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

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

SEMI-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	_______	_______	
	Renewed upon expiration	_______	_______	
.210.2	License posted publicly	_______	_______	
.250.4	Play area hazard free	_______	_______	
.260.1	Facility clean, orderly	_______	_______	
.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	_______	_______	
	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	C of C/Fire Inspection date________________	_______	_______	
.290	Transportation log maintained	_______	_______	
	Transportation ratios maintained	_______	_______	
.290.2	Current certificate of insurance	_______	_______	
	Expiration _______________			
.302.2	Recognize and eliminate hazards	_______	_______	
.304.2	Organized & separate employee records maintained	_______	_______	
.306.1	Qualified caretakers- NV Registry ______________	_______	_______	
.310	TB test/current/each staff	_______	_______	

NAC 432A		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
.320	New employees orientation	_____	_____	
	Conducted within 2 weeks of hire	_____	_____	
.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)	_____	_____	
.350.5	CCL/parents notified of changes in services/fees	_____	_____	
.370.1	Health statements signed	_____	_____	
	Immunizations current NRS 432A.230	_____	_____	
.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	_____	_____	
.4	Discontinued destroyed or returned immediately	_____	_____	
.378.1	Accidents/injury reports on file	_____	_____	
.2	Communicable diseases reported to CCL	_____	_____	
.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	_____	_____	

NAC 432A		COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
	Unused bottles/food returned to parent	_____	_____	
.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	_____	_____	
.400	Discipline: positive guidance	_____	_____	
	Physical punishment/verbal abuse/threatening derogatory remarks not allowed	_____	_____	
.410	Director/staff report child abuse/neglect including Shaken baby, abusive head trauma, child maltreatment	_____	_____	
.412	Children/staff wash hands as required	_____	_____	
.414	Carpets cleaned quarterly/appear clean	_____	_____	
	Date of last Cleaning _____			
.416	Prohibited sleeping devices not used	_____	_____	
	Infants placed to sleep on backs	_____	_____	
	Sufficient lighting during nap time	_____	_____	
.430	Early Care and Education Program in use	_____	_____	
	Assessment tool in use at 90 days	_____	_____	
.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	Dedicated caregiver present for infant/toddlers	_____	_____	
.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:**_____