

INITIAL SURVEY CHECKLIST

FACILITY _____ TELEPHONE _____

ADDRESS _____ OWNER/DIRECTOR _____

TYPE OF FACILITY _____ NUMBER OF CHILDREN _____ AGES _____

Facility Type: Center Accommodation Family/Group Other _____

NAC 432A – Regulations and Standards for Child Care

	COMPLIANCE	NON-COMPLIANCE	<u>OBSERVATIONS</u>
.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 _____	_____	_____	
.250.3 Play area fenced	_____	_____	
Adequate Drainage	_____	_____	
Hazard free/Shade	_____	_____	
Resilient surface	_____	_____	
Safety barriers	_____	_____	
Vegetative matter safe	_____	_____	
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 Bureau	_____	_____	
.280.1 Emergency plan: fire/disaster/continuity of operations	_____	_____	
Plan for reunification of families	_____	_____	
Plan for reopening facility once deemed safe by officials	_____	_____	
.280.2 Emergency plan must include the following;	_____	_____	
Plan for evacuating facility, plan for Relocating children, transporting children, duties of Director and staff, relocation sites, plan for supervision Of children during emergency, manner in which staff And children accounted for, and method for contacting Emergency Personnel	_____	_____	
.280.3 Recorded monthly fire drills _____	_____	_____	
Quarterly/Natural Disaster plans _____	_____	_____	
.280.4 Shelter in place	_____	_____	
Plans for removing children	_____	_____	
Posted evacuation plan	_____	_____	
Accurate sign-in sheet/staff-children	_____	_____	
.280.6 Fire inspection/Date on file _____	_____	_____	
Certificate of Compliance issued _____	_____	_____	

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COMPLIANCE NON
COMPLIANCE

OBSERVATIONS

	Fire extinguisher tagged _____	_____	_____
.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	_____	_____
	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	Bureau 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 Bureau/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 bureau	_____	_____
	Communicable diseases reported to bureau	_____	_____
.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, Child Abuse & Neglect, SIDS,	_____	_____
	Shaken Baby and Abusive Head Trauma,	_____	_____
	Human Growth and Development or Positive Guidance,	_____	_____
	Administration of Medication, Building and Physical	_____	_____
	Premises Safety, Emergency Preparedness, Transportation	_____	_____
	All staff within 3 months/on file	_____	_____
.326.1	All staff 15/24 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	_____	_____

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	COMPLIANCE	NON-COMPLIANCE	OBSERVATIONS
.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/Bureau			
.3			
Statement includes: Provider's name, address, phone			
.4			
Bureau/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			
.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			

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	COMPLIANCE	NON-COMPLIANCE	OBSERVATIONS
.2	_____	_____	
.3	_____	_____	
.4	_____	_____	
.5	_____	_____	
.6	_____	_____	
.7	_____	_____	
.8	_____	_____	
.9	_____	_____	
.10	_____	_____	
	_____	_____	
.385.1	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
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.390.1	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
.390.2	_____	_____	
	_____	_____	
	_____	_____	
.3	_____	_____	
	_____	_____	
	_____	_____	
.4	_____	_____	
	_____	_____	
	_____	_____	
.5	_____	_____	
	_____	_____	
.6	_____	_____	
.7	_____	_____	
	_____	_____	
.400	_____	_____	
.410	_____	_____	
	_____	_____	
.411	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	

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	COMPLIANCE	NON-COMPLIANCE	OBSERVATIONS
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	_____	_____	
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	_____	_____	

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