

SEMI-ANNUAL SURVEY CHECKLIST

FACILITY _____ ADDRESS: _____

FACILITY TYPE _____ OWNER/DIRECTOR/DESIGNEE _____

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 within 24 hrs of employment	_____	_____	
Renewed upon expiration	_____	_____	
.210.2 License posted publicly	_____	_____	
.250.4 Play area hazard free	_____	_____	
.260.1 Facility clean, orderly	_____	_____	
.280.3 Recorded monthly fire drills	_____	_____	
Last Fire Drill _____			
Quarterly natural disaster drill	_____	_____	
Last Disaster Drill _____			
Emergency plan reviewed quarterly	_____	_____	
.280.4 Posted evacuation plan(s)	_____	_____	
.280.5 Accurate sign-in sheet/staff-children	_____	_____	
.280.6 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	_____	_____	
.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, 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			
.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	_____	_____	

NAC 432A

NON
COMPLIANCE COMPLIANCE

OBSERVATIONS

.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	_____	_____
	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	_____	_____

COMMENTS: