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

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

INITIAL SURVEY CHECKLIST

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

FACILITY____OWNER/DIRECTOR______________________

APPLICATION DATE______________________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**
.200.1	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	_______	_______	
.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,	_______	_______	
	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	_______	_______	
.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	_______	_______	
	Duties of director, staff, volunteers	_______	_______	

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		COMPLIANCE	NON-COMPLIANCE	**OBSERVATIONS**
	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	_____	_____	
	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	_____	_____	
.300.3	Licensing approved facility director	_____	_____	
.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	_____	_____	
	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	_____	_____	
	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	_____	_____	

NAC 432A		COMPLIANCE	NON-COMPLIANCE	OBSERVATIONS
	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	_____	_____	
.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	_____	_____	
.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	_____	_____	

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		COMPLIANCE	NON-COMPLIANCE	**OBSERVATIONS**
.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	_____	_____	
.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	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	_____	_____	

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		COMPLIANCE	NON-COMPLIANCE	**OBSERVATIONS**
	Unused food returned	_____	_____	
	Infant plan for feeding developed with parent	_____	_____	
	Bottle held by child or caretaker	_____	_____	
	Jar food discarded if fed directly	_____	_____	
.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			
	NRS 432B.220 Reporting agency	_____	_____	
.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	_____	_____	

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		COMPLIANCE	NON-COMPLIANCE	**OBSERVATIONS**
	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	_____	_____	
.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 mo	_____	_____	
.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.: _____	_____	_____	
.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	_____	_____	
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	_____	_____	

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:**_____

Sheriff Card	C/R	Clearance Letters	Nevada Registry	TB	CPR/FA
SOI/BBP	Rec/Rep CAN	SIDS	Child Development	Obesity Prevention	Continuing Training