

ANNUAL SURVEY CHECKLIST

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

FACILITY _____ OWNER/DIRECTOR _____

LICENSE EXPIRATION _____ CAPACITY 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**

LICENSE TO OPERATE FACILITY

.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	_____	_____

STANDARDS OF OPERATION

.255	Weapons, if present, stored appropriately	_____	_____
.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 _____	_____	_____
.265	Pets in good health and immunized on schedule	_____	_____
	Pets kept safely on premises	_____	_____
.270	Advertising not misleading	_____	_____
	Copy provided to licensing	_____	_____

BUILDING & GROUNDS

.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	_____	_____

EMERGENCY PREPAREDNESS

.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	_____	_____

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COMPLIANCE NON
COMPLIANCE COMPLIANCE

OBSERVATIONS

	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	_____	_____	
	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	_____	_____	

TRANSPORTATION

290.1	Telephone/emergency numbers posted	_____	_____	
.2	Liability insurance certificate with 30 day notification of cancellation	_____	_____	
.3	Transportation provided <input type="checkbox"/> N/A	_____	_____	
	Driver's license	_____	_____	
	Vehicle liability insurance	_____	_____	
	Adequate supervision/child not left unattended	_____	_____	
	Safe departing/boarding of children	_____	_____	
.4	Appropriate staff ratio	_____	_____	
.6	Transportation Log	_____	_____	

NRS 484.474 Child Restraint Law followed

DIRECTOR REQUIREMENTS

.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	_____	_____	
.521	Alternate caregiver identified	_____	_____	

EMPLOYEE FILES/REQUIREMENTS

.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	_____	_____	

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		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
	policies/procedures facility programs/illness	_____	_____	
	Volunteers in facility	_____	_____	
.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	_____	_____	
.410	Director/staff report child abuse/neglect including Shaken baby, abusive head trauma, child maltreatment	_____	_____	
<u>CHILD RECORDS</u>				
.340	Admission procedures; child's record complete:	_____	_____	
	Emergency surgical/medical authorization	_____	_____	
.340.3(b)	Records in good order	_____	_____	
NRS 432A.178	Complaint log available for review	_____	_____	
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	_____	_____	

NAC 432A

NON
COMPLIANCE COMPLIANCE

OBSERVATIONS

- .2 Immunizations current NRS 432A.230
- .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

MEDICAL CARE

- .372.1 First aid chart available
 First aid kit stocked/available
- .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

SNACKS AND MEALS

- .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

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NON
COMPLIANCE COMPLIANCE

OBSERVATIONS

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

EARLY CARE AND EDUCATION

.390.1 Program meets basic developmental needs 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

.430 Early Care and Education Program in use
Assessment tool in use at 90 days/every 6 months

DISCIPLINE

.400 Discipline is appropriate

SANITARY MEASURES

.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

.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

NAP/SLEEPING DEVICES

.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	_____	_____

INFANT TODDLER NURSERY

.425	Policies for infant/toddlers	_____	_____
	Indoor area for crawling children	_____	_____
	Separate infants from toddlers during physical play	_____	_____
	Daily report for feeding, diapering, sleeping	_____	_____

RATIOS

.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.:	_____	_____
.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	_____	_____

*****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	NRS 178	Transportation	Assessment	Comments
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