

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 | _____ | _____ | |
| .280.1 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 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 | _____ | _____ | |

NAC 432A

| | 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) | _____ | _____ | |
| .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 | _____ | _____ | |
| .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 | _____ | _____ | |

NAC 432A

| | COMPLIANCE | NON COMPLIANCE | OBSERVATIONS |
|---|------------|----------------|--------------|
| .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: