
	Emergency surgical/medical authorization	_____	_____	
.340.3(b)	Records in good order	_____	_____	
.350.1	Written facility statements includes:	_____	_____	
	General services provided, special	_____	_____	
	needs of each child , admission	_____	_____	
	requirements, Fees and plan for	_____	_____	
	payment, Personal belongings	_____	_____	
	Transportation arrangements	_____	_____	
	Written parental permission to	_____	_____	
	transport child	_____	_____	
	Parental permission to leave facility	_____	_____	
	Parental involvement	_____	_____	
	Parental observation of facility	_____	_____	
	Notifies if smoking is permitted	_____	_____	
	Notifies if CPR trained person on duty	_____	_____	
	Emergency plan	_____	_____	
.3	Copy of facility statement provided	_____	_____	
	to: alternate/parents/Licensing	_____	_____	
.4	Statement includes: Provider's name, address, phone	_____	_____	
.5	Licensing/parents notified of changes in service/fees	_____	_____	
.360.1	Disclosure of information form signed	_____	_____	
	by parent/available in facility			
.370.1	Health statements signed by RN or	_____	_____	
	physician within 30 days after admission			
.2	Immunizations current NRS 432A.230	_____	_____	
.372.1	First aid chart available	_____	_____	
	First aid kit stocked/available	_____	_____	

NAC 432A		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
.372.2	Written provisions for: Consulting with physicians/nurses regarding health children	_____	_____	
	Inform staff on dental care/personal cleanliness	_____	_____	
	Written directory of emergency health services	_____	_____	
	Each child's parent approved physician/RN			
.374.1	Supervised isolation of ill/injured child, parents notified immediately	_____	_____	
	Staff member remains with child transported for emergency care until parent assumes responsibility	_____	_____	
.376.1	Medication labeled/stored properly	_____	_____	
.3	One person administers	_____	_____	
.4	Maintained written record including:	_____	_____	
	Name of medication administered			
	Name of child administered to			
	The date and time to be administered			
	on a weekly basis			
.5	Discontinued destroyed or returned immediately	_____	_____	
.378.1	Accidents/injury reports on file	_____	_____	
.2	Communicable diseases on file & reported to Licensing	_____	_____	
.3	Any death of a child reported	_____	_____	
.380.1	Nutritional meals/snacks	_____	_____	
	Menus generated and posted accounting for various needs of children/allergies			
	Foods associated with choking hazards are restricted for children under 3	_____	_____	
	Staff aware of current allergies and educated to children's medical needs	_____	_____	
	Response plan in place for allergies/choking	_____	_____	
.2	Nutritional information obtained	_____	_____	
.3	Adequate portions/quantities	_____	_____	
.4	Nutritional snack offered	_____	_____	
.5	Sweet food/beverages minimum	_____	_____	
.6	Menu posted	_____	_____	
.7	Bag lunches refrigerated	_____	_____	
.8	Kitchen supervision	_____	_____	
.9	Staff encourage children to eat variety/table manners	_____	_____	
.10	Drinking water accessible	_____	_____	
.11	Food not used as reward/punishment	_____	_____	
	Children not forced to eat	_____	_____	
.385.1	Appropriate/adequate seating for meals and snacks	_____	_____	
	High chairs good condition/wide base/safety belt	_____	_____	
	Disinfect after each use	_____	_____	
	Independent feeding encouraged	_____	_____	
	Drinking water available	_____	_____	
	Food discarded left in dish	_____	_____	
	Bottles/food stored as labeled	_____	_____	
	Formula/food labeled	_____	_____	
	Breast Milk refrigerated	_____	_____	
	Bottles returned daily to parent	_____	_____	
	Unused food returned	_____	_____	
	Infant plan for feeding developed with parent	_____	_____	
.2	Bottle held by child or caretaker	_____	_____	
.3	Jar food discarded if fed directly	_____	_____	

NAC 432A		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
.390.1	Program meets basic developmental including:	_____	_____	
	Cognitive _____ Social _____			
	Emotional _____ Physical _____			
	Language _____ Acceptance _____			
	Self-identity _____ Rights _____			
	Culture _____ Independence _____			
.390.2	Personal hygiene practiced with children; washing before meals and after using the toilet	_____	_____	
.3	Outdoor play provided to enhance gross motor skills	_____	_____	
	Inside/outside equipment/materials in safe/stable condition/appropriate quantity	_____	_____	
.4	Naps/rest provided for each child using: approved sleeping devices	_____	_____	
	All surfaces are clean	_____	_____	
.5	Sufficient materials/toys	_____	_____	
	Age/ability appropriate	_____	_____	
.6	Child sized furniture; safe/durable	_____	_____	
.7	Storage of children's belongings provided within reach of children	_____	_____	
.400	Discipline is appropriate	_____	_____	
.410	Director/staff report child abuse/neglect including Shaken baby, abusive head trauma, child maltreatment	_____	_____	
.411	Diapers	_____	_____	
	Changing table/impervious surface	_____	_____	
	Sink in close proximity	_____	_____	
	No food prepared in same area	_____	_____	
	Non absorbent floor covering	_____	_____	
	Washable receptacle/good repair cleaned and disinfected	_____	_____	
	Soiled cloth diapers/clothing stored in individual plastic bag	_____	_____	
	Children not in changing area	_____	_____	
	Children not left unattended	_____	_____	
.412	Hand washing procedure:	_____	_____	
	Dispenser soap/warm water	_____	_____	
	Children/instructed, monitored & assisted	_____	_____	
.413	Toilet training:	_____	_____	
	Written guidelines	_____	_____	
	Not forced to sit for prolonged period	_____	_____	
	Not punished for wetting or soiling clothing	_____	_____	
	Not left unattended	_____	_____	
	Children wash hands	_____	_____	
	Potty chair on washable floor	_____	_____	
	Potty chair not in food area	_____	_____	
	Potty chair emptied and disinfected after each use	_____	_____	
.414	Sanitation measures used	_____	_____	
	Two step cleaning/disinfecting procedure	_____	_____	
	Carpets professionally cleaned one time every three months_____	_____	_____	
		_____	_____	
	Equipment durable and safe/cleaned daily	_____	_____	
.415.4	Toys cleaned/disinfected not less than once a day	_____	_____	
.7	Shelving/adequate supply/toys age level appropriate	_____	_____	
	Age appropriate tables and chairs	_____	_____	

NAC 432A		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
.416	Sleeping devices:	_____	_____	
	For under 18 months	_____	_____	
	For over 18 months	_____	_____	
	Waterproof, firm fitting mattress	_____	_____	
	Vertical slots no more than 2 3/8" apart	_____	_____	
	Bedding used only for 1 child	_____	_____	
	Taken out of crib when awake	_____	_____	
	Naps provided, as needed	_____	_____	
	Sleeping children supervised	_____	_____	
.430	Early Care and Education Program in use	_____	_____	
	Assessment tool in use at 90 days/every 6 months	_____	_____	
.520	Appropriate Supervision	_____	_____	
.5205.1	Staff/child ratio (6:30am- 9:00pm):			
	Less than 9 months _____	_____	_____	
	9 months-2 years _____	_____	_____	
	2 years- 3 years _____	_____	_____	
	3 years- 4 years _____	_____	_____	
	4 years- 5 years _____	_____	_____	
	5 years and older _____	_____	_____	
.5205.2	9:00p.m.-6:30a.m.: _____	_____	_____	
.521	Alternate caregiver identified	_____	_____	
.534	Family Care Ratio Met	_____	_____	
	No more than 4 under 2 yrs _____	_____	_____	
	No more than 2 under 1yr _____	_____	_____	
.536	Group Care Ratio Met	_____	_____	
	No more than 8 under 3 yrs _____	_____	_____	
	No more than 4 under 1yr _____	_____	_____	
NRS 432A.178	Complaint log available for review	_____	_____	
.255	Weapons, if present, stored appropriately	_____	_____	
.265	Pets in good health and immunized on schedule	_____	_____	
	Pets kept safely on premises	_____	_____	

*****ALL TRAININGS ARE DUE NO LATER THAN YOUR FACILITY LICENSE EXPIRATION DATE*****

The information provided is preliminary to the actual written report of findings (Statement of Deficiencies) that will be delivered to you at a later date. Due to the nature of the on-site survey process being an event in which information is gathered, but not always completely processed on-site, we may not discuss all of the deficiencies that eventually appear on the written report during this exit conference. Likewise, some of the information discussed during this exit conference may not appear on the written report, due to the review process that occurs after the written report is generated. If you do not have a copy of the regulations pertaining to Child Care Facilities you can locate it on the internet at www.leg.state.nv.us. Please read, review, and print the regulations for your records.

COMMENTS:

_____

_____

_____

_____

_____

_____

Please acknowledge by signing below that you have read or have had read to you the information above. Please have all facility personnel present during the exit sign below.

Provider Signature:_____ **Surveyor Signature:**_____

CHILD	Date Enrolled	AGE	DPT	Polio	MMR	HIB	Hep B	Hep A	PCV	Varicella	Health Statement	Admission	Emergency Medical	Permission to Release	Transport	NRS 178	Assessment	
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Sheriff Card	C/R	Clearance Letters	Nevada Registry	TB	CPR/FA
SOI/BBP	Rec/Rep CAN	SIDS	Child Development	Obesity Prevention	Continuing Training