

**SEMI-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 \_\_\_\_\_  
Renewed upon expiration \_\_\_\_\_

.210.2 License posted publicly \_\_\_\_\_

**STANDARDS OF OPERATION**

.255 Weapons, if present, stored appropriately \_\_\_\_\_

.260.1 Facility clean, orderly \_\_\_\_\_

.265 Pets kept safely on premises \_\_\_\_\_

**BUILDING & GROUNDS**

.250.4 Play area hazard free \_\_\_\_\_

**EMERGENCY PREPAREDNESS**

.280.1 Emergency plan: Fire/Natural Disaster \_\_\_\_\_  
Reviewed quarterly \_\_\_\_\_  
Evaluated Annually \_\_\_\_\_

.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 C of C/Fire Inspection date \_\_\_\_\_

**TRANSPORTATION**

.290 Transportation log maintained \_\_\_\_\_  
Transportation ratios maintained \_\_\_\_\_

.290.2 Current certificate of insurance \_\_\_\_\_  
Expiration \_\_\_\_\_

**DIRECTOR REQUIREMENTS**

.302.2 Recognize and eliminate hazards \_\_\_\_\_

.521 Alternate caregiver identified \_\_\_\_\_

**EMPLOYEE FILES/REQUIREMENTS**

.410 Director/staff report child abuse/neglect including  
Shaken Baby, abusive head trauma, child maltreatment \_\_\_\_\_

**MEDICAL CARE**

.372.1 First aid chart available \_\_\_\_\_  
First aid kit stocked/available \_\_\_\_\_

.376.1 Prescription medication labeled/stored properly \_\_\_\_\_  
.2 One person administers \_\_\_\_\_  
Provider trained in administration of medications \_\_\_\_\_

.3 Written records maintained \_\_\_\_\_

**NAC 432A**

COMPLIANCE NON  
COMPLIANCE COMPLIANCE

**OBSERVATIONS**

- .4 Discontinued destroyed or returned immediately  
.378.1 Accidents/injury reports on file  
.2 Communicable diseases reported to CCL

**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  
.5 Menu posted/on file  
Staff aware of current allergies  
Response plan in place for allergies/choking  
.7 Lunches stored properly  
.8 Supervision of children in kitchen  
.9 Staff eats with children when possible  
.10 Drinking water accessible at all times  
.11 Food not used as reward/punishment  
Children not forced to eat  
.385 Food/bottles labeled and stored appropriately  
Unused bottles/food returned to parent

**EARLY CARE AND EDUCATION**

- .390.1 Program meets basic developmental needs  
.3 Outdoor play provided  
Inside/outside equipment in safe condition  
.390.5 Sufficient materials/toys in good condition  
Low, open shelves  
Age/ability appropriate

**DISCIPLINE**

- .400 Discipline: positive guidance  
Physical punishment/verbal abuse/threatening  
derogatory remarks not allowed

**SANITARY MEASURES**

- .412 Children/staff wash hands as required  
.414 Carpets cleaned quarterly/appear clean  
Date of last Cleaning \_\_\_\_\_

**NAP/SLEEPING DEVICES**

- .416 Prohibited sleeping devices not used  
Infants placed to sleep on backs  
Sufficient lighting during nap time

**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.: \_\_\_\_\_

**NAC 432A**

NAC 432A		NON		OBSERVATIONS
		COMPLIANCE	COMPLIANCE	
.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](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 facility personnel present during the exit sign below.

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