

**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	_____	_____	
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 _____	_____	_____	
State Business License Issued/Current _____	_____	_____	
Local Business License Issued/Current _____	_____	_____	
.270 Advertising not misleading	_____	_____	
Copy provided to Bureau	_____	_____	
.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	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 _____ 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 _____	_____	_____

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	COMPLIANCE	NON COMPLIANCE	OBSERVATIONS
.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)	_____	_____	
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	_____	_____	
.350.1 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	_____	_____	

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NON  
COMPLIANCE COMPLIANCE **OBSERVATIONS**

.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	_____	_____
.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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COMPLIANCE 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      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:**

CHILD NAME	Date Enrolled	AGE	DPT	Hep A	Hep B	Varicella	Streptococcus Pneumonias	Polio	MMR	HIB	Permission to Release	Health Statement	Emergency Medical	Admission	Transport	NRS 178	Assessment

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