

ANNUAL SURVEY CHECKLIST

FACILITY: _____ ADDRESS: _____

FACILITY TYPE: _____ OWNER/DIRECTOR/DESIGNEE PRESENT: _____

NUMBER OF STAFF PRESENT: _____ NUMBER OF CHILDREN PRESENT: _____

NAC 432A – Regulations and Standards for Child Care

	COMPLIANCE	NON-COMPLIANCE	<u>OBSERVATIONS</u>
.200.4 NABS Roster/Facility Files accurate	_____	_____	
FBI background checks w/in 24 hours of employment	_____	_____	
Renewal done every five years	_____	_____	
.210.2 License posted publicly	_____	_____	
.250.1 Changes to use of facility space	_____	_____	
.250.4 Play area fenced, safe & hazard free	_____	_____	
Adequate Shade	_____	_____	
Resilient surface	_____	_____	
.260.1 Sanitation inspection/Date in File _____	_____	_____	
Health Permit Expiration _____	_____	_____	
.260.2 Local inspections completed	_____	_____	
Certificate of Occupancy Issued _____	_____	_____	
State Business License Issued/Current _____	_____	_____	
Local Business License Issued/Current _____	_____	_____	
.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	_____	_____	
Last Fire Drill _____	_____	_____	
Quarterly natural disaster drill	_____	_____	
Last Disaster Drill _____	_____	_____	
Emergency plan reviewed quarterly	_____	_____	
.280.4 Shelter in place	_____	_____	
Plans for removing children	_____	_____	
Posted evacuation plan	_____	_____	
.280.5 Accurate sign-in sheet/staff-children	_____	_____	
.280.6 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 <input type="checkbox"/> N/A	_____	_____	

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COMPLIANCE NON
COMPLIANCE

OBSERVATIONS

	Driver's license	_____	_____
	Vehicle liability insurance _____	_____	_____
	Adequate supervision/child not left unattended	_____	_____
	Safe departing/boarding of children	_____	_____
.4	Appropriate staff ratio	_____	_____
	Child Restraint Law followed	_____	_____
.6	Transportation Log	_____	_____
.300.3	Bureau 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 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 or	_____	_____
	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	_____	_____
	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 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	Facility Statement on file and CCL notified of changes	_____	_____
.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	_____	_____

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NON
COMPLIANCE COMPLIANCE **OBSERVATIONS**

	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	_____	_____
.3	One person administers	_____	_____
.4	Maintained written record including:	_____	_____
	Name of medication administered		
	Name of child administered to		
	The date and time to be administered on a weekly basis		
.5	Discontinued destroyed or returned immediately	_____	_____
.378.1	Accidents/injury reports on file	_____	_____
.2	Communicable diseases on file & reported to Bureau	_____	_____
.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	_____	_____
	Adequate portions/quantities	_____	_____
.5	Sweet food/beverages minimum	_____	_____
.6	Menu posted	_____	_____
	Staff aware of current allergies		
	Response plan in place for allergies/choking		
.7	Bag lunches refrigerated	_____	_____
.8	Kitchen supervision	_____	_____
.9	Staff eats with children	_____	_____
.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	_____	_____

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NON
COMPLIANCE COMPLIANCE

OBSERVATIONS

.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	_____	_____
.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 Two step cleaning/disinfecting procedure Carpets professionally cleaned one time every three months _____	_____	_____
.415	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	_____	_____

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	COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
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 months	_____	_____	
.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	_____	_____	

COMMENTS:

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