

**INITIAL SURVEY CHECKLIST**

**NO= (Not Observed), NA= (Not Applicable), COS= (Corrected on Site)**

FACILITY \_\_\_\_\_ OWNER/DIRECTOR \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_ 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	<u>OBSERVATIONS</u>
<b><u>LICENSE TO OPERATE FACILITY</u></b>				
.200.1	Submission of a complete application and fee	_____	_____	
.200.4	FBI background checks w/in 24 hours of employment	_____	_____	
	Renewal done every five years	_____	_____	
.210.2	License posted publicly	_____	_____	
<b><u>STANDARDS OF OPERATION</u></b>				
.255	Weapons, if present, stored appropriately securely anchored	_____	_____	
.260.1	Sanitation inspection/Date in File _____ Health Permit Expiration _____	_____	_____	
.260.2	Local inspections completed	_____	_____	
	Certificate of Occupancy Issued _____	_____	_____	
	Business License Issued/Current _____	_____	_____	
	Special Use Permit Issued	_____	_____	
.265	Pets in good health and immunized on schedule	_____	_____	
	Pets kept safely on premises	_____	_____	
.270	Advertising not misleading	_____	_____	
	Copy provided to licensing	_____	_____	
<b><u>BUILDING &amp; GROUNDS</u></b>				
.250.1	Indoor Usable Square feet _____ Children _____	_____	_____	
	Outdoor square feet _____ Children _____	_____	_____	
.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,	_____	_____	
<b><u>EMERGENCY PREPAREDNESS</u></b>				
.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	_____	_____	

**NAC 432A**

NON  
COMPLIANCE COMPLIANCE

**OBSERVATIONS**

	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	_____	_____
	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	_____	_____
	Driver's license	_____	_____
	Vehicle liability insurance _____	_____	_____
	Adequate supervision/child not left unattended	_____	_____
	Adult present with delivery of child	_____	_____
	Safe departing/boarding of children	_____	_____
	Windows/doors secure	_____	_____
.4	Appropriate staff ratio	_____	_____
	Child Restraint Law followed	_____	_____
	NRS 484.474, NRS 484.641	_____	_____

**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	_____	_____
	Enrolled in approved course	_____	_____
	Not operated unless person 18 years older on premises	_____	_____

**NAC 432A**

NON  
COMPLIANCE COMPLIANCE

**OBSERVATIONS**

.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	_____	_____
	Identified caretaker health problems	_____	_____
	have physician statement reported to licensing	_____	_____
	Communicable diseases reported to licensing	_____	_____
.320.1	New employees orientation includes	_____	_____
	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	_____	_____
	NRS 432B.220 Reporting agency	_____	_____

**CHILD RECORDS**

.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	_____	_____

NAC 432A		NON	OBSERVATIONS
		COMPLIANCE COMPLIANCE	
	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	_____	_____
.2	Copy of facility statement provided to: alternate/parents/Licensing	_____	_____
.3	Statement includes: Provider's name, address, phone	_____	_____
.4	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	_____	_____
.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	_____	_____
<b><u>MEDICAL CARE</u></b>			
.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	_____	_____
.2	One person administers	_____	_____
.3	Maintained written record including:	_____	_____
	Name of medication administered	_____	_____
	Name of child administered to	_____	_____
	The date and time to be administered on a weekly basis	_____	_____
.4	Discontinued destroyed or returned immediately	_____	_____
.378.1	Accidents/injury reports on file	_____	_____
.2	Communicable diseases reported to Bureau	_____	_____
	List of reportable diseases on file	_____	_____
.3	Any death of a child reported	_____	_____
<b><u>SNACKS AND MEALS</u></b>			
.380.1	Nutritional meals/snacks	_____	_____
	Menus generated and posted accounting for various needs of children/allergies	_____	_____

**NAC 432A**

	COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
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	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	Variety of food/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	_____	_____	
	Bottle held by child or caretaker	_____	_____	
	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 mo	_____	_____	

**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 &amp; assisted

.414 Sanitation measures used

Two step cleaning/disinfecting procedure

Carpets professionally cleaned one time every  
three months

Equipment durable and safe/cleaned daily

.415.7 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 Center 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.:

.530 Before/after school number

.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

## INITIAL SURVEY SITE MEASUREMENTS

ATTACH LABELED FACILITY MAP TO ADD CHILD AGES AND CAPACITY PER MEASURED AREA

### INSIDE NAC432A.250.1 (a)

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

ROOM \_\_\_\_\_ | AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 35 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

### OUTSIDE NAC432A.250.1 (b)

PLAY AREA \_\_\_\_\_ AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 37.5 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

PLAY AREA \_\_\_\_\_ AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 37.5 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

PLAY AREA \_\_\_\_\_ AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 37.5 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

PLAY AREA \_\_\_\_\_ AGES SERVED \_\_\_\_\_ :

W \_\_\_\_\_ \* L \_\_\_\_\_ = \_\_\_\_\_ / 37.5 = \_\_\_\_\_ = \_\_\_\_\_ CHILDREN

**TOTAL INDOOR CAPACITY:** \_\_\_\_\_ CHILDREN | **TOTAL OUTDOOR CAPACITY:** \_\_\_\_\_ CHILDREN

**TOTAL SPACES USED:** \_\_\_\_\_ CHILDREN | **BEFORE AND AFTER SCHOOL:** \_\_\_\_\_ CHILDREN

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](http://www.leg.state.nv.us). Please read, review, and print the regulations for your records.

**COMMENTS:**

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

**Provider Signature:** \_\_\_\_\_ **Surveyor Signature:** \_\_\_\_\_