

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 _____	_____	_____	
.250.4 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 _____	_____	_____	
Business License Issued/Current _____	_____	_____	
Special Use Permit Issued	_____	_____	
.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	_____	_____	

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COMPLIANCE NON
COMPLIANCE COMPLIANCE

OBSERVATIONS

.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 _____	_____	_____
	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 _____	_____	_____

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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 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	_____	_____	
.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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	COMPLIANCE	NON-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	_____	_____	
.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	_____	_____	
.2 Nutritional information obtained	_____	_____	
.3 Adequate portions/quantities	_____	_____	
.4 Sweet food/beverages minimum	_____	_____	
.5 Menu posted	_____	_____	
.6 Bag lunches refrigerated	_____	_____	
.7 Kitchen supervision	_____	_____	
.8 Staff eats with children	_____	_____	
.9 Drinking water accessible	_____	_____	
.10 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

_____	_____
_____	_____
_____	_____

NAC 432A

		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	_____	_____
	NRS 432B.220 Reporting agency	_____	_____
.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	_____	_____
Equipment durable and safe/cleaned daily	_____	_____

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		NON-	
	COMPLIANCE	COMPLIANCE	OBSERVATIONS
.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