REGULATIONS COMPLIANCE REVIEW
CHILD PLACING AGENCY LICENSING
Cover Sheet

Name of Agency	Executive Director	
Street Address	City, State, Zip Code	
Business Address (if different)	City, State, Zip Code	
Telephone Number	Business Telephone (if different)	
Date Application Received	Date Fee Received	Date(s) of Visit(s)
Alternative Compliance Requested ☐ Yes ☐ No Date:	Review Findings Issued ☐ Yes ☐ No Number of Pages:	
Central Registry Checks Completed ☐ Yes ☐ No Date:	Copy of Regulations Available ☐ Yes ☐ No	
Type of License ☐ Initial ☐ Renewal ☐ Change Type:		
Recommendation I ☐ Do ☐ Do Not Recommend Licensure of this Child Placing Agency		
Effective Dates of This License to	Expiration Date of Current License	

Executive Director's/ Administrator's Statement:

Initial and Renewal Licensure: Each of the regulations on this checklist was reviewed with me.

I certify that all information I provided to the Nebraska Department of Health and Human Services is, to the best of my knowledge, true and correct.

_____ _____
Date Executive Director/Administrator

_____ _____
Date Licensing Program Specialist

Evaluation Complete:

_____ _____
Date Licensing Program Specialist

DSS-0940 4/89

Regulation Compliance Review Child Placing Agencies

	Compliance	Non Compliance	Not Applicable	
6-009 Licensing Standards for Child Placing Agencies: Each applicant for a child placing agency license shall meet these licensing standards and the requirements in 474 NAC 6-005 to obtain a license. A license issued before these regulations become effective is valid until the time of license renewal.	☐	☐	☐	
6-009.01 Administration 6-009.01A Incorporation: Any agency engaging in child-placing activities in Nebraska shall - 1. Incorporate as required by Nebraska state statute. The purposes for which the agency is incorporated must be stated in its articles of incorporation; and	☐	☐	☐	
2. Develop a written statement of its functions, policies, and programs and provide it to the Department's licensing unit for approval.	☐	☐	☐	
6-009.01B Governing Board: The governing board shall: 1. Make all agency policies;	☐	☐	☐	
2. Arrange financing and provide general management of the agency;	☐	☐	☐	
3. Employ an executive director to assume administrative responsibility and authority to carry out agency policies and the day-to-day operations of the agency;	☐	☐	☐	
4. Authorize the executive director to hire and discharge employees directly responsible to him/her;	☐	☐	☐	
5. Authorize the executive director, program director, or designee, in writing; a. For adoption agencies, to accept temporary custody, accept relinquishments, plan for children, and consent to adoptions;	☐	☐	☐	
b. For agency-based foster care, to accept temporary placement and to plan for children;	☐	☐	☐	
6. Meet at least once a year and as often as necessary for the agency to function properly. Between meetings, the executive committee shall meet, as necessary, to transact business;	☐	☐	☐	
7. Keep a permanent record of the minutes and distribute copies to all board members;	☐	☐	☐	
8. Ensure that all local, state, and federal law and administrative rules and regulations are followed by the agency; and	☐	☐	☐	
9. Have Nebraska licensed legal counsel available for consultation.	☐	☐	☐	
6-009.01C Finances: The agency shall: 1. Have a sound financial program enabling it to carry out the functions shown in its articles of incorporation;	☐	☐	☐	
2. Operate on a budget approved by the governing board before the beginning of each fiscal year; and	☐	☐	☐	
3. Have all of its financial accounts reviewed by a certified accountant at least once a year.	☐	☐	☐	
6-009.01D Administrative Records and Reports: The agency shall maintain current and accurate records.	☐	☐	☐	
The executive or program director shall – 1. Compile and file with the governing board, a monthly written report of the agency's activities and current financial situation;	☐	☐	☐	
2. Supply information and special reports requested by the Department;	☐	☐	☐	
3. Inform the Department of any plans for major changes in services or facilities.	☐	☐	☐	
4. Ensure that staff employed by the agency follows all agency policies and procedures.	☐	☐	☐	

	Compliance	Non Compliance	Not Applicable	
6-009.02 Personnel: The agency shall - 1. Have a written statement of policies which is approved by and reviewed annually by the governing board and made available to all employees;	☐	☐	☐	
2. Maintain a file of job descriptions and qualifications for each full-time and each part-time position on the staff, including each volunteer position;	☐	☐	☐	
3. Maintain a personnel file for each full-time or part-time employee including an evaluation of staff performance;	☐	☐	☐	
4. Maintain a file on each volunteer and occasional cradle caregiver; and	☐	☐	☐	
5. Check the background of all employees, volunteers, and cradle caregivers age 13 or older who have contact with children before participation with the agency. The background check shall include contacting the HHS Central Register of Abuse and Neglect, the HHS Adult Protective Services Central Registry, the State Patrol Central Registry of Sex Offenders.	☐	☐	☐	
The agency shall employ no individual who has been convicted of, admitted to, or if there is substantial evidence of crimes involving intentional bodily harm, crimes against children, or crimes involving moral turpitude if these circumstances have current bearing on the applicant's provision of placement services. Agency staff shall not engage in or have a history of behavior injurious to or which may endanger the health or morals of the children in care.	☐	☐	☐	
All agencies will be given one year from the effective date of these regulations to come into compliance with the standards set for personnel qualifications, excluding requirements for the Executive Director. All agencies must meet applicable standards set forth by the Nebraska Department of Health and Human Services Regulations and Licensure regarding professional licensure.	☐	☐	☐	
6-009.02A Executive Director Qualifications: The agency executive director shall have two years of child welfare programming management experience.	☐	☐	☐	
6-009.02B Program Director Qualifications: The agency program director shall have - 1. A Master's degree in a human services field and one year of full-time equivalent experience in child welfare programming; **OR** A Bachelor's degree in a human services field and three years of full-time equivalent experience in child welfare programming.	☐	☐	☐	
6-009.02C Casework Supervision Qualifications: Casework supervisors shall have a Bachelor's degree and 2 years of full-time equivalent child welfare programming experience.	☐	☐	☐	
6-009.02D Caseworker Qualifications: Caseworkers shall have a Bachelor's degree in human services or a related field or five years of full-time equivalent experience in child welfare programming and a high school diploma or GED.	☐	☐	☐	
6-009.02E Training: All staff members, including volunteers (but excluding cradle care givers or volunteers who provide occasional services), who care for children shall obtain and document in writing: 1. Twenty-four clock hours of Department-approved pre-service training before assuming his or her duties unsupervised. Staff who are employed before the effective date of this regulation are exempt from this requirement;	☐	☐	☐	
2. At least 15 clock hours of Department-approved in-service training annually within the effective dates of the agency's license.	☐	☐	☐	

	Compliance	Non Compliance	Not Applicable	
Each training hour must be approved by the licensing specialist and specifically related to the skills necessary to care for children in need of out-of-home placement and/or adoption. Volunteers who provide occasional services and are supervised at all times are exempt from this requirement.	☐	☐	☐	
6-009.02E1 Activities Counted as Training: Each hour spent participating in any of the following types of child care-related activities counts toward pre-service and yearly in-service requirements:	☐	☐	☐	
1. Department-sponsored training;				
2. Workshops;	☐	☐	☐	
3. In-service training sponsored by professional organizations or educational institutions;	☐	☐	☐	
4. Department-approved reading material;	☐	☐	☐	
5. College courses;	☐	☐	☐	
6. Non-credit course work;	☐	☐	☐	
7. Adult education courses;	☐	☐	☐	
8. Videotaped material;	☐	☐	☐	
9. Audiotaped material;	☐	☐	☐	
10. Continuing education units (CEU's); and	☐	☐	☐	
11. Other Department-approved training.	☐	☐	☐	
Written documentation must be available for each of the listed types of training. All training must be approved by the Department's licensing unit.				
6-009.03 Intake: The agency shall:				v
1. Clearly define its method of providing an application and an intake process;	☐	☐	☐	
2. Provide an office and privacy for the interview;	☐	☐	☐	
3. Ensure that intake workers receive training in community resources and referral procedures;	☐	☐	☐	
4. Have available written information on all services offered by the agency.	☐	☐	☐	
6-009.04 Transportation Safety: The agency shall ensure that safety restraints are available and used for each child transported, in compliance with Neb. Rev. Stat. Sections 60-6,267, 60-6,268, and 71-1907. Restraints are not required for children transported by public transportation or school bus.	☐	☐	☐	
6-009.05 Confidentiality: The agency shall consider all records confidential and shall safeguard the information. All files in the office must be under single lock during office hours and double lock when the office is closed. The agency shall have policy and procedures:				
1. Addressing the training of employees, cradle care givers, and volunteers regarding confidentiality;	☐	☐	☐	
2. Regarding confidential files that are removed from the office and how they will be safeguarded.	☐	☐	☐	
6-009.06 Adoption Services				
6-009.06A Adoption Services to Biological /Birth Parents and Their Children: Each child placing agency shall provide services to both parents, unless the parent is physically unavailable or refuses services. The physical unavailability or refusal of services must be documented in writing. This requirement includes adoptive parents who decide to relinquish a child. These services shall include:				
1. A minimum of four hours, documented in writing, of face-to-face educational and support services to allow parents to make decisions regarding relinquishment prior to the relinquishment;	☐	☐	☐	

	Compliance	Non Compliance	Not Applicable	
2. Educational and support services to the parents in their own homes or communities from a Nebraska-licensed Child Placing Agency;	☐	☐	☐	
3. Stressing the need for medical care during a pregnancy;	☐	☐	☐	
4. Explaining to the parents what rights are terminated by relinquishment;	☐	☐	☐	
5. Information provided to the parents during the process of deciding on a plan and placement for their child. This must include information on parenting, extended family parenting, cradle care placement, social services, types of adoption, and the effects of adoption;	☐	☐	☐	
6. Cradle care available for temporary care while the biological/birth parent makes a decision regarding relinquishment or for a child who may need a temporary placement while awaiting an adoptive family;	☐	☐	☐	
7. Policy and procedure describing the available post placement educational and support services.	☐	☐	☐	
6-009.06B Records: Each agency shall have a central filing system. The agency shall maintain the following in each adoptive family's record: 1. An application including:	☐	☐	☐	
a. Family members' names, relationship to one another, education, and income;	☐	☐	☐	
b. Three personal references and current employment references;	☐	☐	☐	
c. Completed background checks on all members of the household age 13 or older. The background checks shall include contacting the HHS Central Register of Abuse and Neglect, the HHS Adult Protective Services Central Registry, the State Patrol Central Registry of Sex Offenders;	☐	☐	☐	
2. An adoption pre-placement home study, on agency letterhead, which includes- a. Two face-to-face visits not to be less than six hours;	☐	☐	☐	
b. A home visit - tour of the home, meeting all family members in the home, other persons living in the home, and a written description of the home,	☐	☐	☐	
c. Demographics - age, race, gender, occupation, religion, family cultural lifestyle, and education;	☐	☐	☐	
d. Family history, parenting philosophy, experience with children, techniques of discipline, motivation for wanting a child, social supports, leisure activities, legal history, financial history, and fertility history;	☐	☐	☐	
e. Medical and mental health information;	☐	☐	☐	
f. Recommendations on the approval status of the family and the type of child to be matched with the family;	☐	☐	☐	
3. Annual update of the home study to address status changes and including background checks, medical statements, and one face-to-face home visit;	☐	☐	☐	
4. Concise written information, signed by the adoptive parent, regarding the fees for services and how the fees are utilized;	☐	☐	☐	
5. A current copy of the other state agency's license when working on an adoption or home study with an agency that is located out of the State of Nebraska;	☐	☐	☐	

	Compliance	Non Compliance	Not Applicable	
6. At the time of the closure of an adoption Child Placing Agency license, the agency will make arrangements with a Nebraska licensed Child Placing Agency to allow access to all closed adoption files for the purpose of adoption searches and post adoption services. Both agencies must inform the Department's licensing unit in writing of the agreement.	☐	☐	☐	
Child's records must include basic intake information, medical and dental information, identifying information on where the child was placed, biological/birth parent medical and social history, relinquishments documentation, placement agreement, agency consent, adoption decree, and documentation of service delivery.	☐	☐	☐	
6-009.06C International Adoptions and Home Studies: Agencies providing international adoption services shall: 1. Document in writing specialized training that includes pre- and post-adoption services regarding international adoptions for both employees and adoptive parents; and	☐	☐	☐	
2. Have available written information concerning adoption procedures for each country that the agency works with regarding adoption.	☐	☐	☐	
6-009.06D Interstate Placements: The agency shall make interstate placements only in accordance with the laws and regulations of Nebraska and those of other states concerned with the placement.	☐	☐	☐	
6-009.06E Accepting Relinquishments and Making Placements: Agencies accepting relinquishments and placements shall: 1. Follow all requirements for adoption set forth by the Nebraska State Statutes;	☐	☐	☐	
2. Not allow a biological/birth parent to sign a relinquishment earlier than 48 hours after birth;	☐	☐	☐	
3. Accept relinquishments only from birth parents who are cognitively capable of signing a relinquishment; and	☐	☐	☐	
4. Provide to adoptive and biological/birth parents a set of all forms they individually signed regarding relinquishment and placement.	☐	☐	☐	
6-009.06F Preparation of Child : The worker shall prepare the children for placement by, appropriate to the child's age: 1. Discussing the reason for placement in terms the child may understand;	☐	☐	☐	
2. Providing opportunities for the child to become familiar with aspects of the new situation before placement;	☐	☐	☐	
3. Having a medical evaluation completed within 14 days of an initial foster care placement and annually thereafter. If there is no record of a previous exam one must be completed within 60 days of placement for a secondary foster care placement.	☐	☐	☐	
6-009.06G Post-Adoption Services: The agency will have policies and procedures regarding how the agency will provide post adoption services.	☐	☐	☐	
6-009.06H Supervision of Placement: The agency shall establish policy and procedure for the supervision of each child's case after placement in an adoptive home, which shall include two face to face visits with one visit in the home with the child present.	☐	☐	☐	
6-009.07 Foster Care Services 6-009.07A Foster Care Services to Biological Parents and Their Children: Each child placing agency providing foster care services shall: 1. Ensure any permanency plan for the child is observed; and	☐	☐	☐	
2. Provide basic orientation information to all parents.	☐	☐	☐	

	Compliance	Non Compliance	Not Applicable	
6-009.07B Records: Each agency shall have a central filing system. The agency shall maintain the following in each foster family's record: 1. Record that the foster home is licensed according to Department standards;	☐	☐	☐	
2. An application including: a. Family members' name, relationship to one another, education, and income;	☐	☐	☐	
b. Three references;	☐	☐	☐	
c. Completed background checks on all members of the household age 13 or older. The background checks shall include contacting the HHS Central Register of Abuse and Neglect, the HHS Adult Protective Services Central Registry and the State Patrol Central Registry of Sex Offenders;	☐	☐	☐	
3. A foster home study on agency letterhead that includes- a. One face to face visit;	☐	☐	☐	
b. A home visit consisting of a tour of the home, meeting all family members and persons living in the home, and a written description of the home;	☐	☐	☐	
c. Demographics – age, race, gender, occupation, religion, family cultural lifestyle, and education;	☐	☐	☐	
d. Family history, parenting philosophy, experience with children, techniques of discipline, motivation for wanting a child, social supports, leisure activities, legal history, and financial history;	☐	☐	☐	
e. Medical and mental health information updated every two years; and	☐	☐	☐	
f. Recommendation concerning the family.	☐	☐	☐	
4. Payment agreements between the foster parents and the agency; and	☐	☐	☐	
5. Rights and responsibilities of the foster parents and the agency.	☐	☐	☐	
Child's records must include: basic intake information; placement agreement; educational information; other services providers; medical; dental information; location of the child documentation of service delivery.	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
A personal item inventory must be kept listing all items the child brings to the placement; and	☐	☐	☐	
updated every time the child acquires a new item or loses or damages an item.	☐	☐	☐	
The inventory must be signed each time a new inventory is developed by the foster parent, child, and guardian, if possible. All items will be returned at the time the placement terminates.	☐	☐	☐	
6-009.07C Preparation of the Child: The worker shall prepare the child for placement by, appropriate to the child's age: 1. Discussing the reason for placement in terms the child may understand;.	☐	☐	☐	
2. Providing opportunities for the child to become familiar with aspects of the new situation before moving if possible; and	☐	☐	☐	
3. Having a medical evaluation completed within 14 days of an initial foster care placement and annually thereafter. If there is no record of a previous exam one must be completed within 60 days of placement for a secondary foster care placement.	☐	☐	☐	

	Compliance	Non Compliance	Not Applicable	
6-009.07D Orientation of the Biological Parents: Within 30 days of placing the child, the agency shall document in writing the following information and how it was presented to the child, parents, or guardian. For placements made by public agencies, this must be completed at the direction of the agency: 1. What effect the placement will have on the child;	☐	☐	☐	
2. The sharing of responsibility between the agency and the parents, which may include medical services, visitation, and agency contacts.	☐	☐	☐	
6-009.07E Services to Foster Parents: 6-009.07E1 Before the child is placed in the foster home, the agency shall give the foster parents all pertinent information in writing to aid their understanding of the child's personality and needs.	☐	☐	☐	
6-009.07E2 The case worker shall discuss with all those concerned the roles and responsibilities of the foster family and the child's own family. This must be documented in writing	☐	☐	☐	
6-009.07F Supervision of Placements: The agency shall establish policy for the supervision of each child's case after placement in a foster home. The supervision shall be documented in writing in the child's file.	☐	☐	☐	
6-009.08 Interstate Placements: The agency shall make Interstate Placements only in accordance with the laws and regulations of Nebraska and those of other states concerned with the placement.	☐	☐	☐	
6-003.21C Child Placing Agencies That License Their Own Foster Homes: Provide information regarding the agency's complaint investigation protocols.	☐	☐	☐	
6-009.09 Agency Located Outside of Nebraska: An agency located in and licensed by an adjacent state may be licensed to place children in Nebraska. The agency shall: 1. Submit a copy of its articles of incorporation, a copy of its license, and a written evaluation summary from its state's licensing consultant to the licensing agent;	☐	☐	☐	
2. File its articles of incorporation with Nebraska's Secretary of State;	☐	☐	☐	
3. Have an office in a state adjacent to Nebraska where all operations are conducted and the Executive Director is located;	☐	☐	☐	
4. Meet all requirements set forth in 474 NAC 6-009 for the licensing of a child placing agency in Nebraska.	☐	☐	☐	

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Regulations Compliance Review

Residential Child Caring Agency Cover Sheet

Name of Agency		Administrator	
Business Address		Zip Code	Business Telephone Number
Fax Number	E-Mail Address		CWIS Number
Date Application Received	Date Fee Received		Date(s) of Visit(s)
Date of Fire Approval		Date of Sanitation Approval	

Background Checks Completed by:

CR ☐ CWIS ☐ SOR ☐ DMV ☐ Criminal Records ☐

Alternative Compliance Requested:	Compliance Review Issued:	Copy of Regulations Available:
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Recommendations:

☐ Do Recommend ☐ Do Not Recommend Number of Youth _____ Minimum Age _____ Maximum Age _____

Effective Dates

to

Administrator's Statement:

Initial and Renewal Licensure Only: Each of the regulations on this checklist was reviewed with me.

I certify that all information I provided to the Nebraska Department of Health and Human Services is true, to the best of my knowledge.

Date _____ Administrator _____

Date _____ Child Care Services Inspection Specialist _____

Evaluation Complete:

Date _____ Administrator _____

Date _____ Child Care Services Inspection Specialist _____

Distribution: WHITE - Licensing, YELLOW - Provider

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Regulations Compliance Review

Residential Child Caring Agency

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain

Child Caring Agency: An organization incorporated to provide care for children in buildings maintained by the organization for that purpose.

6-008 Minimum Regulations for Child Caring Agencies: Each applicant for a child caring agency license shall meet these minimum regulations. All applicants for a child caring license after the effective date (11-83) shall meet these regulations to obtain a license. A license issued before these regulations became effective is valid until the time of license renewal.

6-008.01 Administration

6-008.01A Incorporation: Any agency engaging in child-caring activities in Nebraska shall:

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
1. Incorporate as required by state statutes. The purpose for which the agency is incorporated must be stated in its articles of incorporation; and.....	☐	☐		_____
2. Develop a written statement of its functions, policies, and programs.....	☐	☐		_____

6-008.01B Governing Board: The Child Caring Agency shall have a governing board (Board of Directors) which conforms to the law concerning boards of incorporated bodies.

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
1. The Board must be representative of the agency's constituency.	☐	☐		_____
2. The Board shall meet at least once a year and as often as necessary for the agency to function properly. Official minutes of board meetings must be kept permanently.....	☐	☐		_____
3. The Board shall employ an executive who	☐	☐		_____ Name of Executive
1. Assumes responsibility for carrying out policies set by the board:				
2. Does not serve as a voting member of the board: and				
3. Has the authority to hire and discharge employees directly responsible to the executive.				
4. The Board shall ensure that all local, state, and federal laws and administrative rules and regulations are followed by the agency	☐	☐		_____

6-008.01C Finances: The agency shall:

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
1. Have a sound financial program enabling it to carry out the functions shown in its articles of incorporation.....	☐	☐		_____
2. Operate on a budget approved by the governing board before the beginning of each fiscal year; and	☐	☐		_____
3. Have all of its financial accounts reviewed by a certified accountant at least once a year.....	☐	☐		

6-008.01D Administrative Records and Reports: The agency shall maintain current, accurate records and include the location of each child under care.

The executive shall:

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
1. Compile and file with the governing board, a monthly written report of the agency's activities and current financial situation.....	☐	☐		_____
2. Supply information and special reports requested by NDHHS; and.....	☐	☐		_____
3. Inform the department of any plans for major changes in services or facilities.	☐	☐		_____

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Regulations Compliance Review

Residential Child Caring Agency

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
6-008.02 Personnel: The agency shall:				
1. Have a written statement of policies which is approved and reviewed annually by the governing board (this statement must be available to all employees);.	☐	☐		_____
2. Maintain a file of job descriptions and qualifications for each full-time and each part-time position on the staff, including each volunteer position; and.....	☐	☐		_____
3. Maintain a personnel file for each full-time or part-time employee including an evaluation of staff performance and any information regarding disciplinary actions.....	☐	☐		
4. Maintain a file on each volunteer.....	☐	☐		_____
5. Assure that all employees and volunteers who have contact with youth have Central Register checks, Adult Protective Register check, and Sexual Offenders Registry checks before participation with the agency.....	☐	☐		_____
Attach names of employees and dates of their background checks.				
6-008.02A Staff Qualifications: All staff members shall have good character, emotional stability, and sufficient ability and education to perform their assigned duties. The agency shall employ no individual who has been convicted of, admitted to, or if there is substantial evidence of crimes involving intentional bodily harm, crimes against children, or crimes involving moral turpitude if these circumstances have current bearing on the applicant's provision of care. Center Staff shall not engage in or have a history of behavior injurious to or which may endanger the health or morals of the children in care.....	☐	☐		_____
Staff who provide medical, dental, or nursing care shall meet the qualifications of the State Board of Examiners. Teachers shall hold Nebraska certificates. Child Caring Agency workers must have a high school diploma or its equivalent.....	☐	☐		_____
1. All staff working directly with children must pass a medical examination before employment and every two years thereafter.....	☐	☐		_____
6-008.02B Staff Ratio: The applicant/licensee shall employ at least one full-time staff member for every six children under care. The licensee shall ensure at least one employed staff member is on duty for every twelve youth during overnight hours. The agency shall:				
1. Consider only the staff directly responsible for children when determining the ratio of staff members to children under care; and.....	☐	☐		_____
2. Maintain sufficient staff to ensure that those caring for children do not become over fatigued.....	☐	☐		_____
3. Assure that all youth are supervised.....	☐	☐		_____
6-008.02C Training: Each staff member, including volunteers, who provide direct care of children shall obtain:				
1. Twenty-four clock hours of NDHHS approved pre-service training before assuming his or her duties. Staff who are employed before the effective date of this regulation are exempt from this requirement; and.....	☐	☐		_____
2. At least 15 clock hours of NDHHS approved in-service training annually within the effective dates of the agency's license.....	☐	☐		_____

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
Each training hour must be approved by the licensing specialist and must be directly related to the skills necessary to care for children in out-of-home placement.				
6-008.02D Activities counted as training: Each hour spent participating in any of the following types of child care-related activities counts toward pre-service and yearly in-service requirements	☐	☐		
6-008.03 Facility:				
The agency shall ensure that the following regulations are met:				
1. Two types of care must not be offered at the same time in the same facility if there is conflict with the best interest of the children, the use of staff, or the use of the facility	☐	☐	☐	
2. Grounds must be clean, neat, hazard free, and planned to meet the recreational needs of the children	☐	☐		
3. In structure and maintenance, all buildings must meet state and local standards for fire protection, health, sanitation, and zoning	☐	☐		
4. Rooms must be provided to allow privacy for interviewing a child or parents and for a child to visit relatives or guests	☐	☐		
5. When a school is maintained on the grounds, the school buildings and equipment must meet the requirements or the Nebraska Department of Education	☐	☐	☐	
6. Each cottage or building in which children live must have room for recreation, leisure time use, and study	☐	☐		
7. The kitchen(s) must have sufficient storage space and equipment for the efficient preparation of food; for storage of food and utensils; and for dishwashing	☐	☐		
8. Sleeping rooms must: Attach Diagram at initial Licensure or if modifications occur	☐	☐		
a. provide a pleasant restful atmosphere conducive to uninterrupted sleep and privacy;				
b. contain a separate bed and bedding for each child	☐	☐		
c. contain at least 80 square feet of usable floor space for a private room and 60 square per individual if the room is shared by two or more children (shared bedrooms for emergency shelter care must contain at least 40 square feet per individual); and	☐	☐	☐	
d. Have ceilings at least seven feet six inches high	☐	☐	☐	
9. Adequate living quarters must be provided for live in staff, including bathing and toilet facilities separate from those used by the children.	☐	☐	☐	
10. In new construction, one lavatory, one toilet, and one tub or shower must be provided for every six children. Privacy must be provided	☐	☐	☐	
6-008.04 Admissions: The agency shall follow these admissions practices:				
1. Develop and have written admissions policies and procedures;	☐	☐		
2. Determine and document who holds legal custody of the child at or before admission	☐	☐		
3 Obtain a written agreement for admission and care, signed by both the person placing the child and the staff person admitting the child. The agreement must include the parent's/ guardian's permission for the child to be given medical or dental care and necessary surgery	☐	☐		

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
4. Provide care only for children under the age of majority	☐	☐		
5. Assess staff capacities, the facility, and the community to determine what services it can offer to children. Acceptance of the placement of a child must be based on this assessment and not on the race, color, national origin, or handicap of the child; and	☐	☐		
6. If the Interstate Compact applies, require approval for admission before admission	☐	☐	☐	
6-008.05 Case Reviews: The agency shall review each child's care plan:				
1. Within 30 days after the placement; and	☐	☐		
2. At least quarterly, thereafter	☐	☐		
6-008.06 Health and Safety Requirements: The agency shall ensure that:				
1. Each child recieves a medical and dental exam within 14 days of initial placement	☐	☐	☐	
2. Each child receives a complete medical and dental exam within 60 days of admission (unless the agency has records from an exam completed within the past 12 months)	☐	☐	☐	
3. Each child has regular physical and dental exams (The recommended schedule is annual physical exams through age six and exams at one to two year intervals thereafter, depending on the child's health status. Annual dental exams are recommended for children three and older, earlier if a dental problem arises.)	☐	☐		
4. Complete medical and dental records are maintained for each child and that the location of the child's medical history is noted in the child's program file;	☐	☐		
5. It has access to routine medical care and emergency medical care on a 24 hour a day, 7 days a week basis; and	☐	☐		
6. All reasonable precautions are taken to avoid accidents to residents and staff. This includes observing all safety rules in regard to swimming, transportation, and equipment	☐	☐		
6-008.06A Transportation Safety: The agency shall ensure that safety restraints are available and used for each child transported, in compliance with Neb. Rev. Stat. Sections 60-6, 268 and 71-1907. Restraints are not required for children transported by public transportation or school bus	☐	☐		
6-008.06B Fire Safety: Each Child Caring Agency shall meet all fire regulations set by the State Fire Marshal's Office for operating and design of "child caring agency-institution."	☐	☐		
6-008.07 Personal Hygiene: Agency staff shall provide instruction to children in care regarding routine health and hygiene practices such as bathing, and proper sleep and eating habits	☐	☐		
6-008.08 Food and Nutrition: The agency shall ensure that:				
1. Each child is provided with a daily balanced diet containing all basic foods in amounts necessary for good health; and	☐	☐		

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
2. Diets for children with special health problems are prescribed by a physician and carefully observed	☐	☐	☐	
6-008.09 Clothing: The agency shall ensure that:				
1. A record is kept of the clothing and personal articles a child brings to the institution at admission; and	☐	☐		
2. The inventory is updated every time the child aquires new items or items are damaged or lost, which includes the staff, guardian and child's signature, if possible	☐	☐		
3. Each child has sufficient clothing	☐	☐		
4. All items are returned at the time of discharge	☐	☐		
6-008.10 Discipline, Seclusion Rooms and Physical Restraint:				
The Agency shall	☐	☐		
1. Use a HHS approved physical restraint model;				
2. Have written policies and procedures governing the use of physical restraint and room seclusion;				
3. Obtain informed consent from the childs legal guardian acknowledging; the Agency's us of restraint/seclusion;				
4. Convene a treatment team meeting within 24-hours of a restraint/seclusion;				
5. Complete a incident report;				
6. Complete a internal system review.				
6-008.10B Discipline: Each agency shall develop written policies regarding discipline. Policies shall require that the behavioral conditions for removal of disciplinary restrictions be specified each time that restraint or seclusion is imposed and provide that the child is notified, in terms they understand, of the criteria to be met before restraint or seclusion can end. Agency staff shall:				
1. Use discipline only as a learning process in which certain specified consequences are the result or unacceptable behavior; and	☐	☐		
2. Never use the following as discipline a. Physical punishment or abuse; b. Denial of necessities; c. Chemical or mechanical restraints; or d, Derogatory remarks, abusive or profane language, yelling or screaming, coercion, or threats of physical punishment.	☐	☐		
6-008.11 Opportunity for Instruction: The agency shall encourage the use of the following opportunities which it must provide to the children under care:				
1. Academic and vocational education. Each child must be provided with opportunities for education in accordance with Nebraska statutes and his/her abilities. If the school is maintained by the institution, it must meet approval standards set for public schools. In the case of exceptional or handicapped children, the institution shall make appropriate use of all available facilities...	☐	☐		
2. Use of library. Library facilities, either in the institution or in the community, must be accessible to the children	☐	☐		
3. Money management training (i.e. budgeting and making wise purchases), according to each child's ability	☐	☐		

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
4. Religious instruction, according to each child's own faith or that of his/her parents	☐	☐		
5. Recreation. The agency shall provide sufficient time, space, and equipment for indoor and out door recreation	☐	☐		_____
6. Community contacts. Each child must have the opportunity to participate in community activities appropriate to his/her age, cultural heritage, and interests	☐	☐		
6-008.12 Service Plan Goals: Agency staff shall discuss service plan goals, responsibilities, and privileges with the child's relatives or guardian and the child. If services are provided to parents, the agency shall set policies to preserve the parent-child relationship and to maintain the parental role as fully as possible	☐	☐		_____
6.008.13 Termination: The agency shall develop written termination policies and procedures including	☐	☐		_____
1. Reason for termination;				
2. The staff positions responsible for deciding to terminate a placement; and				
3. The process used in terminating a placement.				
A child's record must include a written description of termination, reason for termination, post-termination placement, and legal status. The agency shall inform the agency that originally placed the child of the placement termination	☐	☐		_____
6-008.14 Records: The agency shall maintain and update the following information on each child	☐	☐		_____
1. Full name of the child;				
2. Name, address, and phone number of the child's physician;				
3. Name, address, and phone number of the person or agency holding custody of the child;				
4. Past (if available) and current immunizations;				
5. Significant health problems (if available);				
6. Emergency medical treatment;				
7. List of persons to whom the child may have telephone or personal contact or overnight or attended visits; and				
8. A comprehensive record of his/her development while in the institution.				
The agency shall consider all records confidential and shall safeguard the information from use which may harm the child. Records may be summarized of children no longer under care provided that identifying information is not released	☐	☐		
6-008.14 Emergency Shelter Care: Shelter staff shall follow these general admissions guidelines	☐	☐	☐	_____
1. On admission, shelter staff shall start a case record that identifies the child and his/her immediate needs	☐	☐		_____
2. The following information must be obtained at admission or as soon as possible after admission	☐	☐		_____
a. The child's identity;				
b. The name(s) and address(es) of the child's parent(s), guardian, or conservator;				
c. The child's allergy to any medication or food.				

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
3. During admission the following information must be obtained when possible:	☐	☐		
a. The child's immediate needs;				
b. The name of the referral source (e.g. placing agency or individual);				
c. The date and time of placement;				
d. The reason for the emergency placement:				
e. The intake worker's observation of the child's condition;				
f. The child's understanding of emergency shelter care; and				
g. The child's feelings about the crisis situation and shelter care.				
4. The shelter's policies and procedures must document which staff reviews admission information and makes admissions	☐	☐		
5. When a child is admitted, shelter staff try to contact the child's parent(s) or guardian within 24 hours if they are unaware of the placement. If the parent(s) or guardian cannot be contacted, shelter staff shall inform a public agency (child welfare, juvenile probation, or police department) of the child's presence. Efforts to contact the parent(s) or guardian and contacts with public agencies must be documented in the child's case record	☐	☐		
6. The emergency shelter shall provide orientation for new children	☐	☐		

6-008.17 Sanitation Regulations: (Completed by State Sanitarian or Delegated Authority)

6-008.17A Construction: The agency shall ensure that:

1. The walls, floors, and ceilings of all rooms are easily cleaned, washed, or painted, and are kept clean in good repair
2. The construction and maintenance of all buildings prevents the entrance and harborage of any insects or rodents; and
3. The premises of all institutions are kept neat and clean and free from barny ard animals and poultry

6-008.17B Heating: The agency shall ensure that heating is maintained at least 65 degrees Fahrenheit during cold weather. Night time temperatures must not be less that 60 degrees Fahrenheit

6-008.17C Toilet facilities: Every institution shall provide conveniently located toilet facilities at a ratio of one toilet to six children. In institutions hereafter constructed, toilet rooms must not open directly into a room in which food, drink, or utensils are handled or stored. Toilet rooms must be kept clean, in good repair, well lighted, and well ventilated, toilets must be fully enclosed. Toilet facilities must be on the same floor as the children's sleeping rooms

6-008.17D Lavatory Facilities: The institution shall provide hand-washing facilities at a ratio of not less than one lavatory to each toilet. Hot and cold running water, soap, individual towels, and wash cloths must be provided

6-008.17E Water: The licensee shall ensure that:

1. The water supply is obtained from a source which is properly located, constructed, and operated to protect it form contamination and pollution;
2. Water meets the current standards of the Nebraska Department of Health and Human Services Regulation and Licensure as to bacteriological, chemical, and physical tests for purity;
3. Water is tested annually for bacteria;

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
4. Water is tested annually for nitrates if from a private well and there are children in care age one or younger;				
5. The water heater has a pressure release valve;				
6. Adequate water heating facilities are provided so that a sufficient amount of hot water for general cleaning and washing and sanitizing utensils is available at proper temperature; and				
7. Drinking water is provided by sanitary drinking fountains or individual cups; the use of common drinking containers is prohibited.				
6-008.17F Plumbing: The institution shall not install nor permit to exist any plumbing fixture or other device which provides a connection between a drinking water supply and a drainage, soil, waste, or sewer pipe so as to make possible the back flow or sewage or waste into the water supply system. Water that has been used for cooking or for any other purposes must not be returned to the system. All pipes and fixtures must be kept clean and in good repair. All plumbing must comply with local and or state plumbing ordinances and codes. Where no plumbing code is in effect, plumbing must conform to the National Plumbing Code USA A 40.8-1955				_____
6-008.17G Ventilation: The agency shall ensure that				_____
1. Dormitory and play areas have window area equal to not less than one-tenth of the floor area, which can be opened for ventilation; and				
2. Kitchen, bathrooms, and services rooms are so located and ventilated, by window or mechanical means through a vent leading directly to the outside, that offensive odors will prevented from entering children's rooms and hallways.				
6-008.17H Sewage Disposal: Sewage must be discharged into a municipal sewage system where such a system is available; otherwise, the sewage disposal must comply with regulations set by the Nebraska Department of Health and Human Services				_____
6-008.17I Garbage and Refuse Storage and Disposal: All garbage and refuse must be collected, stored, and disposed of in a manner that will not create a nuisance, or provide a breeding place for flies or harborage for rats. All containers for garbage and refuse must be water-tight, have tight fitting covers, and be fly and rodent proof. Garbage containers must be kept clean				_____
6-008.17J Lighting: The institution shall ensure that				_____
1. Each sleeping room is an outside room with a satisfactory amount of natural light.				
2. The window area for new applications equals not less than one-tenth of the floor area.				
3. Every room, including storerooms, hallways, stairways, inclines, ramps, and entrances are adequately lighted;				
4. Lighting fixtures are selected and located with a view to the comfort and safety of residents and personnel; and				
5. All service rooms, working centers, and medicine cabinets, are adequately lighted.				
6-008.17K Food Services: All aspects of food service sanitation must comply with Part IV of the Food Service Sanitation Manual, 1976, Recommendation of the U. S. Public Health Services.....	☐	☐		_____

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Regulations Compliance Review

Residential Child Caring Agency

	Compliance	Non-Compliance	Not Applicable	Notes and Observations If Not Applicable, Explain
6-008.17J Lighting: The institution shall ensure that				
1. Each sleeping room is an outside room with a satisfactory amount of natural light.				
2. The window area for new applications equals not less than one-tenth of the floor area.				
3. Every room, including storerooms, hallways, stairways, inclines, ramps, and entrances are adequately lighted;				
4. Lighting fixtures are selected and located with a view to the comfort and safety of residents and personnel; and				
5. All service rooms, working centers, and medicine cabinets, are adequately lighted.				
6-008.17K Food Services: All aspects of food service sanitation must comply with Part IV of the Food Service Sanitation Manual, 1976, Recommendation of the U. S. Public Health Services.....	☐	☐		
Directors Interview:				
1. The agency will supply reports and information to Heatlh and Human Services	☐	☐		
2. The agency will inform Health and Human Services Lincensing of major plans in its services or facilities.....	☐	☐		
3. The director acknowledges the agency has completed background checks on employees (including the director) and no employee is a risk to youth.....	☐	☐		
4. The structure meets all zoning requirements	☐	☐		
5. Acceptance of a youth for placement is not based on race, color, national origin, religion, or handicap of the youth	☐	☐		
6. The agency will share treatment goals with the youth, parents and gaurdians.	☐	☐		
7. Emergency Shelter Staff and Wilderness Challenge Program Staff provide orientation to new youth	☐	☐		
8. Personnel policies are available to all employees.....	☐	☐		
9. Policies and procedures are available to all employees.....	☐	☐		

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
Credentialing Division
P. O. Box 94986
Lincoln, NE 68509-4986

NOTICE OF INSPECTION OF CONTROLLED PREMISES

Pharmacy License:_#_____

Name of Registrant:_____

Title:_____

Name of Controlled Premises:_____

DEA Registration Number:_____

Street Address:_____

City, State, Zip:_____

Date:_____ Time of Inspection:_____

ACKNOWLEDGMENT

I, _____, have been advised by Dean Willson, RP, Department of Health and Human Services Regulation and Licensure, Credentialing Division, who has identified himself to me with his credentials and presented me with this Notice of Inspection referencing Sections 28-411 and 28-428 of the Controlled Substances Act*, authorizing an inspection of the above-described controlled premises.
I hereby certify that I am a staff pharmacist for the premises described in this Notice of Inspection; that I have read the referenced materials and understand their contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

_____ _____
(Signature) (Date)

_____ _____
(Witness Signature) (Date)

Controlled Substances Accountability Audit Checklist

COMPUTATION CHART

Firm Name:_____ Health/Pharmacy Inspector: Choose an item.
DEA #_____ Date:_____
Basis for Inspection:____----------_ Software:_____ Rx's per day:_____

The table below shows the results of a random controlled substance audit. The length of the audit was approximately 6 months. The staff was very accommodating and all requested records were on site within 48 hours in an acceptable format.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Name & Strength of Drug	**Initial Inventory** --------	**Total Purchased**	**Total Accountable for: (Col 2 + Col 3)**	**Closing Inventory** ----------	**Total Sales: Prescriptions, Returns, Destroyed**	**Total Accounted for: (Col 5 + Col 6)**	**Difference Over = (+) Short = (-) (Col 7 - Col 4)**	**Percent Difference**
								%
								%
								%
								%
								%
								%
								%
								%
								%
								%

(+) means short on acquisition, (-) means short on dispensing, returns, destruction

Form version. 1-18-13

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
Credentialing Division
P. O. Box 94986
Lincoln, NE 68509-4986

NOTICE OF INSPECTION OF CONTROLLED PREMISES

Pharmacy License:_#_____

Name of Registrant:_____

Title:_____

Name of Controlled Premises:_____

DEA Registration Number:_____

Street Address:_____

City, State, Zip:_____

Date:_____ Time of Inspection:_____

ACKNOWLEDGMENT

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_____ _____
(Signature) (Date)

_____ _____
(Witness Signature) (Date)

Controlled Substances Accountability Audit Checklist

COMPUTATION CHART

Firm Name:_____ Health/Pharmacy Inspector: Choose an item.
DEA #_____ Date:_____
Basis for Inspection:____----------_ Software:_____ Rx's per day:_____

The table below shows the results of a random controlled substance audit. The length of the audit was approximately 6.5 months. The staff was very accommodating and all requested records were on site within 48 hours in an acceptable format.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Name & Strength of Drug	**Initial Inventory** **--------**	**Total Purchased**	**Total Accountable for: (Col 2 + Col 3)**	**Closing Inventory** **----------**	**Total Sales: Prescriptions, Returns, Destroyed**	**Total Accounted for: (Col 5 + Col 6)**	**Difference Over = (+) Short = (-) (Col 7 - Col 4)**	**Percent Difference**
								%
								%
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								%
								%
								%
								%

(+) means short on acquisition, (-) means short on dispensing, returns, destruction

Form version. 1-18-13

DHHS, Licensure Unit

BED COUNT FORM

FACILITY	LOCATION	LICENSED CAPACITY	DATE

WING/FLOOR	CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPED	REMARKS:

Instructions:

1. **When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.**
2. **For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. DO NOT INCLUDE labor room beds if used exclusively for that purpose.**
3. **Explain any over capacity, citing bed location.**

ASSISTED-LIVING FACILITY COMPLIANCE INSPECTION INFORMATION REQUEST

If available, a room or place for surveyor(s) to work would be greatly appreciated. Please provide the following items as soon as possible:

_____ 1. Copy of current staffing schedule and staffing schedules as worked for past 2 weeks.

_____ 2. Copy of all current residents with room numbers. On this list, please denote:

A. All interviewable residents
B. All residents who are self-administering medications
C. All residents with potential nutrition problems (e.g. weight loss, consistent refusal of food and/or fluids)
D. All residents with skin breakdown or pressure sores
E. All residents with unstable conditions or special needs
F. All residents receiving treatments (e.g. wound care, colostomy care, respiratory care, etc.)
G. All residents receiving services from outside agencies
H. Facility census today is _____.

_____ 3. Incident/accident review and medication error reports: Please supply information from past 6 months.

_____ 4. Complaints/grievances for the past year, include disposition.

_____ 5. Copy of current Resident Service Agreement Form and admission packet.

_____ 6. Copy of all employees with hire dates and professional license numbers (if applicable) and indicate medication aides.

_____ 7. Personnel files for Administrator and currently employed staff in the facility as requested by surveyor(s). (Pull all medication aide files)

_____ 8. Inservice training records for past year including training to meet special population needs.

_____ 9. Copy of activity calendar for the past 2 months (including current), if available.

_____10. Copies of planned menus for days of the survey including regular and special diets.

_____11. Menus as served for past 2 weeks. Meal times: B____L____D____

_____12. Copy of facility layout with room numbers, if available.

_____13. Facility policies and procedures regarding medication administration and provision.
Medication pass times by unit. _____ _____ _____ _____

_____14. Procedure for obtaining resident list of drugs, devices, biologicals and supplements.

_____15. Documentation verifying RN responsible for review of medication administration policies and procedures and training of medication aides.

_____16. Consumer satisfaction measurement process and most recent results.

_____17. Disaster preparedness plans: fire, natural disaster, hazardous materials,
facilities alternate sources for potable water, medicine, supplies, and shelter.

_____18.
A. Written duties and responsibilities of the administrator
B. Procedures for reporting abuse, neglect and exploitation
C. Policies and procedures regarding health status of staff
D. Grievance procedures
E. If applicable, procedures for facility owned pet
F. CLIA certificate, if applicable

Thank you for your time and assistance. 04/09

ASSISTED LIVING FACILITY COMPLIANCE INSPECTION RECORD KEEPING REQUIREMENTS (4-006.12; 4-006.12A)

FACILITY NAME:	SURVEYOR NAME:
ADDRESS:	DATE:
RESIDENT NAME:	IDENTIFIER #:
#3 Date of Birth Age	#3 Male ☐ Female ☐
#1 Admission date:	Record established w/in 5 working days of admission? ☐ Yes ☐ No
#10 Emergency Contact:	
#11 Designated Physician and/or RN:	
#12 Advance Directives (if applicable):	

4-006.12A1#13
Monthly Documentation
ADL's Assist Personal Care Health Maintenance Activities

4-006.10B #1, 2
Admit Weight: Height: Weight-Quarterly (if applicable):
4-006.12A1#7 Special diet order
4-006.12A1#8 ALLERGIES:
4-006.09B1c Adverse medication reactions and medication errors were recorded
4-006.12A1#7 SIGNIFICANT MEDICATIONS:
4-006.12A1#5 SIGNIFICANT PHYSICIAN ORDERS

4-006.09A If resident Self-Administers meds, there is evidence that they are cognitively capable to do so.
4-006.09A1 There is evidence that the facility has counseled resident/designee when facility determines self-administration would result in adverse consequences.
4-006.12A1 #9 UNUSUAL EVENT/OCCURENCES
4-006.11A1 #6 Emergency care was provided for all major resident illnesses, injuries or life threatening situations.

4-006.06A RESIDENT SERVICE AGREEMENT INCLUDES:

- ☐ Services to be provided by whom, when, how often
- ☐ Rights/Responsibilities of facility and resident
- ☐ Costs of Services and terms of payment
- ☐ Terms and conditions of continued residency
- ☐ Agreement updated within 1 month of changes in resident

☐ 4-006.12A1 Medical Record entries are dated, legible, indelibly verified 75% of the time
☐ 4-006.12A3 Medical Record storage assures confidentiality
☐ 4-006.12A2 Resident records are retained 2 years from date of discharge.

Comments:

Nebraska Department of Health and Human Services
Division of Public Health - Licensure Unit
P O Box 94986
Lincoln, NE 68509-4986

TYPE OF INSPECTION
☐ Random Selection
☐ Focused Selection
☐ Complaint Investigation
☐ Re-inspection

ASSISTED-LIVING FACILITY

COMPLIANCE INSPECTION REPORT CHECKLIST

Facility **Administrator**
Address **Inspection Date(s)**
City, Zip Code Surveyor(s)
Licensed Beds **Facility Census**

		Met	Not Met	Not Applicable	Comments
4-006.01	Licensee Responsibilities	☐	☐	☐	
4-006.02	Administration	☐	☐	☐	
4-006.02 A, B, D & E	Administrator Initial & Ongoing Training	☐	☐	☐	
4-006.03	Staff Requirements	☐	☐	☐	
4-006.03A3	Health Status	☐	☐	☐	
4-006.03B 4-006.03C	Direct Care Staff Training Staffing Resources	☐	☐	☐	
4-006.03C2	Registered Nurse	☐	☐	☐	
4-006.04	Resident Rights	☐	☐	☐	
4-006.04A	Grievances	☐	☐	☐	
4-006.05	Consumer Satisfaction/Improvement	☐	☐	☐	
4-006.06	Resident Service Agreements	☐	☐	☐	
4-006.07 4-006.07A1	Admission & Retention Requirements Eligibility Criteria	☐	☐	☐	
4-006.08	Activities	☐	☐	☐	
4-006.09 4-006.09B 4-006.09B1b	Provision of Medication Administration of Medications Licensed Health Care Professional	☐	☐	☐	
4-006.09A 4-006.09B1a	Self-Administration of Medications Self-Administration of Medication	☐	☐	☐	
4-006.09B1c	Provision of Medication by persons other than a Licensed Health Care Professional	☐	☐	☐	
4-006.09C	Handling of Medications	☐	☐	☐	

Facility Name: Click here to enter text.

	Met	Not Met	Not Applicable	Comments
4-006.09D Medication Record 4-006.09D1 Individual Medication Administration Record	☐	☐	☐	
4-006.09E Storage	☐	☐	☐	
4-006.09F Disposal of Medications	☐	☐	☐	
4-006.10 Food Service 4-006.10A Menus	☐	☐	☐	
4-006.10B Nutritional Supervision	☐	☐	☐	
4-006.10C Food Safety 4-007.01A Dietary	☐	☐	☐	
4-006.11 Resident Care 4-006.11A Physical well-being of the resident	☐	☐	☐	
4-006.11A2 Behavioral/Emotional well-being of the Resident	☐	☐	☐	
4-006.11A3 Resident/Designee Agrees	☐	☐	☐	
4-006.11B Health Maintenance Activities in Conformance with Nurse Practice Act	☐	☐	☐	
4-006.11C Other Supportive Services	☐	☐	☐	
4-006.11D Special Populations Services	☐	☐	☐	
4-006.11E Requirements for Facilities or Special Care Units for Persons with Alzheimer's Disease or Dementia	☐	☐	☐	
4-006.12 Record Keeping Requirements 4-006.12A Resident Records	☐	☐	☐	
4-006.13 Environmental Services 4-006.13A Housekeeping and Maintenance	☐	☐	☐	
4-006.13B Equipment, Fixtures, Furnishings	☐	☐	☐	
4-006.13C Laundry Services 4-007.01B2b Laundry	☐	☐	☐	
4-006.13D Pets	☐	☐	☐	
4-006.13E Environmental Safety	☐	☐	☐	
4-006.13F Disaster Preparedness & Management	☐	☐	☐	
4-007 Physical Plant Standards	☐	☐	☐	

Additional Comments:

This report is a preliminary report of the inspection findings. A final report will be forwarded at a later date.

☐ **IN COMPLIANCE** ☐ **NOT IN COMPLIANCE**

Surveyor Signature	**Date**	**Facility Representative**	**Date**
Surveyor Signature	**Date**		

ALF EXIT CONFERENCE ATTENDANCE

Facility:		Date:
Location:		
Name	Title	Department

ASSISTED-LIVING FACILITY INITIAL INSPECTION CHECKLIST

Please prepare the following information for the Initial Inspection:

☐**1. Duties and Responsibilities of the Administrator are written. (4-006.01#4)**

☐**2. Evidence of meeting 30-hour initial training requirements for Administrator. (4-006.02A)**

☐**3. Procedures for reporting evidence of abuse, neglect, or exploitation. (4-006.02 Item 8)**

☐**4. Content of Direct Care Staff Orientation. (4-006.03B1)**

☐**5. Evidence (contractor job description) of Registered Nurse employed. (4-006.03C2)**

☐**6. Method for obtaining Criminal Background Checks (4-006.03A1), Adult Protective Services Central Registry, Central Register of Child Protection Cases, Nebraska State patrol Sex Offender Registry and Nurse Aide Registry Checks. (4-006.03A2)**

☐**7. Health History Screening Forms.(4-006.03A3a)**

☐**8. Resident Rights in written format.(4-006.04)**

☐**9. Procedure for addressing Grievances.(4-006.04A)**

☐**10. Review Process for measurement of Consumer Satisfaction.(4-006.05)**

☐**11. Copy of Resident Services Agreement Form.(4-006.06)**

☐**12. Copy of Admission and Retention Requirements.(4-006.07)**

☐**13. Plan for Resident Activities.(4-006.08)**

☐**14. Plan for Provision/Administration of Medications.(4-006.09,4-006.09B)**

☐**15. Plan for Food Service and Nutritional Supervision.(4-006.10)**

☐**16. Information Related to Special Population Services (If Applicable; Evidence for Provision of Training, 4-006.11D)**

☐**17. Information R/T Requirements for Alzheimer's/Dementia Care Units. (If Applicable 4-006.11E)**

☐**18. Resident Record Keeping System. (4-006.12A)**

☐**19. Procedures for Resident Care and Safety R/T Natural Disaster or Disease Outbreak. (4-006.13F)**

Nebraska Department of Health and Human Services
Division of Public Health, Licensure Unit
P O Box 94986
Lincoln, Ne 68509-4986

INITIAL INSPECTION PROTOCOLS FOR ASSISTED-LIVING FACILITIES

Facility Click here to enter text.	Inspection Date Click here to enter text.
Address Click here to enter text.	Surveyor(s) Click here to enter text.
City, Zip Code Click here to enter text.	

4-006.01 Licensee Responsibilities

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	An administrator is employed and responsible for overall facility management.
☐	☐	Duties and responsibilities of the administrator are defined in writing.
☐	☐	The licensee assured the Administrator meets initial training requirements or will meet training requirements within 6 months.

4-006.02 Administration
4-006.02A Initial Administrator Training Requirements

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	There are procedures established for reporting any evidence of abuse, neglect or exploitation as required by state law.
☐	☐	The Administrator is 21 years of age.
☐	☐	The Administrator is listed on the ALF Administrator Registry or there is evidence the Administrator will complete a training course within 6 months.

4-006.03 Staff Requirements

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	There is evidence that sufficient staff are hired or in the process of being hired to begin operation of the facility.
☐	☐	There is an orientation program for direct care staff that includes: ☐ Resident rights ☐ Resident service agreement ☐ Infection Control practices (handwashing, personal hygiene and infectious material disposal). ☐ Facility emergency procedures and advance directive information ☐ Information on resident physical and mental special care needs ☐ Information on abuse neglect and misappropriation of money/property and reporting procedures ☐ Disaster preparedness plans
☐	☐	There is evidence to support that criminal background and registry checks have been initiated or will be done on each of the unlicensed direct care staff.
☐	☐	There is a mechanism to complete a health history screening for each staff prior to assuming job responsibilities.
☐	☐	There is evidence that a Registered Nurse will review medication administration policies and provide or oversee the training of medications aides at the facility.

4-006.04 Resident Rights

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	Resident rights are available for review in a written format.
☐	☐	Resident rights contain all 23 rights as outlined in regulations.

4-006.04A Grievances

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	Facility has a system in place for addressing grievances.

4-006.05 Consumer Satisfaction/Improvement

☐ **Met** ☐ **Not met**

Met	Not Met	
☐	☐	Facility has a process to measure consumer satisfaction.

4-006.06 Resident Service Agreements

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	There is a written Resident Service Agreement form.
☐	☐	Resident Service Agreement form includes all of the following components: ☐ Services provided - to include services to be provided by whom, when and how often for each resident ☐ Rights and responsibilities ☐ Cost/terms of payment ☐ Terms/conditions of continued residency

4-006.07 Admission and Retention Requirements

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	There is facility admission and retention criteria. If facility is going to allow admission, readmission or retention of residents requiring complex nursing interventions or whose conditions are not stable or predictable, the following are in place: ☐ Resident or authorized representative and resident's physician or RN agree admission/retention is appropriate (refer to 4-006.07B1) ☐ Arrangements for care from outside source (refer to 4-006.07B2) ☐ Care does not compromise facility operation or others (refer to 4-006.07B3) ☐ Administrator has discretion regarding admission or retention
☐	☐	There are procedures established to request every person seeking admission to the facility provide to the facility a list of drugs, devices, biologicals and supplements.

4-006.08 Activities

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	Staff interview confirms there is recognition that ongoing activities are to be provided.
☐	☐	There is a plan for making information about activities available to residents.

4-006.09 Provision of Medication

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	A system is in place for ensuring accurate and safe medication provision as follows:

- ☐ Self -administration of medications (4-006.09A)
- ☐ Medication administration or provision of medications (4-006.09B)
- ☐ Handling of medications (4-006.09C)
- ☐ Medication Record (4-006.09D)
- ☐ Storage (4-006.09E)
- ☐ Disposal of medications (4-006.09F)
- ☐ Policies and procedures for provision of medication by persons other than a licensed health care professional

4-006.10 Food Service
4-006.10B Nutritional Supervision

☐ **Met** ☐ **Not Met**

Met	Not met	
☐	☐	Food service and menu plans are based on Food Guide Pyramid or equivalent.
☐	☐	There is a mechanism for monitoring those residents for potential problems involving nutritional status, by:

- ☐ weighing and recording each resident's weight at admission; and
- ☐ weighing and recording weights quarterly of residents identified with potential problems with nutritional status and followup to address weight gains or losses that equal or exceed 7.5% in 3 months or 10% in 6 months

4-006.11D Special Population Services (if applicable)

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met	
☐	☐	There is evidence to show facility has a system for evaluation and identification of abilities and special needs of residents.
☐	☐	There is evidence to show facility can provide staff training dealing with residents' special needs.

4-006.11E Requirements for Facilities or Special Care Units for Persons With Alzheimer's Disease or Dementia (if applicable)

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met	
☐	☐	Facility has written criteria for admission, discharge, transfer, resident conduct and responsibilities.
☐	☐	Facility staffing plan includes awake staff available on the unit at all times to provide supervision and care for residents.
☐	☐	Administrator and direct care staff training includes:

- ☐ Facility philosophy and approaches to providing care for persons with Alzheimer's Disease or Dementia.
- ☐ The Alzheimer's disease process.
- ☐ Necessary skills for intervention/direction of residents unable to perform activities of daily living, personal care or health maintenance or who have behavior problems.

4-006.12 Record Keeping Requirements

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	Facility has developed a record keeping system.

4-006.13 Environmental Services

☐ **Met** ☐ **Not Met**

Met	Not Met	
☐	☐	All areas of facility, including grounds and any additional buildings, are clean, safe and in good repair.
☐	☐	Equipment and fixtures are clean and in good repair and there is a process for routine and preventative maintenance of facility owned equipment and furnishings.
☐	☐	If present, furnishings in resident common areas are clean and are not broken, torn or ripped.
☐	☐	Procedures are established for resident care and safety in the event of a natural disaster or disease outbreak.

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Lincoln, NE 68509-4986

ASSISTED-LIVING FACILITY INITIAL LICENSURE INSPECTION REPORT CHECKLIST

Facility Click here to enter text. **Administrator** Click here to enter text.
Address Click here to enter text. **Inspection Date** Click here to enter text.
City, Zip Code Click here to enter text.

Applicant must demonstrate the capability to meet the following requirements of 175 NAC 4:

	Met	Not Met	Comments
4-006.01 Licensee Responsibilities	☐	☐	
4-006.02 Administration 4-006.02A Initial Administrator Training Requirements	☐	☐	
4-006.03 Staff Requirements	☐	☐	
4-006.04 Residents Rights	☐	☐	
4-006.04A Grievances	☐	☐	
4-006.05 Consumer Satisfaction/Improvement	☐	☐	
4-006.06 Resident Service Agreement	☐	☐	
4-006.07 Admission & Retention Requirements	☐	☐	
4-006.08 Activities	☐	☐	
4-006.09 Provision of Medication (if provided)	☐	☐	
4-006.10 Food Service 4-006.10B Nutritional Supervision	☐	☐	
4-006.11D Special Population Services (if applicable)	☐	☐	
4-006.11E Requirements for Facilities or Special Care Units for Persons with Alzheimer's Disease or Dementia (if applicable)	☐	☐	
4-006.12 Record Keeping Requirements	☐	☐	
4-006.13 Environmental Services	☐	☐	

Corrective Action Required:
Click here to enter text.

☐ **IN COMPLIANCE** ☐ **NOT IN COMPLIANCE**

Surveyor Signature _____ Date _____ Facility Representative _____ Date _____

Department of Health & Human Services
Division of Public Health, Licensure Unit

ALF Compliance Inspection of Direct Care Staff

Facility: .

Surveyor: .

Date: .

X if information present
O if information not present

Staff Name Date of Hire	Initial orientation within 2 wks of employment to each Direct Care Staff person 4-006.03B1	Resident Rights 4-006.03B1 Item #1	Resident Service Agreement 4-006.03B1 Item #2	Infection Control Practices 1) handwashing 2) personal hygiene 3) disposal of infectious material 4-006.03B1 Item #3	Emergency Procedures Including Advanced Directives 4-006.03B1 Item #4	Resident Physical & Mental Special Care needs 4-006.03B1 Item #5	Abuse Neglect Misappr. $ & Property Reporting Procedures 4-006.03B1 Item #6	Disaster Preparedness Plan 4-006.03B1 Item #7
.	.	.	.	.	.	.	.	.
.	.	.	.	.	.	.	.	.

Administrator Name: Click here to enter text.

Assisted-Living Administrator Registry #: Click here to enter text.

ALF Compliance Inspection of Direct Care Staff (continued)

Staff Name Date of Hire	Criminal Bkgrnd. Check 4-006.03A1	Adult Central Registry 4-006.03A2 Item #2	Child Central Registry 4-006.03A2 Item #3	Nurse Aid Registry & no Adverse Findings 4-006.03A2 Item #1	Health History Screening Completed prior to care provision 4-006.03A3a	Medication Aide Registry # & Exp Date Competency Routine (R) Additional (A) 4-006.09B1C	Record of 12 hrs ongoing training per year for each Direct Care Staff & Administrator 4-006.03B2 4-006.02E
	.	.	.	.	.	.	.
..	.	.	.	.	.	.	.
.							

Comments:
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Nebraska Department of Health and Human Services
Division of Public Health, Licensure Unit
P O Box 94986
Lincoln, NE 68509-4986

ASSISTED-LIVING FACILITY INSPECTION TASKS

Tasks for initial and compliance inspections are to be followed by all surveyors. Surveyors will use the appropriate protocols to determine compliance or noncompliance with the regulations.

Initial Inspection – Surveyor will use the Initial Inspection Protocols. Emphasis of inspection will be to determine the facility has the appropriate systems in place in order to provide services to residents. Education regarding the regulations may be necessary at the time of the initial survey and should be provided.

Compliance Inspection – Surveyor will use the Compliance Inspection Protocols. An onsite inspection may be conducted at any time deemed necessary. Emphasis will be on care and services to residents in accordance with individual resident service agreements. Interviews will be conducted with resident/authorized representative permission to evaluate resident needs are being met. A compliance inspection includes the following types:

- Random Selection – Each year up to 25% of the Assisted-Living Facilities may have an onsite inspection.
- Focused Selection – An onsite inspection may be conducted for any of the reasons specified in 175 NAC 4-005.04B.

Surveyor will recognize the importance of resident choice and take this into consideration when evaluating compliance with regulations. Resident Service Agreements should clarify resident and facility expectations and will also be used in compliance determinations.

TASK 1 OFFSITE PREPARATION

Initial – Initial inspections are announced. Surveyors will review the file to verify initial licensure application process is completed (the application is considered complete after the Department has received documents specified in 175 NAC 4-003.01B) and to review correspondence including any waivers that were approved. Surveyor will make a telephone appointment for the inspection with the Administrator with as much advance notice as possible.

Compliance - Compliance inspections are unannounced. Surveyors will review correspondence in the file for such things as ownership or personnel changes, complaint investigations or any other information which may assist in conducting the inspection. Life Safety Code approval will also be reviewed for any restrictions on resident admission or retention which may apply.

TASK 2 ENTRANCE CONFERENCE

Surveyors will present identification, introduce self and conference with the Administrator or authorized representative. During the conference, surveyors will explain the purpose of the inspection, inspection process and estimated time to complete the inspection. Surveyor will present facility with a list of information needed in order to conduct the inspection.

TASK 3 INITIAL TOUR

Initial - Surveyors will conduct a tour of the facility to observe general maintenance and housekeeping services and to identify any unsafe equipment or practices.

Compliance - Surveyors will conduct a tour of facility to obtain an initial evaluation of the facility environment. During the tour, specific residents may be identified to include in sample for review. Observations will include general maintenance and cleanliness of facility, staff interactions with residents and any activities in progress. A bed count form will be completed.

TASK 4 SAMPLE SELECTION

Initial - Residents will not be reviewed on an initial survey.

Compliance - Current Residents - Select a random and/or targeted sample of current residents including those who require assistance with provision of medications or those who have other special needs. The sample should include some residents with unstable conditions and/or who require complex nursing interventions if applicable.

Resident identifiers should be assigned for all sampled residents.

Resident sample size will be selected in accordance with Attachment A.

TASK 5 INFORMATION GATHERING

Initial - Interview staff and review any written information that facility has regarding the regulations in accordance with the Initial Inspection Report.

Compliance - Gather information necessary to make decisions concerning whether the facility has met the requirements by:

A. Conducting Resident Interviews
   1. Interviews should be conducted with those residents who will be able to answer questions accurately. Request facility staff to assist in determining residents' cognitive ability.
   2. Interviews are done only with resident/authorized representative permission.
   3. Resident interview sample size will be selected in accordance with Attachment A.
   4. If there are not enough competent and interviewable residents, contact family or resident's authorized representative, if possible. It may be necessary to select another resident for sample in order to conduct interview.
   5. Utilize Resident/Family/Authorized Representative Interview Tool

It is recognized that in some facilities, resident and/or family/authorized representative interviews will not be possible due to cognitive ability of residents and unavailability of family/authorized representative during time of inspection.

B. Completing Resident Record Reviews
   1. Review Resident Service Agreement and compare to those services resident is actually receiving.
   2. Review records for all necessary components in 4-006.12A1 – Resident Record Content.
   3. Review records for unexplained weight loss or gain.

C. Conducting Observations
   1. Observe resident care as outlined in Resident Service Agreement with resident or authorized representative permission. This may include personal cares, Activity of Daily Living (ADLs) and health maintenance activities.

   2. Observe food preparation and serving of one meal for proper sanitation, food served in accordance with menus, and acceptance of meal by residents. Follow up on any food complaints by residents. If a meal is not prepared or served during the time of inspection, observe dietary area(s) for proper food storage and sanitation.

   3. If provision of medication is offered to residents, observe 1 medication pass for provision of 20 medications if available. A medication error is any medication not provided by the 5 Rights. Calculate medication Error Rate as follows:

      $$\frac{\text{NUMBER OF ERRORS}}{\text{Doses given + Doses ordered but not given}} \times 100 = \%\ \text{Error Rate}$$

   4. Observe for physical plant requirements, general housekeeping, maintenance and safety. Obtain permission of resident before entering bedroom or apartment.

D. Conducting Direct Care Staff Interviews

Interview minimum of 2 direct care staff if available:

1. To determine orientation was given.
2. To determine how facility handles emergencies.
3. Regarding any questions, surveyor has related to resident care and service.

E. Reviewing Staff Personnel Records

1. Review a minimum of 2 direct care staff employee files of current staff hired within past 3 years for:
   a. health history screening
   b. orientation (Refer to 4-006.03B1 for minimum orientation requirements)
   c. 12 hours of training per year (if applicable)
   d. criminal background and registry checks
2. Review administrator file for verification of initial training and 12 hours ongoing training.

Note: For facilities with census of 50 or more, attempt to review a minimum of 6 direct care staff employee files.

3. For staff providing care to special populations, review training for a minimum of 2 staff persons for care of special population residents.
4. For a facility with a special care unit or that is dedicated to care for Alzheimer's or dementia, review 2 direct care staff personnel files for the training required by 4-006.11E Item 4.
5. Review a minimum of 2 files of dietary employees, if available, for health history screening.

TASK 6 ANALYSIS OF INFORMATION

Initial and Compliance - All surveyors involved will meet to discuss observations and information gathered to determine if facility has met the requirements of the Inspection Protocols. If more than 1 surveyor conducts the inspection, then consensus should be reached as to compliance or noncompliance with the regulations. The Inspection Report should be completed by the surveyor(s) prior to the exit conference.

The surveyor(s) will provide a preliminary report of the inspection findings to the assisted-living facility at the completion of the inspection. When a facility is not in compliance with the regulations, the report will indicate the regulatory violations and brief comments as needed.

TASK 7 EXIT CONFERENCE

Initial and Compliance - Conduct exit conference with Administrator and any other staff the Administrator chooses to have attend. Inform staff of the survey findings, explaining any requirements not met and corrective action needed. Leave a copy of the Inspection Report after signed and dated by the facility representative. If the facility is not in compliance, tape record the exit and submit tape with report.

TASK 8 WRITTEN REPORT

Initial and Compliance - Surveyors will complete a preliminary Inspection Report Form on site and leave a copy with the facility. When there are violations, surveyors will complete a narrative report listing the regulatory citation for the violations and the actual findings for the regulatory citation. The report will be submitted to the Program Manager within 5 working days of the last day of inspection. Any documentation to support the violation findings must be submitted with the report including the Inspection Protocols and Inspection Report.

ATTACHMENT A

RESIDENT SAMPLE FOR ASSISTED-LIVING FACILITY INSPECTIONS

Resident Census	Resident Sample	Resident/Authorized Representative Interview
4-40	4	4
41-50	5	4
51-60	6	4
61-70	7	4
71-80	8	4
81-90	9	4
91-100	10	4
101-110	11	4
111-120	12	4
121-130	13	5
131-140	14	5
141-150	15	6
151-200	20	8
201-300	25	10
300 +	30	12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, LICENSURE UNIT

ASSISTED LIVING FACILITY MEDICATION PASS WORKSHEET

Provider Number:	Surveyor Name:	Date:	Error Rate:

Instructions:
1. If provision of medications is offered to residents, observe 1 medication pass for provision of 20 medications (if available).
2. Record your observation of each medication provision.
3. Note any medication not provided by the 5 Rights. (Right Medication, Right Resident, Right Route, Right Dosage, Right Time).
4. Calculate and note error rate. (A medication error is any medication not provided by the five Rights.)

Calculate Medication Error Rate as Follows:

$$\frac{\text{Number Errors Observed}}{\text{Doses given + Doses ordered but not given}} \text{ X 100 = \% Error Rate}$$

Over 5% medication Error Rate for medications not administered according to 5 Rights indicates requirements not met.

Identifier	**Pour**	**Pass**	**Record**
Resident's Full Name	Drug Prescription Name, Dose and Form	Observation of Administration	Drug Order Written As (when different from observation)

Provider Number:	Surveyor Name:	Date:	Error Rate:

Instructions:
1. If provision of medications is offered to residents, observe 1 medication pass for provision of 20 medications (if available).
2. Record your observation of each medication provision.
3. Note any medication not provided by the 5 Rights. (Right Medication, Right Resident, Right Route, Right Dosage, Right Time).
4. Calculate and note error rate. (A medication error is any medication not provided by the five Rights.)

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Identifier	**Pour**	**Pass**	**Record**
Resident's Full Name	Drug Prescription Name, Dose and Form	Observation of Administration	Drug Order Written As (when different from observation)

Nebraska Department of Health and Human Services
Division of Public Health, Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

Facility: Click here to enter text.	Resident: Click here to enter text.
Address: Click here to enter text.	Family/Designee (if interviewed): Click here to enter text.
Surveyor: Click here to enter text.	Identifier No.: Click here to enter text.
Date: Click here to enter text.	Admission Date: Click here to enter text.

RESIDENT/FAMILY/DESIGNEE INTERVIEW FOR ASSISTED- LIVING FACILITIES

***NOTE: Information obtained through Resident/Family/Designee interview will be evaluated and responses which seem to indicate noncompliance will be followed up before a compliance decision/determination is made.**

RESIDENT SERVICES AGREEMENT

Services

4-006.04 #2,3, &4; 4-006.06; 4-006.06A #1-4; 4-006.11; 4-006.11A3 #5 & 10; 4-006.11B;	What services are being provided to you here at the facility?
4-006.11C	Are you in need of any additional services?
	Are you willing to pay for those if required?
4-006.04 #3; 4-006.11A3 #5 & 9	Can you make changes in your care?
	When possible, are you told in advance of changes to your care? *If no, explain.*
4-006.11D #3; 4-006.11E #1 & 3	**If special population services provided, affirm services are being given as specified in the Resident Services Agreement.

Activities of Daily Living

4-006.11A1 #1-6	Do you need assistance with getting dressed, cutting nails, combing hair, brushing teeth?
	Do you get help when you need it? *If no, explain.*
4-006.11; 4-006.11A3 #5-7	Do you choose your own clothing? *If no, explain.*
	Does staff encourage you to do things for yourself? *If no, explain.*

Charges

4-006.04 #4; 4-006.06A #3	How were you notified about charges for services provided by the facility?

Emergency Care

4-006.11A1 #6	Have you ever needed any emergency services? *If yes, how did staff respond?*
4-007.04F	If you were in your room or bathroom and had an emergency, what would you do?

Food/Dining Room

***If food service is included in Resident Service Agreement**

4-006.10; 4-006.10A; 4-006.10A1; 4-006.10A2	Tell me about the food served here.
	Are hot foods hot and cold foods cold?
	Are you on a special diet? *If yes, ask:* Was the special diet included in your Resident Service Agreement?
	Are they serving the diet that you need?
4-007.03E; 4-007.03E1 –E3	Are you comfortable when you eat in the dining room? *If no, explain.*

RESIDENT RIGHTS

Resident Rights
****If documentation of receipt of Resident Rights is available, it is not necessary to ask the first question.**

4-006.04	Were you informed of your rights as a facility resident in writing?
	Do you have any questions about your rights?

Rules

4-006.04#5; 4-006.11A3 #1 & 2	Does facility have any rules about what times you get up in the morning or go to bed at night?
	Do you have a choice of how you spend your day?
	Are there any rules you would like to discuss?
4-006.04 #9	Are you required to do chores for the facility? *If yes, ask what kind of work?* *****Surveyor must review RSA to evaluate if any special rules are included.***

Physician

4-006.04 #6	Did you choose your own physician?

Complaints/Grievances

4-006.04 #7; 4-006.04A	Have you made any complaints or filed a grievance? *If yes, ask how did staff respond?*
	Do you feel like you can freely voice your concerns to facility staff? *If no, explain.*
	If facility could not resolve your complaint/grievance, did they explain why?

Staff Treatment of Residents

4-006.04 #1, #18, #22; 4-006.11A3 #11 & 12	Can you always move about your room or the facility as you want to? *If no, explain.*
	Are all residents able to move about as they want to? *If no, explain.*
	How do staff treat you?
	Do they address you by the name you desire?
	Has any staff member hurt you? *If yes, can you tell me who did this?* *Did you report it? If no, explain.*
	Has any staff member yelled or swore at you? *If yes, can you tell me who did this?* *Did you report it? If no, explain.*

Inspection Report

4-006.04 #8	Have you ever wanted to see a report of the facility inspection?

Privacy

4-006.04 #1,5,11,13, &14; 4-006.11A3 #4 & 12; 4-007.03K #3	Do staff allow and respect your privacy? *If no, explain.*
	How do you get your mail?
	Do you receive it unopened?
	*****If no phone in room ask:*** Are you able to have a telephone in your room? Where do you make your phone calls? Do you have privacy when you are on the telephone?

Visitors

4-006.04 #12; 4-006.11A3 #3	Are you able to receive any visitors you wish? *If no, explain.*

Roommates
*****If resident has a roommate ask:***

4-006.04 #16	Have you ever asked for a change of roommate? *If yes, ask how did facility respond?*

Rights as a Citizen

4-006.04 #19	Are you given the opportunity to exercise your rights as a citizen such as voting or buying/selling property?

Resident Group

4-006.04 #20	Do residents get together on a regular basis to discuss issues and recommend changes? *If yes, ask:* Do you participate? How does facility respond to requests or recommendations from the group? If facility can not accommodate the request do they explain why?

Records

4-006.04 #21	Have you ever asked to review or receive a copy of any records regarding your care maintained at the facility? *If yes, did you receive the information?* *If no, explain.*

Resident Funds/Property

4-006.04 #22; 4-006.11A3#11	Does the facility assist you in any way with banking, paying bills, etc.? *If yes, ask:* How is that working for you? Have you had any money or personal belongings stolen? *If yes, explain.* When did this occur? Did you report it to the facility? What was the outcome?

Medications

4-006.04 #17; 4-006.09; 4-006.09A #1-5; 4-006.09A1-A3; 4-006.09B1a	Do you self-administer your own medications? *If yes, ask: Where are they stored?* *If no, ask: Were you given a choice to self-administer meds?* ***May need to check if facility allows self-administration of meds.* Have you received any counseling in regards to taking your medication?
4-006.09C1	If you leave the facility, do you or a family member take any of your medications with you? *If yes, ask:* What kind of containers are used for those medications? How are they labeled?

ENVIRONMENT

Room/Apartment

4-006.04 #15; 4-006.13; 4-006.13B1 & B2; 4-006.11A3 #8; 4-006.11D #4	Is there anything that would make your room/apartment and bathroom more safe or comfortable for you? If few or no personal furnishings are visible in the resident's room, ask: Were you allowed to bring your own furniture if you wanted to have it here ? If no, explain.

Maintenance
4-006.13A1; 4-006.13B; 4-006.13B3

Have you ever had anything that needed to be repaired in your room or bathroom?
If yes, ask: How did staff respond?

Cleaning
4-006.13A; 4-006.13A2

Does the facility come and clean your room/apartment? *If yes, ask: Is it satisfactory?*

Lighting
4-006.13A4; 4-007.04E2

Is there enough light in your room?
Others areas in the facility?
****May check footcandles.**

Room Temperature
4-006.13A4; 4-007.04C

Is the room temperature comfortable for you—during the day?
At night? *If no, explain.*
*****May check room temperature to assure compliance.***

Ventilation
4-007.04D

Is air circulation comfortable for you? *If no, explain.*

Sound Levels/Noise
4-006.13A4

Are you ever uncomfortable because of too much noise in the facility?
If yes, explain.

Water Temperature
4-007.04B; 4-006.13E3

Is water temperature comfortable for handwashing and/or bathing? *If no, explain.*

Laundry and Linen
4-007.01B2; 4-007.01B2a; 4-006.11C
4-006.13C; 4-006.13C1

Does facility launder your clothes and linens?
If yes, ask: Are laundry services adequate?
If no, explain.

ACTIVITIES

Activity
4-006.08; 4-006.04 #10; 4-006.11A3 #13

What activities are available in the facility?

How do you find out when activities are held?

Do you participate in any of the activities held at the facility? *If no, explain.*

4-007.03F; 4-007.03F1

Is the area where activities are held adequate for the number of people who attend?

There are no more questions at this time. Do you have any questions or is there anything else I have not asked that is important to you?

Nebraska Department of Health and Human Services
Licensure Unit – Division of Public Health
PO Box 94986
Lincoln, NE 68509-4986

INFORMATION ON REGISTRY CONTACTS FOR ASSISTED-LIVING FACILITIES

NEBRASKA NURSE AIDE - MEDICATION AIDE REGISTRY (Required by 175 NAC 4-006.03A2)

To obtain access to the Nebraska Nurse Aide (NA) or Medication Aide (MA) Registry contact:

DHHS Licensure Unit, Division of Public Health, PO Box 94986, Lincoln, NE 68509-4986
Nurse Aide Registry: (402) 471-0537 Email: wanda.wiese@dhhs.ne.gov
Medication Aide Registry: (402) 471-4364 Email: kathy.eberly@dhhs.ne.gov
Fax Number: (402) 471-1066
Website: www.dhhs.ne.gov/lis/lisindex.htm List individuals name and select ALL under professions and ALL under status to obtain complete history for all licenses/actions.

Written verification for MA/NA training and status can be obtained from the website or from the registry if requested. The NA or MA Registry may be contacted Monday through Friday, 8:30AM-3:30 PM. Contact Marletta Stark at (402) 471-4969 if you have questions.

NEBRASKA CHILD ABUSE AND NEGLECT CENTRAL REGISTER

To obtain access to the Nebraska Child Abuse and Neglect Central Register, submit a letter on your business' letterhead stationery to:

Suzann Johnson, Department of Health and Human Services - Protection and Safety Division, P.O. Box 95044, Lincoln, NE 68509-5044
Email: suzann.johnson@dhhs.ne.gov FAX (402) 471-9034

Requesting:

- Access to the Central Register
- A short summary about your agency
- Why access to the Central Register is needed
- Your current address, telephone number, and contact person(s)
- Include all of the above information for all office sites covered by this release

As long as your agency does not change ownership or management, this authorization will be good for future inquiries to the Nebraska Child Abuse and Neglect Central Register. Questions about the Child Abuse and Neglect Register should be directed to Suzann Johnson at (402) 471-9322. (Arrest, driving and/or criminal history checks are not included on this form)

NEBRASKA ADULT ABUSE AND NEGLECT CENTRAL REGISTER

To obtain access to the Nebraska Adult Abuse and Neglect Central Registry, submit a letter on your business' letterhead stationary to:

Lori Harder, Administrator, Department of Health and Human Services-Adult Protective Services Program, PO Box 95044, Lincoln, NE 68509-5044 Email: lori.harder@dhhs.ne.gov FAX (402) 471-6352

Requesting:

- Access to the Central Registry
- A short summary about your agency
- Why access to the Central Registry is needed
- Your current address, telephone number, and contact person(s)
- Include all of the above information for all office sites covered by this release

As long as your agency does not change ownership or management, this authorization will be good for future inquiries to the Nebraska Adult Abuse and Neglect Central Registry. Questions about the Adult Abuse and Neglect Registry should be directed to Carol Lieske at (402) 471-9190. (Arrest, driving and/or criminal history checks are not included on this form)

REPORT ADULT AND CHILD ABUSE AND NEGLECT (Required by 175 NAC 4-008.01B Item 12)

HHS System – Services, Intake Office
7110 'F' Street
Omaha, NE 68114
Hotline 1-800-652-1999

Nebraska Department of Health and Human Services
Licensure Unit – Division of Public Health
PO Box 94986
Lincoln, NE 68509-4986

SEX OFFENDER REGISTRY

www.nsp.state.ne.us/sor/index.cfm

175 NAC 4 – Regulations Governing Licensure of Assisted-Living Facilities
Additional copies of 175 NAC 4 can be obtained from the Licensure Unit or the following website:

www.dhhs.ne.gov/reg/t175.htm

Nebraska Food Code (July 2007)

The newest version of the Nebraska Food Code has been included in the revision of the regulations. Additional copies of the Food Code can be obtained from the Licensure Unit or the following website:

www.agr.state.ne.us/regulate/daf/fdcode.htm

Applications for Initial Assisted-Living Facility Administrator Training Requirements

Additional copies of the applications can be obtained from the Licensure Unit or the following website:

www.dhhs.ne.gov/crl/medfac/ALF/alf.htm

You may contact Donna Jobman or Karma Hanke with questions regarding the new assisted-living facility administrator training requirements at (402) 471-0309 or FAX (402) 471-0555.

All applications should be submitted to:

Donna Jobman, Staff Assistant
Office of Long Term Care Facilities
Licensure Unit, Division of Public Health
PO Box 94986
Lincoln NE 68509-4986

There is a registry maintained of persons who have been waived or completed the initial training requirements and it is online at:
www.dhhs.ne.gov/lis/lisindex.htm

Your continued effort in maintaining compliance with the regulations is appreciated. If you have any questions, you may contact me at (402) 471-3324 or FAX (402) 471-0555.

Eve Lewis, RNC, Administrator
Office of Long Term Care Facilities
Licensure Unit, Division of Public Health
Department of Health and Human Services

ATTACHMENT A

RESIDENT SAMPLE FOR ASSISTED-LIVING FACILITY INSPECTIONS

Resident Census	Resident Sample	Resident/Designee Interview
4-40	4	4
41-50	5	4
51-60	6	4
61-70	7	4
71-80	8	4
81-90	9	4
91-100	10	4
101-110	11	4
111-120	12	4
121-130	13	5
131-140	14	5
141-150	15	6
151-200	20	8
201-300	25	10
300 +	30	12

Department of Health and Human Services
Division of Public Health, Licensure Unit

SURVEYOR NOTES WORKSHEET

Facility Name: Click here to enter text.	Surveyor Name: Click here to enter text.
Provider Number: Click here to enter text.	Surveyor Number: Discipline: Click here to enter text.
Observation Dates: To	

Tag/Concerns	Documentation	
	INFORMATION SOURCE: ☐ **Observation** ☐ **Interview** ☐ **Record Review**	
	WHO: **(Sample Identifier, staff title, etc.)**	
	WHERE: **(Location i.e. room #, area of facility, etc.)**	
	WHEN: **(Date and time)**	
	WHAT/HOW: **(What was seen, heard, said, written in the record including date entry was written, etc.)**	

	Remember to verify findings with at least one other information source.	

Verified by additional source: ☐ Yes ☐ No

SURVEYOR NOTES WORKSHEET

Tag/Concerns	Documentation

Tag/Concerns	

Department of Health and Human Services
Division of Public Health, Licensure Unit

SURVEYOR NOTES WORKSHEET

Facility Name:	Surveyor Name:
Provider Number:	Surveyor Number: Discipline:
Observation Dates: To	

Date/Time	**Documentation: WHO: (Sample Identifier, staff title, etc.)** **WHERE: (Location i.e. room #, area of facility, etc.)** **WHEN: (Date and time)** **WHAT/HOW: (What was seen, heard, said, written in the record including date entry was written, etc.)**
	INFORMATION SOURCE: ☐ **Observation** ☐ **Interview** ☐ **Record Review**
	Remember to verify findings with at least one other information source.

Verified by additional source: ☐ Yes ☐ No

SURVEYOR NOTES WORKSHEET

Date/Time	Documentation

Date/Time	Documentation

Department of Health and Human Services
Division of Public Health, Licensure Unit

SURVEYOR NOTES WORKSHEET

Facility Name:	Surveyor Name:
Provider Number:	Surveyor Number: Discipline:
Observation Dates: To	

Date/Time	**Documentation: WHO: (Sample Identifier, staff title, etc.)** **WHERE: (Location i.e. room #, area of facility, etc.)** **WHEN: (Date and time)** **WHAT/HOW: (What was seen, heard, said, written in the record including date entry was written, etc.)**
	INFORMATION SOURCE: ☐ Observation ☐ Interview ☐ Record Review
	Remember to verify findings with at least one other information source.

Verified by additional source: ☐ Yes ☐ No

Pictures

DEPARTMENT OF HAEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

SURVEYOR NOTES WORKSHEET

Facility Name: _____ Surveyor Name: _____
Provider Number: _____ Surveyor Number: _____ Discipline: _____
Observation Dates: From _____ To _____

Picture	Description
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**

5.

6.

7.

8.

9.

10.

5.

6.

7.

8.

9.

10.

Resident Identifier List

Facility:	Date of Survey Exit:

Resident Identifier Number	Resident Name

Staff Identifier List

Facility:	Date of Survey Exit:

Staff Identifier	Staff Name	Title

SURVEY CHECKSHEET FOR ASSISTED-LIVING FACILITIES

***Check Survey Type*:** ☐**Random Selection** ☐**Complaint Investigation** ☐**Focus Selection**

(To be completed by Surveyor)		In	Not In
Facility Name:	License #:	☐ Compliance	☐Compliance
Address:	City:	Zip:	
Current Administrator:	Licensed Beds:	Census:	
Surveyor/s:	Inspection Date/s:		

Revisit is Needed ☐

(Surveyor)	****If complaint, are allegations substantiated?***	***Y or N***	***Tag Numbers Cited for Complaint:*** Click here to enter text.
1. Compliance Inspection Report	☐	☐	
2. Compliance Inspection Protocols	☐	☐	
3. Resident Sample List	☐	☐	
4. Compliance Inspection Record Keeping Reqmnts	☐	☐	
5. Resident Interview Tools	☐	☐	
6. Bed Count	☐	☐	
7. Medication Pass Worksheet	☐	☐	
8. Employee List	☐	☐	
9. Compliance Inspection of Direct Care Staff	☐	☐	
10. Staff Schedule	☐	☐	
11. Exit Conference Attendance Record	☐	☐	
12. Exit Tape	☐	☐	
13. Photos	☐	☐	
14. Clean Indoor Air Act	☐	☐	
15. Resident Service Agreement, Menu, Activity Info	☐	☐	
16. Other documents enclosed	☐	☐	**Due Out (20th Working Day from Exit):**

Action taken

Compliance Letter: **Date Mailed:** **90th Day from Exit:**

Non compliance Letter:

Disciplinary Action: Type:

Date Cert Mail Card Signed: **SOC/POC due:** **Rec'd:** **Approved:**

Informal Conference (IC)/Hearing Requested? ☐**Y or** ☐**N** **Date of Request:** **IC/Hearing Completed:**

Disciplinary Action Final: **Disciplinary Action Ends:**

Repeat Tags Onsite Revisit ☐**Y or** ☐**N**

Last POC Date: **Date of Revisit:**

Is Facility Currently on Disciplinary Action?

Notes:

670 Time*:*

DATE FINAL LETTER MAILED: ***UPDATE ACO/ACTs, ACCESS & TRACKING LOG:***

Department of Health and Human Services
Division of Public Health, Licensure Unit

SURVEYOR NOTES WORKSHEET
COMPLAINT INVESTIGATION

Facility Name: Click here to enter text.	Surveyor Name: Click here to enter text.
Provider Number: Click here to enter text.	Surveyor Number: Discipline: Click here to enter text.
Observation Dates: To	Resident Name/ID#: Click here to enter text.
Admit/Discharge Dates: Click here to enter text.	Open/Closed record: Click here to enter text.

	Documentation	
Concerns/Focus Area	Click here to enter text.	
Pertinent diagnoses:	Click here to enter text.	
	Observations: **(Pertinent to issue being investigated and at least 2)**	
	Interviews: **(Direct Staff, Area Manager, DON, Administrator, etc.)**	
	Interviews: **(Resident, Family)**	
	Record Reviews: **(MDS, Care Plan, MD orders, Progress Notes, other pertinent)**	
Documents pertinent to citations attached:		**Remember to verify findings with at least two information source.**

SURVEYOR NOTES WORKSHEET

	Documentation

	Documentation

Substance Abuse Treatment Center

Inspection Report

Department of Health and Human Services

Division of Public Health, Licensure Unit

P.O. Box 94986

Lincoln, NE 68509

Type of Inspection:

☐ Re-Inspection ☐ Random ☑ Initial

☐ Focused ☐ Complaint

Facility: _____

Address: _____

_____

Administrator: _____

☐ Initial Requirements

☐ Inpatient ☐ Outpatient ☐ Both

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
18-006.01	**Licensee Responsibilities**		20	101			
	The licensee must determine, implement and monitor policies to assure that the facility is administered and managed appropriately. The licensee's responsibilities include:						
	1. Monitoring policies to assure appropriate administration and management of the facility;						
	2. Ensuring the facility's compliance with all applicable state statutes and relevant rules and regulations;						
	3. Ensuring the quality of all services, care and treatment provided to clients whether those services, care or treatment are furnished by facility staff or through contract with the facility;						
	4. Designating an administrator who is responsible for the day to day management of the facility;						
	5. Defining the duties and responsibilities of the administrator in writing;						
	6. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed;						
	7. Notifying the Department in writing within five working days when the administrator vacancy is filled indicating effective date and name of person appointed administrator;						
	8. Ensuring clients are provided with a stable and supportive environment, through respect for the rights of clients and responsiveness to client needs;						
	9. Receiving periodic reports and recommendations regarding the quality assurance/performance improvement (QA/PI) program						
	10. Implementing programs and policies to maintain and improve the quality of client care and treatment based on QA/PI reports; and						
	11. Ensuring that staff levels are sufficient to meet the clients needs.						

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the 175 NAC 18-006.

_____

Surveyors Signature

Inspection Rating: ☐ PASS ☐ FAIL

_____

Facility Representative's Signature

_____

Date of Inspection

Nebraska Health and Human Services System

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
18-006.02	**Administration**		21	102			
	The administrator is responsible for planning, organizing, and directing the day to day operation of the substance abuse treatment center. The administrator must report and be directly responsible to the licensee in all matters related to the maintenance, operation, and management of the facility. The administrator's responsibilities include:	1					
	1. Being on the premises a sufficient number of hours to permit adequate attention to the management of the substance abuse treatment center;						
	2. Ensuring that the substance abuse treatment center protects and promotes the client's health, safety, and well-being;						
	3. Maintaining staff appropriate to meet clients' needs;	1					
	4. Designating a substitute, who is responsible and accountable for management of the facility, to act in the absence of the administrator.	1					
	5. Developing procedures which require the reporting of any evidence of abuse, neglect, or exploitation of any client served by the facility in accordance with Neb. Rev. Stat. Section 28-372 of the Adult Protective Services Act or in the case of a child, in accordance with Neb. Rev. Stat. Section 28-711; and	1 & 2					
	6. Ensuring an investigation is completed on suspected abuse, neglect or exploitation and that steps are taken to prevent abuse and neglect and protect clients.	1 & 2					
18-006.03	**Staff Requirements**	3					
	The facility must maintain a sufficient number of staff with the required training and skills necessary to meet the clients needs. The facility must provide care and treatment to clients in a safe and timely manner.	3					
18-006.03A	**Facility Staffing:**	**3**					
	The facility must at all times maintain enough staff to provide adequate care to meet the client population's requirements for care and treatment, including needs for therapeutic activities, supervision, support, health, and safety.	3					
18-006.03B	**Employment Eligibility**						
18-006.03B1	**Staff Credentialing:**	**4**					
	The facility must ensure that:	4					
	1. Any staff person providing a service for which a license, certification, registration, or credential is required holds the license, certification, registration, or credential in accordance with applicable state laws;	4					
	2. The staff have the appropriate license, certification, registration, or credential prior to providing a service to clients; and	4 & 6					
	3. It maintains evidence of the staff having the appropriate license, certification, registration, or credential.						
18-006.03C	**Health Status of Facility Staff:**	**5**					
	The facility must establish and implement policies and procedures regarding the health status of staff who provides direct care or treatment to clients to prevent the transmission of infectious disease. The facility:	5					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	1. Must complete a health screening for each staff person prior to assuming job responsibilities.	5					
	2. May, in its discretion, based on the health screening require a staff person to have a physical examination.	5					
18-006.03D	**Staff Training:**						
	The facility must provide staff with sufficient training to meet client needs for care and treatment						
18-006.03D1	**Initial Orientation:**	**6**					
	The facility must provide staff with orientation prior to the staff person having direct responsibility for care and treatment of clients. The training must include:	6					
	1. Client rights;	6					
	2. Job responsibilities relating to care and treatment programs and client interactions;	6 & 4					
	3. Emergency procedures including information regarding availability and notification;	6					
	4. Information on any physical and mental special needs of the clients of the facility; and	6					
	5. Information on abuse, neglect, and misappropriation of money or property of a client and the reporting procedures.	6					
18-006.03D2	**Ongoing Training:**	**7**					
	The facility must provide each staff person ongoing training in topics appropriate to the staff person's job duties, including meeting the needs, preferences, and protecting the rights of the clients in the facility.	7					
18-006.03E	**Staff Records:**						
	The facility must maintain written documentation:						
	1. To support facility decisions regarding staffing of the facility, staff credentials, and staff health status;						
	2. Regarding staff orientation and ongoing training.						
18-006.04	**Client Rights:**						
18-006.04A	**The facility must:**						
	1. Ensure that the client is aware of the rights listed in 175 NAC 18-006.04B and C upon admission and for the duration of the stay;						
	2. Operate so as to afford the client the opportunity to exercise these rights; and						
	Protect and promote these rights.						
18-006.04B	**In both inpatient and out patient facilities, the client must have the right:**	**8**					
	1. To be informed in advance about care and treatment and of any changes in care and treatment that may affect the client's well-being;	8					
	2. To self-direct activities and participate in decisions regarding care and treatment;	8					
	3. To confidentiality of all records, communications, and personal information;	8					
	4. To voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed;	8					
	5. To examine the results of the most recent survey of the facility conducted by representatives of the Department;	8					
	6. To be free of restraints except when provided as in 175 NAC 18-006.14;	8					
	7. To be free of seclusion in a locked room, except as provided in 175 NAC 18-006.14 and except in cases of civil protective custody;	8					
	8. To be free of physical punishment;	8					
	9. To exercise his or her rights as a client of the facility and as a citizen of the United States;	8					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	10. To be free from arbitrary transfer or discharge;	8					
	11. To be free from involuntary treatment, unless the client has been involuntarily committed by appropriate court order and except in cases of civil protective custody;	8					
	12. To be free from abuse and neglect and misappropriation of their money and personal property; and	8					
	13. To be informed prior to or at the time of admission and during stay at the facility of charges for care, treatment, or related charges	8					
18-006.04C	**Except for a client in an emergency detoxification program, a client in an inpatient facility must have these additional rights:**	**28**					
	1. To privacy in written communication including sending and receiving mail consistent with individualized service plans;	28					
	2. To receive visitors as long as this does not infringe on the rights and safety of other clients and is consistent with individualized service plans;	28					
	3. To have access to a telephone where calls can be made without being overheard when consistent with individualized service plans;	28					
	4. To retain and use personal possessions, including furnishings and clothing as space permits, unless to do so would infringe upon the rights and safety of other clients;	28					
18-006.05	**Complaints/Grievances**	**9**	24	114			
	The facility must establish and implement written procedures for addressing complaints and grievances from clients, staff, and others.	9					
18-006.05A	**The facility must have a procedure regarding submission of complaints and grievances available to clients, staff, and others.**	**9**	24	115			
18-006.05B	**The facility must document efforts to address complaints and grievances received in a timely manner.**		24	116			
18-006.05C	**The facility must ensure that the telephone number and address of the Department is readily available to clients, staff, and others who wish to lodge complaints and grievances.**		24	117			
18-006.06	**Facility House Rules**	**29**	24-25	118			
	Except for emergency detoxification programs, an inpatient facility must develop reasonable house rules outlining operating protocols concerning, but not limited to, meal times, night-time quiet hours, guest policies and smoking. The facility must provide the clients an opportunity to review and provide input into any proposed changes to house rules before the revisions become effective. The house rules must be:	29					
	1. Consistent with client rights;	29					
	2. Posted in an area readily accessible to clients; and						
	3. Reviewed and updated, as necessary.						
18-006.07	**Quality Assurance/Performance Improvement**	**10**	25	119			

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	The facility must conduct an ongoing comprehensive, integrated assessment of the quality and appropriateness of care and treatment provided. The facility must use the findings to correct identified problems and to revise facility policies, if necessary.	10					
18006.07A	**Those responsible for the quality assurance/performance improvement program must:**	**10**	25	120			
	1. Implement and report on activities and mechanisms for monitoring the quality of client care and treatment;	10					
	2. Identify and resolve problems;	10					
	3. Make suggestions for improving care and treatment;	10					
	4. Maintain documentation of quality assurance/performance improvement activities;	10					
	5. Report results of the quality assurance/performance improvement activities to the licensee ; and	10					
	6. Provide for client participation.	10					
18-006.08	**Care and Treatment Requirements**		25	121			
	The facility must ensure that all clients receive care and treatment in accordance with the facility's program and that the facility meets each client's identified needs.						
18-006.08A	**Program Description:**	**11**	25	122			
	The facility must have a written program description that is available to staff, clients, and members of the public that explains the range of care and treatment activities provided. The description must include the following:	11					
	1. The mission statement, program philosophy, goals and objectives developed by the governing body;	11					
	2. The levels of care and/or treatment provided, including inpatient and outpatient components, when applicable;	11					
	3. The client population served, including age groups and other relevant characteristics;	11					
	4. The hours and days the facility provides care and/or treatment;	11					
	5. Staff composition and staffing qualification requirements to sufficiently provide care and/or treatment to meet facility goals and objectives;	11					
	6. Staff job responsibilities for meeting care and/or treatment facility goals and objectives;	11					
	7. The admission and discharge processes, including criteria for admission and discharge;	11					
	8. System of referral for alternative services for those individuals who do not meet admission criteria;	11					
	9. The client admission and ongoing assessment and evaluation procedures used by the program, including individualized service plan process;	11					
	10. Plan for providing emergency care and treatment, including use of facility approved interventions to be used by staff in an emergency situation;	11					
	11. Quality assurance/improvement process, including who will be responsible for the program and how results will be utilized to improve care and/or treatment;	11					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	12. System governing the reporting, investigation, and resolution of allegations of abuse, neglect and exploitation; and	11					
	13. Clients rights and the system for ensuring client rights will be protected and promoted.	11					
18-006.08B	**Policies and Procedures:**	**12**	26	123			
	The facility must establish policies and procedures to implement the facility's program as described in 175 NAC 18-006.08A.	12					
18-006.08C	**Annual Review:**		26	124			
	The facility must review all elements of the written program description as listed in 175 NAC 18-006.08A at least annually. The facility must document the results of the annual review. Relevant findings from facility's quality assurance/performance improvement program for the purpose of improving client treatment and resolving problems in client care and treatment must be included in the review process. The licensee must revise the program description, as necessary, to reflect accurately care and treatment the facility is providing.						
18-006.09	**Admission of Clients:**		27	125			
	The facility must ensure that its admission practices meet the client's identified needs and conform with the facility's program description.						
18-006.09A	**Admission Criteria:**	**13**	27	126			
	The facility must have written criteria for admission that includes each level of care and the components of care and treatment provided by the facility. The written criteria must include how eligibility for admission is determined based on:	13					
	1. Identification of client need for care and treatment, including the severity of the presenting problem;	13					
	2. Rationale for determining appropriate level of care and treatment; and	13					
	3. Need for supervision and other issues related to providing care and treatment.	13					
18-006.09B	**Admission Decisions:**		27	127			
	The facility must ensure that the decision to admit a client is based upon the facility's admission criteria and the facility's capability to meet the identified needs of the client.						
18-006.09C	**Admission Assessment:**	**14**	27	128			
	The facility must develop an assessment of the client to identify the effects of substance abuse on the client's life, except for a client in an emergency detoxification program.	14					
18-006.09C1	**The assessment must include:**	**14**	27	129			
	1. An evaluation of the client which satisfies the facility's admission criteria;	14					
	2. The type and extent of any clinical examinations that were determined necessary; and	14					
	3. Information on associated medical and psychological issues;	14					
18-006.09C2	**The facility must complete the assessment process for each client within the following timelines:**	14	27	130			
	1. Inpatient facility: within 15 days of client's admission;	**14**					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	2. Outpatient facility: by client's fourth outpatient session.	**14**					
18-006.09C3	**The facility must evaluate a client in an emergency detoxification program as to his or her immediate need and implement the facility's procedures for its emergency detoxification program, in compliance with 175 NAC 18-006.**		27	131			
18-006.10	**Individualized Service Plan (ISP)**	**15**	28	132			
	Each client, except for a client admitted to an emergency detoxification program, must have an individualized service plan based on the assessment of the client's needs. The facility must assign overall responsibility for development and implementation of the ISP to a qualified staff person in accordance with facility's program description. The facility must base the intensity of care and treatment provided on the client's need. The facility must:	15					
	1. Begin to develop the initial ISP of care upon admission;	15					
	2. Implement the ISP as soon as it has been established; and	15					
	3. Complete development of the ISP when the assessment process is finished.	15					
18-006.10A	**The individualized service plan must:**	**16**	28	133			
	1. Specify the care and treatment necessary to meet the client's assessed needs;	16					
	2. Include referrals for needed services that the facility does not provide;	16					
	3. Contain specific goals and the measurement the client will use to achieve reduction or elimination of substance abuse;	16					
	4. Specify the extent and frequency of care and treatment;	16					
	5. Specify criteria to be met for termination of care and treatment;	16					
	6. Define therapeutic activity;	16					
	7. Document client participation in the development of the ISP by client signature and date's) of participation or justification for the lack of the client's signature; and	16					
	8. Estimate the length of stay and the plan for discharge.	16					
18-006.10B	**Evaluation of Care and Treatment:**	**15**	28	134			
	The facility must periodically evaluate the client's ISP as indicated by the client's need and response to care and treatment. The maximum intervals between evaluations of the ISP are:	15					
	1. Every 30 days for intensive treatment which consists of any level of inpatient treatment or outpatient treatment involving ten or more hours of therapeutic activity per week. This does not include client participation in self-help groups.	15					
	2. Every 90 days for less intensive treatment which consists of less than ten hours of therapeutic activity per week either at an inpatient or outpatient facility. This does not include client participation in self-help groups.	**15**					
18-006.11	**Care and Treatment Provided**		29	135			
	The facility must provide care and/or treatment to meet client needs on an ongoing basis in a manner that respects clients' rights, promotes recovery and affords personal dignity.						
18-006.11A	**An inpatient facility must, at a minimum, provide the following:**		29	136			
	1. Therapeutic activities as described in the facility program description;						

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	2. Adequate food and shelter;						
	3. Medical and clinical oversight of client needs as identified in the client assessment;						
	4. Assistance and support, as necessary, to enable the client to meet personal hygiene and clothing needs;						
	5. Assistance and support, as necessary, to enable the client to meet laundry needs, which may include access to washers and dryers so that clients can do their own personal laundry if included in the client's ISP;						
	6. Assistance and support, as necessary, to enable the client to meet his or her housekeeping needs including access to materials needed to perform his or her own housekeeping duties as determined by the client's ISP; and						
	7. Health-related care and treatment, as necessary.						
18-006.11B	**An inpatient facility may provide emergency detoxification programs.**		29	137			
18-006.11B1	**The types of emergency detoxification are:**		29	138			
	1. Civil protective custody which:						
	a. Is involuntary;						
	b. Is initiated by a law enforcement officer; and						
	c. Has a maximum duration of 24 hours.						
	2. Social setting emergency detoxification which:						
	a. Is voluntary;						
	b. Is initiated by the client or designee; and						
	c. Has a maximum duration of five days.						
18-006.11B2	**Beds in an emergency detoxification program must be considered inpatient beds for calculation of licensure fees.**		29	139			
18-006.11B3	**A facility providing one or both types of emergency detoxification programs must have policies and procedures for the assessment, observation, and routine monitoring of clients. A licensed physician must document the appropriateness of the facility's policies and procedures. The policies and procedures must include:**	**30**	30	140			
	1. Recording the client's identifying information, if available;	30					
	2. Determining the client's level of consciousness;	30					
	3. Monitoring vital signs including temperature, respirations, pulse, and blood pressure;	30					
	4. Observing and monitoring at specific time intervals;	30					
	5. Determining the onset of acute withdrawal or psychiatric emergency according to methods established by the facility;	30					
	6. Assessing the need for medical treatment and initiating appropriate, established procedures for referral to a medical facility; and	30					
	7. Managing observation and monitoring according to methods established by the facility when the client is not cooperative.	30					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
18-006.11C	**An outpatient facility must at a minimum, provide the following**		30	141			
	1. Therapeutic activities as described in the facility program description; and	**17**					
	2. Medical and clinical oversight of client needs as identified in the client assessment;	**18**					
18-006.11D	**An outpatient facility must not provide emergency detoxification programs.**		30	142			
18-006.12	**Discharge/Transfer Requirements**	**19**	30	143			
	The facility must establish discharge criteria and use those criteria in developing an appropriate plan for discharge jointly with the client. A discharge plan is not required for clients in an emergency detoxification program. The discharge plan must include:	19					
	1. A relapse prevention plan, which includes triggers and interventions for client to activate;	19					
	2. The client's plan for follow up, continuing care, or other post care and treatment services;	19					
	3. Documentation of referrals made for the client by the facility;	19					
	4. The client's plan to further his/her recovery;	19					
	5. The client's signature and the date; and	19					
	6. A treatment summary that will be completed no later than 30 days after the client's discharge. The summary must include a description of the client's progress under his or her ISP, the reason for discharge, and any recommendations to the client.	19					
18-006.13	**Health Management**	**20**	31	144			
	The facility must offer the client medical attention when needed. Arrangements for health services must be made with the consent of the client and/or designee.	20					
18-006.13A	**Emergency Medical Services:**	**21**	31	145			
	The facility must have a plan delineating the manner in which medical emergency services is accessed to ensure timely response to emergency situations.	21					
18-006.13B	**Health Screening:**		31	146			
	The facility must ensure that each client has access to a qualified health care professional who is responsible for monitoring his/her health care. Health screenings must be done in accordance with the recommendations of a qualified health care professional.						
18-006.13C	**Supervision of Nutrition:**		31	147			
	The facility must:						
	1. Monitor clients whose assessment indicates potential nutritional problems; and						
	2. Provide care and treatment to meet the identified nutritional needs.						
18-006.13D	**Administration of Provisions of Medication:**	**22a**	31	148			
	Each facility must establish and implement policies and procedures to ensure that clients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and with prevailing professional standards.	22a					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
18-006.13D1	**Methods of Administration of Medication:**						
18-006.13D1a	**Self Administration of Medications:**	**22b**	31	149			
	Clients may be allowed to self-administer medications, with or without visual supervision, when the facility determines that the client is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The facility must develop and implement policies to address client self-administration of medication, including:	22b					
	1. Storage and handling of medications;	22b					
	2. Inclusion of the determination that the client may self-administer medication in the client's individualized service plan; and	22b					
	3. Monitoring the plan to assure continued safe administration of medications by the client.	22b					
18-006.13D1b	**Licensed Health Care Professional:**		32	150			
	When the facility uses a licensed health care professional for whom medication administration is included in the scope of practice, the facility must ensure the medications are properly administered in accordance with prevailing professional standards.						
18-006.13D1c	**Provisions of Medication by a Person other than a Licensed Health Care Professional:**	**22c**	32	151			
	When the facility uses a person other than a licensed health care professional in the provision of medications, the facility must follow 172 NAC 95, Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96, Regulations Governing the Medication Aide Registry.	22c					
	The facility must establish and implement policies and procedures:	22c					
	1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 96-004;	22c					
	2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provision of 172 NAC 96-005.	22c					
	3. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed persons to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows:	22c					
	a. Provide routine medication; and	22c					
	b. Provision of medications by the following routes:	22c					
	i. Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;	22c					
	ii. Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation;	22c					
	iii. Topical applications of sprays, creams, ointments, and lotions and transdermal patches; and	22c					
	iv. Instillation by drops, ointments, and sprays into the eyes, ears, and nose.	22c					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	4. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009, which include but are not limited to:	22c					
	a. provision of PRN medication;	22c					
	b. provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or	22c					
	c. documented in client records.	22c					
	5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision.	22c					
	6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009.	22c					
	7. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained.	22c					
	8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be:	22c					
	a. Made to the identified person responsible for direction and monitoring;	22c					
	b. Made immediately upon discovery; and	22c					
	c. Documented in client records.	22c					
18-006.13D2	**When the facility is not responsible for medication administration or provision, the facility must maintain responsibility for overall supervision, safety, and welfare of the client.**		34	152			
18-006.13D3	**Reporting of Medication Errors:**	**22d**	34	153			
	The facility must have policies and procedures for reporting any errors in administration or provision of prescribed medications. Any variance from the five rights must be reported as an error:	22d					
	1. To the client's licensed practitioner;	22d					
	2. In a timely manner upon discovery; and	22d					
	3. By written report.	22d					
18-006.13D4	**Storage of Medication:**		34	154			
	All medications must be stored in locked areas and stored in accordance with the manufacturer's instructions for temperature, light, humidity, or other storage instructions.						
18-006.13D5	**Access to Medication**:		34	155			
	The facility must ensure that only authorized staff who are designated by the facility to be responsible for administration or provision of medications have access to medications.						
18-006.13D6	**Medication Record:**	**22e**	34	156			
	The facility must maintain records sufficient detail to assure that:	22e					
	1. Clients receive the medications authorized by a licensed health care professional; and	22e					

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	2. The facility is alerted to theft or loss of medication.	22e					
	Each client must have an individual medication administration record which must include:	22e					
	1. Identification of the client;	22e					
	2. Name of the medication given;	22e					
	3. Date, time, dosage and method of administration for each medication administered or provided; and the identification of the person who administered or provided the medication; and	22e					
	4. Client's medication allergies and sensitivities, if any.	22e					
18-006.13D7	**Disposal of Medication:**	**22f**	34	157			
	Medications that are discontinued by the licensed health care professional and those medications which are beyond their expiration date must be destroyed. The facility must develop and implement policies and procedures to identify who will be responsible for disposal of medications and how disposal will occur within the facility.	22f					
18-006.13D8	**Medication Provision during Temporary Absences:**		34	158			
	When a client is temporarily absent from the facility, the facility must put medication scheduled to be taken by the client in a container identified for the client.						
18-006.14	**Use of Restraints and Seclusion**	**31**	35	159			
	The substance abuse treatment center must not use restraints and/or seclusion except:	31					
	1. As provided in 175 NAC 18-006.14A to C2.	31					
	2. When a client is placed at a substance abuse treatment center under civil protective custody in which case restraint may be used only to the extent necessary to protect the client and others from harm, in accordance with Neb. Rev. Stat. section 53-1,121. The facility must comply with Building Code and Life Safety Code requirements for locked or secured environments.	31					
	Restraint and/or seclusion includes the following interventions:						
	1. Seclusion;						
	2. Mechanical restraint;						
	3. Chemical restraint;						
	4. Manual restraint; and						
	5. Time-out.						
18-006.14A	**Secured Environment Facilities:**	**31**	35	160			
	A substance abuse treatment center that provides a secured and protective environment by restricting a client's exit from the facility or its grounds through the use of approved locking devices on exit doors or other closures must be accredited by an approved qualifying organization. The approved qualifying organizations are :						

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	1. Joint Commission on Accreditation of Healthcare Organizations;						
	2. Commission on Accreditation of Rehabilitation Facilities; and						
	3. Council on Accreditation for Children and Family Services.						
	The facility must ensure compliance with the approved qualifying organization's requirements, Building Code requirements and Life Safety Code requirements regarding secured environments.						
18-006.14B	**Use of Restrains and Seclusion in Accredited Facilities**:	**31**	35	161			
	A substance abuse treatment center that is accredited by an approved qualifying organization may use restraint and seclusion methods as part of a client's treatment plan. The facility must comply with approved qualifying organization's requirements for initiation and continued use of restraint and seclusion.	31					
18-006.14C	**Use of Restrains and Seclusion in Non- Accredited Facilities**	**31**	35-36	162			
	A non-accredited substance abuse treatment center is prohibited from using mechanical and chemical restraints and seclusion. The facility must establish alternative and less restrictive methods for staff to use in the place of restraints and seclusion to deal with client behaviors.	31					
18-006.14C1	**A non-accredited substance abuse treatment center may use manual restraint and/or time out as therapeutic techniques only after it has:**	**32**	36	163			
	1. Written policies and procedures for the use of manual restraint and time-out;	32					
	2. Documented physician approval of the methods used by the facility;						
	3. Trained all staff who might have the occasion to use manual restraints and/or time-out in the appropriate methods to use in order to protect client safety and rights; and						
	4. Developed a system to review each use of manual restraint or time-out. The facility must ensure the review process includes the following requirements:						
	a. That each use of manual restraint or time-out be reported to the administrator for review of compliance with facility procedures; and						
	b. That documentation of each use of manual restraint or time-out include a description of the incident and identification of staff involved.						
18-006.14C2	A non-accredited substance abuse treatment center may use manual restraint and/or time out as therapeutic techniques only in the following circumstances:	32	36	164			
	1. An emergency situation where the safety of the client or others is threatened;						
	2. The implementation and failure of other less restrictive behavior interventions; and						
	3. Use of manual restraint and/or time out only by staff who are trained as described in 175 NAC 18-006.14C1, item 3.						
	Food Service						

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
18-006.15	When the facility provides food service, it must ensure the food is of good quality, properly prepared, and served in sufficient quantities and frequency to meet the daily nutritional needs of each client. The facility must ensure that clients receive special diets when ordered by a licensed health care professional. Food must be prepared in a safe and sanitary manner.		36	165			
18-006.15A	**Menus:**	33	36-37	166			
	The facility must ensure that:						
	1. Meals and snacks are appropriate to the clients needs and preferences. A sufficient variety of foods must be planned and served in adequate amounts for each client at each meal. Menus must be adjusted for seasonal changes.	33					
	2. Written menus are based on the Food Guide Pyramid or equivalent and modified to accommodate special diets as needed by the client.						
	3. Records of menus as served are maintained for at least 14 days						
18-006.16	**Record Keeping Requirements**		37	167			
	The facility must maintain complete and accurate records to document the operation of the facility and care and treatment of the clients.						
18-006.16A	**Client Records:**		37	168			
	A record must be established for each client upon admission. Each record must contain sufficient information to identify clearly the client, to justify the care and treatment provided and to document the results of care and treatment accurately.						
18-006.16A1	**Content:**	**23**	37	169			
	Each record must contain, when applicable, the following information:	23					
	1. Dates of admission and discharge;	23					
	2. Name of client;	23					
	3. Gender and date of birth;	23					
	4. Demographic information, including address and telephone number;	23					
	5. Physical description or client photo identification;	23					
	6. Admission assessment information and determination of eligibility for admission;	23					
	7. Health screening information;	23					
	8. Individualized service plans;	23					
	9. Physician orders;	23					
	10. Medications and any special diet;	23					
	11. Significant medical conditions;	23					
	12. Allergies;	23					
	13. Person to contact in an emergency, including telephone number;	23					
	14. Fee agreement;	23					
	15. Documentation of care and treatment provided, client's response to care and treatment , change in condition and changes in care and treatment;	23					
	16. Discharge and transfer information;	23					
	17. Client rights; and	23					
	18. Referral information.	23					
18-006.16B	**Client Record Organization:**		38	170			

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
	The facility must ensure that records are systematically organized to ensure permanency and completeness.						
18-006.16B1	**Record Entries:**		38	171			
	All record entries must be dated, legible and indelibly verified. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent.						
18-006.16B2	**Confidentiality:**		38	172			
	The facility must keep records confidential unless medically contraindicated. Records are subject to inspection by authorized representative of the Department.						
18-006.16B	**Retention:**		38	173			
	Client records must be retained for a minimum of two years.						
18-006.16B4	**Access:**		38	174			
	Client information and/or records may be released only with the consent of the client or client's designee or as required by law. When a client is transferred to another facility or service, appropriate information must be sent to the receiving facility or service.						
18-006.16B5	**Administrative Changes:**		38	175			
	If a facility changes ownership or Administrator, all client records must remain in the facility. Prior to the dissolution of any facility, the administrator must notify the Department in writing as to the location and storage of client records.						
18-006.17	**Infection Control**	**24**	38	176			
	The facility must have a system for management of identified infections within the facility for clients and staff, which includes the use of standard precautions for prevention of transmission of infectious diseases among clients and/or staff.	24					
18-006.18	**Safety Plan**	**25**	38	177			
	The facility must have a system to identify and prevent the occurrence of hazards to clients. Examples of hazards to be identified and prevented are: dangerous substances, sharp objects, unprotected electrical outlets, extreme water temperatures, and unsafe smoking practices.	25					
18-006.19	**Environmental Services**		38	178			
	The facility must provide a safe, clean, and comfortable environment for clients which allows the client to use his/her personal belongings as much as possible. Every detached building on the same premises used for care and treatment must comply with these regulations.						
18-006.19A	**Housekeeping and Maintenance:**		38	179			
	The facility must provide housekeeping and maintenance necessary to protect the health and safety of clients.						
18-006.19A1	**Facility's buildings and grounds must be kept clean, safe and in good repair.**		38	180			
18-006.19A2	**The inpatient facility must take into account client habits and lifestyle preferences when housekeeping services are provided in the bedrooms/living area.**		39	181			
18-006.19A3	**All garbage and rubbish must be disposed of in a manner as to prevent the attraction of rodents, flies, and all other insects and vermin. Garbage and rubbish must be disposed in a manner as to minimize the transmission of infectious diseases and minimize odor.**		39	182			

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
18-006.19A4	**The facility must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided.**		39	183			
18-006.19A5	**The facility must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.**		39	184			
18-006.19B	**Equipment, Fixtures, Furnishings:**		39	185			
	The facility must provide equipment, fixtures and furnishings and maintain these things so they are clean, safe and in good repair.						
18-006.19B1	**The facility must provide equipment adequate for meeting the clients needs as specified in the client's individualized service plan.**		39	186			
18-006.19B2	**The inpatient facility must furnish common areas and client sleeping areas with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of client needs and preferences. If the client chooses to use his/her own furnishings, the facility must reasonably accommodate the client's choice.**		39	187			
18-006.19B3	**The outpatient facility must furnish treatment areas with chairs or sofas and tables that are comfortable and reflective of client needs.**		39	188			
18-006.19B4	**The facility must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and functions to meet their intended use.**	34	39	189			
18-006.19C	**Linens:**		39	190			
	The inpatient facility must be responsible for providing each client with an adequate supply of clean bed, bath, and other linens as necessary for care and treatment. Linens must be in good repair.						
18-006.19C1	**The facility must establish and implement procedures for the storage and handling of soiled and clean linens.**	35	39	191			
18-006.19C2	**When the facility provides laundry services, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit or the laundry may be appropriately sanitized or disinfected by other acceptable methods**		40	192			
18-006.19D	**Pets**	36	40	193			
	The facility must make certain that any facility owned pet does not negatively affect clients. The facility must have policies and procedures regarding pets that include:	36					
	1. An annual examination by a licensed veterinarian;	36					
	2. Vaccinations as recommended by the licensed veterinarian that include, at a minimum, current rabies vaccinations for dogs, cats, and ferrets;	36					
	3. Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks, and other parasites; and	36					
	4. Responsibility for care and supervision of the pet by facility staff.	36					
18-006.19E	**Environmental Safety:**		40	194			
	The facility must be responsible for maintaining the facility in a manner that minimizes accidents.						

Regulation Citation		Checklist	Page	Tag	Met	Not Met	Comments or NA
18-006.19E1	**The facility must maintain the environment to protect the health and safety of clients by keeping surfaces smooth and free of sharp edges, mold and dirt; keeping floors free of unsafe objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk to the health and safety of the clients.**		40	195			
18-006.19E2	**The facility must maintain all doors, stairways, passageways, aisles or other means of exit in a manner that provides safe and adequate access for care and treatment.**		40	196			
18-006.19E3	**The inpatient facility must provide water for bathing and hand washing at safe and comfortable temperatures to protect clients from the potential for burns and scalds**		40	197			
18-006.19E3a	**The facility must establish and implement policies and procedures:**		40	198			
	1. To determine the client's mental, physical, and psychological ability to protect himself or herself from injury due to hot water; and						
	2. To maintain, whether by means of plumbing devices or direct staff monitoring, water temperatures that accommodate client safety, comfort and preferences.						
18-006.19E3b	**Water at bathing and hand washing fixtures must not exceed 125 degrees Fahrenheit.**		40	199			
18-006.19E4	**The facility must establish and implement policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by clients.**	**26**	41	200			
18-006.19E5	**The facility must restrict access to mechanical equipment which may pose a danger to clients.**	**27**	41	201			
18-006.19F	**Disaster Preparedness and Management:**	27	41	202			
	The facility must establish and implement procedures to ensure that clients care and treatment, safety, and well-being are maintained during and following instances of natural disasters, disease outbreaks, or other similar situations.	27					
18-006.19F1	**The facility must establish plans to move clients to points of safety or provide other means of protection in case of fire, tornado, or other natural disasters or the threat of ingestion, absorption or inhalation of hazardous materials.**	27	41	203			
18-006.19F2	**The inpatient facility must ensure that food, water, medicine and medical supplies, and other necessary items for care and treatment are available and obtainable from alternate sources**		41	204			
18-006.19F3	**The inpatient facility must establish plans to move and house clients in points of safety when the building or a portion of the building is damaged to the point it is uninhabitable. Damage may be due to fire, tornadoes or other disasters.**		41	205			
18-006.19F4	**The facility must establish plans to provide for the comfort, safety, and well being of clients in the event of electrical or gas outage, heating, cooling or sewage systems failure, or loss or contamination of water supply.**		41	206			

Substance Abuse Treatment Center

Complaince Inspection Report

Department of Health and Human Services
Division of Public Health, Licensure Unit
P.O. Box 94986
Lincoln, NE 68509

Facility: _____ **Administrator:** _____

Address: _____ **Inspection Date(s):** _____

City, Zip Code _____ **Surveyor(s):** _____

Inpatient _____

Outpatine _____

Licensed Bed _____

Facility Census _____ **Type of Inspection:**

☐ Complaint ☐ Re-Inspection ☐ Focused
☐ Initial ☐ Random

Regulation Citation		Page	Tag	Met	Not Met	Comments or NA
18-006.01	**Licensee Responsibilities**	20	101			
18-006.02	**Administration**	21	102			
18-006.03	**Staff Requirements**	21	103			
18-006.03A	**Facility Staffing:**	21	104			
18-006.03B	**Employment Eligibility**					
18-006.13B1	**Staff Credentialing:**	22	105			
18-006.03C	**Health Status of Facility Staff:**	22	106			
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18-006.03D1	**Initial Orientation:**	22	108			
18-006.03D2	**Ongoing Training:**	23	109			
18-006.03E	**Staff Records:**	23	110			
18-006.04	**Client Rights:**					
18-006.04A	**The facility must:**	23	111			
18-006.04B	**In both inpatient and out patient facilities, the client must have the right:**	23-24	112			
18-006.04C	**Except for a client in an emergency detoxification program, a client in an inpatient facility must have these additional rights:**	24	113			
18-006.05	**Complaints/Grievances**	24	114			
18-006.05A	**The facility must have a procedure regarding submission of complaints and grievances available to clients, staff, and others.**	24	115			
18-006.05B	**The facility must document efforts to address complaints and grievances received in a timely manner.**	24	116			
18-006.05C	**The facility must ensure that the telephone number and address of the Department is readily available to clients, staff, and others who wish to lodge complaints and grievances.**	24	117			
18-006.06	**Facility House Rules**	24-25	118			

Regulation Citation		Page	Tag	Met	Not Met	Comments or NA
18-006.07	**Quality Assurance/Performance Improvement**	25	119			
18006.07A	**Those responsible for the quality assurance/performance improvement program must:**	25	120			
18-006.08	**Care and Treatment Requirements**	25	121			
18-006.08A	**Program Description:**	25	122			
18-006.18B	**Policies and Procedures:**	26	123			
18-006.18C	**Annual Review:**	26	124			
18-006.09	**Admission of Clients:**	27	125			
18-006.09A	**Admission Criteria:**	27	126			
18-006.09B	**Admission Decisions:**	27	127			
18-006.09C	**Admission Assessment:**	27	128			
18-006.09C1	**The assessment must include:**	27	129			
18-006.09C2	**The facility must complete the assessment process for each client within the following timelines:**	27	130			
18-006.09C3	**The facility must evaluate a client in an emergency detoxification program as to his or her immediate need and implement the facility's procedures for its emergency detoxification program, in compliance with 175 NAC 18-006.**	27	131			
18-006.10	**Individualized Service Plan (ISP)**	28	132			
18-006.10A	**The individualized service plan must:**	28	133			
18-006.10B	**Evaluation of Care and Treatment:**	28	134			
18-006.11	**Care and Treatment Provided**	29	135			
18-006.11A	**An inpatient facility must, at a minimum, provide the following:**	29	136			
18-006.11B	**An inpatient facility may provide emergency detoxification programs.**	29	137			
18-006.11B1	**The types of emergency detoxification are:**	29	138			
18-006.11B2	**Beds in an emergency detoxification program must be considered inpatient beds for calculation of licensure fees.**	29	139			
18-006.11B3	**A facility providing one or both types of emergency detoxification programs must have policies and procedures for the assessment, observation, and routine monitoring of clients. A licensed physician must document the appropriateness of the facility's policies and procedures. The policies and procedures must include:**	30	140			
18-006.11C	**An outpatient facility must at a minimum, provide the following**	30	141			
18-006.11D	**An outpatient facility must not provide emergency detoxification programs.**	30	142			
18-006.12	**Discharge/Transfer Requirements**	30	143			
18-006.13	**Health Management**	31	144			
18-006.13A	**Emergency Medical Services:**	31	145			
18-006.13B	**Health Screening:**	31	146			
18-006.13C	**Supervision of Nutrition:**	31	147			
18-006.13D	**Administration of Provisions of Medication:**	31	148			

Regulation Citation		Page	Tag	Met	Not Met	Comments or NA
18-006.13D1	**Methods of Administration of Medication:**					
18-006.13D1a	**Self Administration of Medications:**	31	149			
18-006.13D1b	**Licensed Health Care Professional:**	32	150			
18-006.13D1c	**Provisions of Medication by a Person other than a Licensed Health Care Professional:**	32	151			
18-006.13D2	**When the facility is not responsible for medication administration or provision, the facility must maintain responsibility for overall supervision, safety, and welfare of the client.**	34	152			
18-006.13D3	**Reporting of Medication Errors:**	34	153			
18-006.13D4	**Storage of Medication:**	34	154			
18-006.13D5	**Access to Medication**:	34	155			
18-006.13D6	**Medication Record:**	34	156			
18-006.13D7	**Disposal of Medication:**	34	157			
18-006.13D8	**Medication Provision during Temporary Absences:**	34	158			
18-006.14	**Use of Restraints and Seclusion**	35	159			
18-006.14A	**Secured Environment Facilities:**	35	160			
18-006.14B	**Use of Restrains and Seclusion in Accredited Facilities**:	35	161			
18-006.14C	**Use of Restrains and Seclusion in Non-Accredited Facilities**	35-36	162			
18-006.14C1	**A non-accredited substance abuse treatment center may use manual restraint and/or time out as therapeutic techniques only after it has:**	36	163			
18-006.14C2	**A non-accredited substance abuse treatment center may use manual restraint and/or time out as therapeutic techniques only in the following circumstances:**	36	164			
18-006.15	**When the facility provides food service, it must ensure the food is of good quality, properly prepared, and served in sufficient quantities and frequency to meet the daily nutritional needs of each client. The facility must ensure that clients receive special diets when ordered by a licensed health care professional. Food must be prepared in a safe and sanitary manner.**	36	165			
18-006.15A	**Menus:**	36-37	166			
18-006.16	**Record Keeping Requirements**	37	167			
18-006.16A	**Client Records:**	37	168			
18-006.16A1	**Content:**	37	169			
18-006.16B	**Client Record Organization:**	38	170			
18-006.16B1	**Record Entries:**	38	171			
18-006.16B2	**Confidentiality:**	38	172			
18-006.16B	**Retention:**	38	173			
18-006.16B4	**Access:**	38	174			
18-006.16B5	**Administrative Changes:**	38	175			
18-006.17	**Infection Control**	38	176			

Regulation Citation		Page	Tag	Met	Not Met	Comments or NA
18-006.18	**Safety Plan**	38	177			
18-006.19	**Environmental Services**	38	178			
18-006.19A	**Housekeeping and Maintenance:**	38	179			
18-006.19A1	**Facility's buildings and grounds must be kept clean, safe and in good repair.**	38	180			
18-006.19A2	**The inpatient facility must take into account client habits and lifestyle preferences when housekeeping services are provided in the bedrooms/living area.**	39	181			
18-006.19A3	**All garbage and rubbish must be disposed of in a manner as to prevent the attraction of rodents, flies, and all other insects and vermin. Garbage and rubbish must be disposed in a manner as to minimize the transmission of infectious diseases and minimize odor.**	39	182			
18-006.19A4	**The facility must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided.**	39	183			
18-006.19A5	**The facility must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.**	39	184			
18-006.19B	**Equipment, Fixtures, Furnishings:**	39	185			
18-006.19B1	**The facility must provide equipment adequate for meeting the clients needs as specified in the client's individualized service plan.**	39	186			
18-006.19B2	**The inpatient facility must furnish common areas and client sleeping areas with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of client needs and preferences. If the client chooses to use his/her own furnishings, the facility must reasonably accommodate the client's choice.**	39	187			
18-006.19B3	**The outpatient facility must furnish treatment areas with chairs or sofas and tables that are comfortable and reflective of client needs.**	39	188			

Regulation Citation		Page	Tag	Met	Not Met	Comments or NA
18-006.19B4	**The facility must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and functions to meet their intended use.**	39	189			
18-006.19C	**Linens:**	39	190			
18-006.19C1	**The facility must establish and implement procedures for the storage and handling of soiled and clean linens.**	39	191			
18-006.19C2	**When the facility provides laundry services, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit or the laundry may be appropriately sanitized or disinfected by other acceptable methods**	40	192			
18-006.19D	**Pets**	40	193			
18-006.19E	**Environmental Safety:**	40	194			
18-006.19E1	**The facility must maintain the environment to protect the health and safety of clients by keeping surfaces smooth and free of sharp edges, mold and dirt; keeping floors free of unsafe objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk to the health and safety of the clients.**	40	195			
18-006.19E2	**The facility must maintain all doors, stairways, passageways, aisles or other means of exit in a manner that provides safe and adequate access for care and treatment.**	40	196			
18-006.19E3	**The inpatient facility must provide water for bathing and hand washing at safe and comfortable temperatures to protect clients from the potential for burns and scalds**	40	197			
18-006.19E3a	**The facility must establish and implement policies and procedures:**	40	198			
18-006.19E3b	**Water at bathing and hand washing fixtures must not exceed 125 degrees Fahrenheit.**	40	199			
18-006.19E4	**The facility must establish and implement policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by clients.**	41	200			
18-006.19E5	**The facility must restrict access to mechanical equipment which may pose a danger to clients.**	41	201			
18-006.19F	**Disaster Preparedness and Management:**	41	202			

Regulation Citation		Page	Tag	Met	Not Met	Comments or NA
18-006.19F1	**The facility must establish plans to move clients to points of safety or provide other means of protection in case of fire, tornado, or other natural disasters or the threat of ingestion, absorption or inhalation of hazardous materials.**	41	203			
18-006.19F2	**The inpatient facility must ensure that food, water, medicine and medical supplies, and other necessary items for care and treatment are available and obtainable from alternate sources**	41	204			
18-006.19F3	**The inpatient facility must establish plans to move and house clients in points of safety when the building or a portion of the building is damaged to the point it is uninhabitable. Damage may be due to fire, tornadoes or other disasters.**	41	205			
18-006.19F4	**The facility must establish plans to provide for the comfort, safety, and well being of clients in the event of electrical or gas outage, heating, cooling or sewage systems failure, or loss or contamination of water supply.**	41	206			

Additional Comments:

☐ **In Compliance**

☐ **Not In Compliance**

This report is a apreliminary reprot of the inspection findings. A final report will be forwareded at a later date.

Surveyor Signature and Date

Surveyor Signature and Date

Facility Represenative and Date

sheets protected mmc

Facility Name _____

Surveyor Name _____
Date Sample Selected _____

Client Code #	First Name	Last Name	Function Level	Core Sample	Added to Sample
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Facility Name _____ Surveyor Name _____

Provider # Date Sample Selected

Client Code #	First Name	Last Name	Function Level	Core Sample	Added to Sample	Surveyor Comments	Living Unit	Surveyor
1								
2								
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4								
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Facility Name _____ Surveyor Name _____

Provider Number

Administrative Identifier	First Name	Last Name	Job Title	Surveyor Comments
A				
B				
C				
D				
E				
F				
G				
H				
DSM Identifier	**First Name**	**Last Name**	**Job Title**	**Surveyor Comments**
A				
B				
C				
D				
E				
F				
G				
H				
I				
Nurse Identifier				
A				
B				
C				
D				
QMRP Identifier	**First Name**	**Last Name**	**Job Title**	**Surveyor Comments**
A				
B				
C				
D				
BSC Identifier	**First Name**	**Last Name**	**Job Title**	**Surveyor Comments**
A				
B				
C				
SPED Identifier	**First Name**	**Last Name**	**Job Title**	**Surveyor Comments**
A				
B				
C				
D				
E				

Staff Identifier	First Name	Last Name	Job Title	Surveyor Comments
A				

B				
C				
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VV				
WW				
XX				
YY				

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AAA				
BBB				

Other Identifier	First Name	Last Name	Job Title	Surveyor Comments
Other Interviews=FAMILY, GUARDIAN, ADVOCATE, etc.				
Identifier	First Name	Last Name	Relationship to Client	Surveyor Comments
A				
B				
C				
D				
E				

Facility Name _____ Surveyor: _____

Date Reviewed: _____ Assessment period starting

KEY: Record date/time monthly drill was conducted in the box corresponding with the shift and/or unit it was completed on. Shift times: 1st=7am-3pm; 2nd=3pm-11pm; 3rd=11pm-7am

Month/Year												
1st												
2nd												
3rd												
Tornado												

Comments:

FIRE AND EVACUATION DRILL REVIEW				
	YES	NO		Comment
Has written diaster plan			W438	
Periodic Review of Plan			W439	
Quarterly drills per shift			W440	
Varied conditions of drills			W441	
Staff task training for drills			W442	
Training on emergency equipment			W443	
Plan evaluation evident			W444	
Evacuate clients at drills			W445	
Special Provisions made for clients			W446	
Completed drill reports			W447	
Investigated problems with drills			W448	
Correective actions made to plans			W449	
State Fire Marshall inspection done			W450	

Facility Name

KEY: Record date/time monthly drill was conducted in the box corresponding with the shift and/or unit it was completed on.
Shift times: 1st=7am-3pm; 2nd=3pm-11pm; 3rd=11pm-7am

Month/Year												
1st												
2nd												
3rd												
Tornado												
1st												
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3rd												
Tornado												
1st												
2nd												
3rd												
Tornado												
1st												
2nd												
3rd												
Tornado												

FIRE AND EVACUATION DRILL REVIEW

	YES	NO		Comment		YES	NO		Comment
Has written diaster plan			W438		Evacuate clients at drills			W445	
Periodic Review of Plan			W439	Is available; Staff Trained	Special Provisions made for clients			W446	
Quarterly drills per shift			W440		Completed drill reports			W447	
Varied conditions of drills			W441		Investigated problems with drills			W448	
Staff task training for drills			W442		Correective actions made to plans			W449	
Training on emergency equipment			W443		State Fire Marshall inspection done			W450	
Plan evaluation evident			W444						

Facility Name Surveyor Name

Month/Year												
1st												
2nd												
3rd												
Tornado												
Other												
1st												
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Facility Name

Month/Year												
1st												
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1st												
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Tornado												
Other												

Facility Name

FIRE AND EVACUATION DRILL REVIEW									
	YES	NO		Comment		YES	NO		Comment
Has written diaster plan			W438		Staff task training for drills			W442	
**FIRE			W438		Training on emergency equipment			W443	
**SEVERE WEATHER			W438		Plan evaluation evident			W444	
**MISSING CLIENT			W438		Evacuate clients at drills			W445	
Periodic Review of Plan			W439		Special Provisions made for clients			W446	
Plan is available			W439		Completed drill reports			W447	
Staff trained on plan			W439		Investigated problems with drills			W448	
Quarterly drills per shift			W440		Correective actions made to plans			W449	
Varied conditions of drills			W441		State Fire Marshall inspection done			W450	

KEY: For each month a drill is conducted, record the date and time in the box corresponding with the shift and unit it was completed on.
Shift times: 1st=7am-3pm; 2nd=3pm-11pm; 3rd=11pm-7am

SAFETY DRILL TRACKER

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

Date	Time	Shift AM=7a-3p PM=3p-11p HS=11p-7a	# Individuals	# Staff	Evacuation Time	Brief Description of Drill	Investigation Y/N	Follow-up Actions	Surveyor Comments

DISHWASHER TEMPERATURE

Facility Name _____

UNIT/DEPARTMENT NAME: _____

DATE TEMPERATURE TAKEN: _____

TIME TEMPERATURE TAKEN: _____

TYPE OF DISHWASHER: _____

PLACE TAG HERE

TEMPERATURE TAKEN ON (Circle appropriate):

PLATE	COFFEE MUG	POT/PAN
BOWL	SILVERWARE	OTHER (Specify):
DRINKING GLASS	BAKING SHEET/PAN	

COMPLETED BY: _____ **DATE:** _____

Print Staff Name

PLEASE RETURN THIS FORM TO THE SURVEY TEAM AS SOON AS POSSIBLE.

ICFMR MEDICATION ERROR TRACKER (1)

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

Date	Time of Error	Type of Error	Medication(s)	Reported Y/N	Staff Name	Investigation Y/N	Follow-up Actions	Surveyor Comments

Type of Errors: 1=Wrong Client 2=Wrong Medication 3=Wrong Dose 4=Wrong Time 5=Wrong Route 6=Medication Not Given 7=Documentation 8=Other (Describe)

ICFID MEDICATION ERROR TRACKER (2)

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

UNIT	WRONG PERSON	WRONG DOSE	WRONG DOSE	WRONG ROUTE	WRONG TIME	MED NOT GIVEN	DOC.	OTHER	Surveyor Comments
TOTAL;									

ICFID PRN REVIEW SHEET

FACILITY NAME:
DATE OF REVIEW REVIEWED BY:

CLIENT NAME	Total # of PRN's	Total # of PRN's given	Total # of PRN's documented result/reason	Comments
TOTAL PER COLUMN:				

ICFMR Personnel File Review

Facility Name _____ Surveyor Name _____

Facility # _____ Review Date _____

Mark if found in file and record completion dates as applicable

Staff Name	Job Title (review job description)	Hire Date	Health Screen	BACKGROUND CHECKS					TRAINING													
				APS	CPS	Nurse or Med. Aide Registry	Criminal Background	Sex Offender Registry	Initial Orientation	Abuse & Neglect	Rights	Infection Control	Safety	Emergencies-Disasters	CPR	First Aide	Behavior Intervention	Programming	Adapt/Aug. Devices	IPP Implem.	Verification of Cert./ License	Review of Degree Transcript
				W152	W152	17-006.03D2	W152	W152	W189	W189	W189	W455	W439	W439 W442	W192	W192	W191 W193	W194	W189	W194	W170	

Surveyor Notes (include date/time/location)

_____

_____

_____

ABUSE, NEGLECT, MISTREATMENT TRACKER

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

Case # or Client Name	Living Unit	Date of Incident	Brief Description	Date Reported to Admin.	Date reported APS	Action Taken pending Investigation Y/N	Date Invest. Completed	Allegation Sub/Unsub	Found Abuse Neglect Y/N	Admin. Approved Investigation Y/N	Notification to Guardian/Parent Y/N	Surveyor Comments

FACILITY CONTRACT TRACKER

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

TYPE OF CONTRACT	WHO IS THE LICENSED PERSON(S)?	LICENSE IS CURRENT & FACILITY HAS COPY	DATE OF CONTRACT; CURRENT?	Surveyor Comments	W-TAG
PHARMACY					W361
PHYSICIAN 24-HOUR & EMERGENCY					W329
PHYSICAL THERAPY					
OCCUPATIONAL THERAPY					
SPEECH/LANGUAGE THERAPY					
DENTAL 24-HOUR & EMERGENCY					W347 W355 W356
NURSING					W331 W335 W343- W347
VOCATIONAL/DAY SERVICES					
DIETETIC					W461
PSYCHOLOGICAL SERVICES					

OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					

FOLLOW-UP INFORMATION:

Facility Name

Date Reviewed:

Surveyor:

Assessment period starting 3/24/11

KEY: Record date/time monthly drill was conducted in the box corresponding with the shift and/or unit it was completed on. Shift times: 1st=7am-3pm; 2nd=3pm-11pm; 3rd=11pm-7am

Month/Year												
1st												
2nd												
3rd												
Tornado												

Comments:

FIRE AND EVACUATION DRILL REVIEW				
	YES	NO		Comment
Has written diaster plan			W438	
Periodic Review of Plan			W439	Is available; Staff Trained
Quarterly drills per shift			W440	
Varied conditions of drills			W441	
Staff task training for drills			W442	
Training on emergency equipment			W443	
Plan evaluation evident			W444	
Evacuate clients at drills	X		W445	
Special Provisions made for clients	X		W446	
Completed drill reports		X	W447	Failed to implement tornado policy
Investigated problems with drills	X		W448	
Correective actions made to plans	X		W449	
State Fire Marshall inspection done			W450	

Facility Name

KEY: Record date/time monthly drill was conducted in the box corresponding with the shift and/or unit it was completed on.
Shift times: 1st=7am-3pm; 2nd=3pm-11pm; 3rd=11pm-7am

Month/Year												
1st												
2nd												
3rd												
Tornado												
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Tornado												
1st												
2nd												
3rd												
Tornado												

FIRE AND EVACUATION DRILL REVIEW

	YES	NO		Comment		YES	NO		Comment
Has written diaster plan			W438		Evacuate clients at drills			W445	
Periodic Review of Plan			W439	Is available; Staff Trained	Special Provisions made for clients			W446	
Quarterly drills per shift			W440		Completed drill reports			W447	
Varied conditions of drills			W441		Investigated problems with drills			W448	
Staff task training for drills			W442		Correective actions made to plans			W449	
Training on emergency equipment			W443		State Fire Marshall inspection done			W450	
Plan evaluation evident			W444						

Facility Name Surveyor Name

Month/Year												
1st												
2nd												
3rd												
Tornado												
Other												
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Facility Name

Month/Year												
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Tornado												
Other												

Facility Name

FIRE AND EVACUATION DRILL REVIEW									
	YES	NO		Comment		YES	NO		Comment
Has written diaster plan			W438		Staff task training for drills			W442	
**FIRE			W438		Training on emergency equipment			W443	
**SEVERE WEATHER			W438		Plan evaluation evident			W444	
**MISSING CLIENT			W438		Evacuate clients at drills			W445	
Periodic Review of Plan			W439		Special Provisions made for clients			W446	
Plan is available			W439		Completed drill reports			W447	
Staff trained on plan			W439		Investigated problems with drills			W448	
Quarterly drills per shift			W440		Correective actions made to plans			W449	
Varied conditions of drills			W441		State Fire Marshall inspection done			W450	

KEY: For each month a drill is conducted, record the date and time in the box corresponding with the shift and unit it was completed on.
Shift times: 1st=7am-3pm; 2nd=3pm-11pm; 3rd=11pm-7am

SAFETY DRILL TRACKER

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

Date	Time	Shift AM=7a-3p PM=3p-11p HS=11p-7a	# Individuals	# Staff	Evacuation Time	Brief Description of Drill	Investigation Y/N	Follow-up Actions	Surveyor Comments

DISHWASHER TEMPERATURE

Facility Name _____

UNIT/DEPARTMENT NAME: _____

DATE TEMPERATURE TAKEN: _____

TIME TEMPERATURE TAKEN: _____

TYPE OF DISHWASHER: _____

PLACE TAG HERE

TEMPERATURE TAKEN ON (Circle appropriate):

PLATE	COFFEE MUG	POT/PAN
BOWL	SILVERWARE	OTHER (Specify):
DRINKING GLASS	BAKING SHEET/PAN	

COMPLETED BY: _____ **DATE:** _____

Print Staff Name

PLEASE RETURN THIS FORM TO THE SURVEY TEAM AS SOON AS POSSIBLE.

ICFMR MEDICATION ERROR TRACKER (1)

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

Date	Time of Error	Type of Error	Medication(s)	Reported Y/N	Staff Name	Investigation Y/N	Follow-up Actions	Surveyor Comments

Type of Errors: 1=Wrong Client 2=Wrong Medication 3=Wrong Dose 4=Wrong Time 5=Wrong Route 6=Medication Not Given 7=Documentation 8=Other (Describe)

ICFID MEDICATION ERROR TRACKER (2)

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

UNIT	WRONG PERSON	WRONG DOSE	WRONG DOSE	WRONG ROUTE	WRONG TIME	MED NOT GIVEN	DOC.	OTHER	Surveyor Comments
TOTAL;									

ICFID PRN REVIEW SHEET

FACILITY NAME:
DATE OF REVIEW REVIEWED BY:

CLIENT NAME	Total # of PRN's	Total # of PRN's given	Total # of PRN's documented result/reason	Comments
TOTAL PER COLUMN:				

ICFMR Personnel File Review

Facility Name _____ Surveyor Name _____

Facility # _____ Review Date _____

Mark if found in file and record completion dates as applicable

Staff Name	Job Title (review job description)	Hire Date	Health Screen	BACKGROUND CHECKS					TRAINING													
				APS	CPS	Nurse or Med. Aide Registry	Criminal Background	Sex Offender Registry	Initial Orientation	Abuse & Neglect	Rights	Infection Control	Safety	Emergencies-Disasters	CPR	First Aide	Behavior Intervention	Programming	Adapt/Aug. Devices	IPP Implem.	Verification of Cert./ License	Review of Degree Transcript
				W152	W152	17-006.03D2	W152	W152	W189	W189	W189	W455	W439	W439 W442	W192	W192	W191 W193	W194	W189	W194	W170	

Surveyor Notes (include date/time/location)

_____

_____

_____

ABUSE, NEGLECT, MISTREATMENT TRACKER

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

Case # or Client Name	Living Unit	Date of Incident	Brief Description	Date Reported to Admin.	Date reported APS	Action Taken pending Investigation Y/N	Date Invest. Completed	Allegation Sub/Unsub	Found Abuse Neglect Y/N	Admin. Approved Investigation Y/N	Notification to Guardian/Parent Y/N	Surveyor Comments

FACILITY CONTRACT TRACKER

Facility Name
Provider Number
Survey Date

Surveyor Name
Surveyor Number
Location Date Reviewed

TYPE OF CONTRACT	WHO IS THE LICENSED PERSON(S)?	LICENSE IS CURRENT & FACILITY HAS COPY	DATE OF CONTRACT; CURRENT?	Surveyor Comments	W-TAG
PHARMACY					W361
PHYSICIAN 24-HOUR & EMERGENCY					W329
PHYSICAL THERAPY					
OCCUPATIONAL THERAPY					
SPEECH/LANGUAGE THERAPY					
DENTAL 24-HOUR & EMERGENCY					W347 W355 W356
NURSING					W331 W335 W343- W347
VOCATIONAL/DAY SERVICES					
DIETETIC					W461
PSYCHOLOGICAL SERVICES					

OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					
OTHER:					

FOLLOW-UP INFORMATION:

CULPABILITY WORKSHEET **DDBH-Centers for Person with Developmental Disabilities** **CDD-0**

Make 1 copy per facility

Could the situation(s) reviewed be prevented through any of the following:

Incident	Criterion	YES/NO
#1	Staff intervention	
	Staff training	
	Provider policy	
	Individual behavioral supports	
	Tracking and trending	
	Was it preventable?	

Incident	Criterion	YES/NO
#2	Staff intervention	
	Staff training	
	Provider policy	
	Individual behavioral supports	
	Tracking and trending	
	Was it preventable?	

Incident	Criterion	YES/NO
#3	Staff intervention	
	Staff training	
	Provider policy	
	Individual behavioral supports	
	Tracking and trending	
	Was it preventable?	

Incident	Criterion	YES/NO
#4	Staff intervention	
	Staff training	
	Provider policy	
	Individual behavioral supports	
	Tracking and trending	
	Was it preventable?	

CONCLUSION: (Identify all forms of documentation used to support the conclusion)

1. Does the facility effectively prevent abuse/neglect/mistreatment?

2. Are all the individuals free from abuse /neglect/mistreatment at all times?

3. Would a reasonable person have questioned the health or safety of an occurance?

4. For allegations that were submitted, were they handled in an effective and timely manner?

5. Will the facility actions prevent recurrence?

PRTF/MHC CLIENT RECORD AUDIT

Facility Name _____ **Audit Date(s)** _____

Client Name/Identifier _____ **Male/Female** _____

Family/Guardian _____ **Date of Birth/Age** _____

Admission Date _____ **Discharge Date**

Admission Type Voluntary MHBC Court Ordered Other

Admission Orientation completed within 24hours of admission: (Tag X137)

- ☐ Physical Description or Photo
- ☐ Emergency Contact Name & #
- ☐ Physical Description or Photo
- ☐ Fee Agreement (Date)
- ☐ Client Rights (Tag X111)
- ☐ Demographic Infor Present
- ☐ All entries dated, legible a, organized and verified
- ☐ Confidentiality of records
- ☐ House Rules Posted/updated/=to rights

(Above record requirements Tag X163)

Therapist Name _____ **Medical Physician Name** _____

Psychiatrist Name **Psychologist Name**

Diagnosis:	**Assessment Completed & Date**
Axis I (Clinical disorders)	
Axis II (Personality and ID/DD)	
Axis III (General/Significant Medical conditions)	
Axis IV (Psychosocial & Environmental problems)	

Health Management	**Date**	**Follow-Up Date(s)**	**Physician Orders**	
Admission Health Screen (H&P within 90-days of admission)				
Infectious disease evaluation				Tag X143
Physical Exam/Routine Health Screen				Tag X143
Supervision of Nutrition/Diet Orders				Tag X145
Psychiatric Exam				Tag X146
Medication Reviews				
Allergies				
Other Exams (Dental, vision, etc.)				

Self Administration of Medications Yes No

Client Medications (Name, Dose, Reason Taken)	**Physician Orders**	
		Tag X163

Assessments:	**(Record Date, Identified Needs-Medical, Bio-Pycho-Social, etc.)**

Individual Plan of Care/Treatment Plan	Within 14-days of admission	30-Day Review	Client &/or Guardian Input	

Is there an individualized program of therapies, activities and experiences prescribed to meet thoseidentified objectives? Y N

Specified Care and Treatment Goal, intervention, and responsible party.	

Discharge Plan	Date	Within 30-days of admission	Identify the client's progress under the treatment plan and the reason for discharge
Plan for follow up/continued care:			
Documentation of referrals:			
Discharge or Transfer Summary:			

COMMENTS/NOTES:

FORM APPROVED
OMB NO. 0938-0062

INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION

DEFICIENCIES REPORT

Name of Facility

DEFICIENCIES		COMMENTS
1. DATA TAG NO.	2. COP/STND NO.	

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FORM APPROVED
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INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION

DEFICIENCIES REPORT

FOR INITIAL OR ANNUAL RECERTIFICATION SURVEY

I certify that I have reviewed the following requirements and condition for : (a) Full survey ____, (b) Extended Survey ____, or (c) Fundamental Survey ____, and unless indicated on this form, the facility was found to be in compliance with the Standard and the Condition of Participation.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

FOR FOLLOW-UP SURVEY

For the purpose of this onsite visit, I certify that I have reviewed each Condition of Participation and related Standard(s) found not to be in compliance during the survey on _____, and unless indicated on this form, the facility was found to be in compliance with the Standard and/or the Condition of Participation.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

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OMB NO. 0938-0062

INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION

DEFICIENCIES REPORT

Evaluate each of the requirements identified in the ICF/MR Interpretive Guidelines, (Appendix "J" to the SOM). For each identified deficiency:

A. In the first column, identify the data tag number.
B. In the second column, write the regulatory citation. If it is a Condition of Participation, enter "CoP" below the regulatory citation.
C. In column three, describe deficient facility practice and supporting findings.
D. Draw horizontal lines to separate identified tag numbers.
E. If more space is needed, photocopy FIRST page (front and back).
F. Each surveyor must sign the certifying statement on the last page.
G. If there are more surveyors to sign the last page, than are lines available on which to sign, photocopy the last page and add the additional signatures.

According to the Paperwork Reduction Act of 1005, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-062. The time required to complete this information collection is estimated to average 3 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

DDBH-CENTERS for PERSON'S with DEVELOPMENTAL DISABILITIES SURVEY INSPECTION REPORT

Summary of evidence; detemination of compliance/non-compliance

Make 1 copy per facility

Facility: _____ Administrator:_____ Initial Inspection/Periodic Inspection

CDD Address: _____ Date of Inspection:_____ Surveyor initials: _____

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-003	**Physical Plant Requirements for Group Residences (*review entire environment)**	**Regulation Met**	**Findings; comments; explanations; reference to additional document**	**C=non-compliance**
3-003.02	**Resident Bedrooms**			
3-003.02A Tag-313	Single bedrooms for ambulatory residents shall provide at least 80 square feet of usable floor area with a side dimension not less than 7 feet-0 inches. The amount of usable floor space in a resident bedroom is determined by taking adjustments into account as stated in 003.02E. Space for closets, toilet areas, bath areas, or entrance vestibules shall not be counted as usable floor area.	❍ YES ❍ NO	Form #11-Bed count & Form # 5-Observation; SEE SURVEYOR GUIDANCE waiver?	
3-003.02B Tag-314	Multi-bedrooms for ambulatory residents shall provide at least 60 square feet of usable floor space for each resident. There shall be at least 3 feet-0 inches between beds placed side-to-side and not less than 3 feet-0 inches between the heads of the beds. The amount of usable floor space in a resident bedroom is determined after taking adjustments into account as stated in 003.02E. Space for closets, toilet areas, bath areas or entrance vestibules shall not be counted as usable floor area.	❍ YES ❍ NO ❍ NA	waiver?	
3-003.02C Tag-315	**Windows.** Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. The minimum total area of the window or windows measured between stops, clear width when opened, shall be at least 10 percent of the usable floor area. All windows shall be provided with screens which are maintained in good repair. Combination storm window screens are acceptable. Full-length storm windows may be used during the winter months. Window ceils shall not be more than 36 inches above the finished floor. All exterior windows and doors shall have serviceable screens except for doors with panic hardware.	❍ YES ❍ NO	waiver?	
3-003.02D Tag-316	**Closets.** There shall be accessible private and adequate storage space for clothing and personal belongings in the bedroom area for each resident. Built-in closets or wardrobes with doors or curtains are acceptable.	❍ YES ❍ NO	waiver?	
3-003.02E Tag-317	**Ceiling Heights.** Level ceilings in sleeping rooms shall not be less than 7 feet-0 inches high in sleeping rooms with sloped ceilings, only the areas with vertical wall heights of 5 feet or more shall be included in the required usable floor area. At least half of the usable floor space must have a ceiling not less than 7 feet-0 inches.	❍ YES ❍ NO	waiver?	
3-003.02F Tag-318	**Partitions.** Partitions defining each bedroom shall run from floor to ceiling.	❍ YES ❍ NO ❍ NA	waiver?	
3-003.02G Tag-319	All resident bedrooms shall be located at or above natural grade level.	❍ YES ❍ NO	waiver?	

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-003.02H	**Doors.**			
3-003.02H1 Tag-320	Interior doors excluding the time out room doors shall not have vision panels.	❍ YES ❍ NO ❍ NA		
3-003.02H2 Tag-321	Door locks installed on sleeping room doors shall be lockable from the corridor side only, except where such doors lead directly to the outside of the building. Sleeping room doors leading directly to the outside of the building may be lockable on the room side. All locks shall permit exit from a room by a simple operation without the use of a key. Doors in homes may be lockable by the occupant if they can be unlocked by a master key from the opposite side. Master keys are to be carried by staff at all times.	❍ YES ❍ NO ❍ NA		
3-003.02H3 Tag-322	Door widths shall not be less than 3 feet wide to allow a minimum clear opening of 32 inches in the fully opened position.	❍ YES ❍ NO	waiver?	
3-003.02H4 Tag-323	Door alarms shall be provided for exterior doors when residents requiring such supervision is established by the Individual Program Plan.	❍ YES ❍ NO ❍ NA		
003.02I Tag-324	**Corridors.** Corridor widths shall not be less than 3 feet - 0 inches.	❍ YES ❍ NO	waiver?	
003.02J Tag-325	**Beds.** Each resident shall have an individual bed. Adult beds shall be at least 36 inches wide. Adult size beds shall be provided for individuals 14 years of age and older. Each bed shall have good springs and a clean, firm, comfortable mattress. Beds shall be of suitable construction and dimensions to accommodate persons using them. Bunk beds, roll-aways and trundles are not permitted.	❍ YES ❍ NO		
3-003.02K	**Bedding and Linen.**			
3-003.02K1 Tag-326	All beds provided for residents shall be supplied with suitable pillowcases and bottom and top sheets. All bedding, including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads, and all bath linen shall be kept clean. Bedding, including mattresses, mattress pads, quilts, blankets, pillows, and bed and bath linen which is worn out or unfit for further use shall not be used. Bedding shall be appropriate to the season. Pillowcases, sheets, and bath linen, after being used by one resident, shall be washed before they are used by other residents.	❍ YES ❍ NO		
3-003.02K2 Tag-327	Clean bed linen shall be furnished to maintain cleanliness and a clean washcloth, or appropriate paper service shall be available for each resident.	❍ YES ❍ NO		
3-003.02L Tag-328	**Room Furnishings**. All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains, and carpets shall be kept clean and free of dust, dirt, vermin, and other contaminants and shall be maintained in good order and repair. Each resident shall be provided with appropriate individual furniture.	❍ YES ❍ NO		
3-003.02M Tag-329	Non-ambulatory residents shall not be housed in bedrooms located above the first floor level.	❍ YES ❍ NO		
3-003.02N Tag-330	No bedroom shall have more than four beds.	❍ YES ❍ NO ❍ NA		
3-003.02O Tag-331	Every resident bedroom shall be so located that it is unnecessary to pass through another resident's bedroom for access to the bedroom or a toilet or bath area used by residents other than the resident occupying the bedroom.	❍ YES ❍ NO	waiver?	

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-003.03	**Toilets and Bathing Facilities.**			
3-003.03A Tag-332	Residential toilet facilities shall be provided as follows: one lavatory and one water closet for each six residents or fraction thereof.	❍ YES ❍ NO		
3-003.03B Tag-333	Bathing facilities shall be provided as follows: One bathing facility (tub or shower) for each eight residents. Bathtubs and showers shall be provided with stable grab bars to assist residents as needed.	❍ YES ❍ NO		
3-003.03C Tag-334	No toilet room shall open directly into a food preparation area.	❍ YES ❍ NO	waiver?	
3-003.03D Tag-335	Toilet and bathing areas and fixtures shall approximate normal patterns found in residential construction. If there are wheelchair residents in the home, the toilet and bath area shall be large enough for wheelchair use and also to include appropriate fixtures and appurtenances for the wheelchair resident's use.	❍ YES ❍ NO	waiver?	
3-003.03D3 Tag-338	Grab bars based on need.	❍ YES ❍ NO		
3-003.03D4 Tag-339	Towels or warm air hand dryers shall be provided.	❍ YES ❍ NO		
3-003.03D5 Tag-340	Toilets shall provide bar soap or a soap dispenser.	❍ YES ❍ NO		
3-003.03D6 Tag-341	Toilet tissue shall be provided within reach of the water closet seat.	❍ YES ❍ NO	water closet=toilet	
3-003.03E Tag-342	All toilet and bathing area facilities and fixtures shall be kept clean and in good repair.	❍ YES ❍ NO		
3-003.03F Tag-343	Each bathroom and toilet area shall be well-lighted (Ref: Artificial Lighting 003.04I1) with a mirror over each lavatory.	❍ YES ❍ NO		
3-003.03G Tag-344	Wherever there is a water closet, there shall be an easily accessible lavatory.	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-003.04	**Physical Requirements.**			
3-003.04A Tag-345	**Dining and Recreation**. Furnishings in the dining recreation room shall include a couch, chair(s), end tables, dining table and chairs or similar furniture to provide a comfortable setting.	❍ YES ❍ NO		
3-003.04B	**Food Service**. The kitchen may be residential in nature in both layout and equipment except the following requirements:			
3-003.04B1	Dishwashing utilizing an automatic dishwasher or a three-compartment sink is adequate if it meets the following requirements:			
3-003.04B1a Tag-346	When automatic dishwashers are used the final rinse cycle temperature shall not be less than 150º F.;	❍ YES ❍ NO	* place dishwasher sticker on environmental form	
3-003.04B1b	For chemical sanitization of dishes in a three compartment sink the following procedure is followed:			
3-003.04B1b(1) Tag-347	Immersion for a minimum of one minute in sanitizing solutions containing: at least 50 parts per million of available chlorine in water at a temperature not less than 75ºF.(one-half tablespoon of laundry bleach or similar product containing 5 1/4 percent of available chlorine to each gallon of water provides minimum concentration.	❍ YES ❍ NO ❍ NA		
3-003.04B1b(2) Tag-348	Use another commercial chemical sanitizer which has the equivalent bacterial effect at this level of chlorine. The quantity required will need to be determined on an individual basis. For some, quantity will depend on the hardness or mineral content of the local water supply.	❍ YES ❍ NO ❍ NA		
3-003.04B1b(3) Tag-349	At least a two compartment sink shall be available in each kitchen. *It is recommended that, when made up, the strength of sanitizing solutions be at least twice the minimum strength required for the particular sanitizing solution used. One tablespoon of laundry bleach or other solution containing 5 1/4 percent available chlorine to each gallon of water provides 100 parts per million.*	❍ YES ❍ NO		
3-003.04B2 Tag-350	**Food Storage.** Dry or staple foods must be stored at least 4 inches above the floor in a ventilated room not subject to sewage or waste water backflow, contamination leakage, water overflow, rodents, or vermin. This requirement does not preclude the use of dry or staple food stored in cabinets in the kitchen if these requirements are met.	❍ YES ❍ NO		
3-003.04B3 Tag-351	There is a conveniently located handwashing facility in the kitchen.	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification				CITATION
3-003.04B4 Tag-352	There is a cleanable work counter space for the preparation of meals. Formica, vinyl, or resilient type work counter coverings which are free of crevices or cracks are adequate.	❍ YES ❍ NO					
3-003.04B5 Tag-353	Refrigerators are provided for perishable foods and are kept clean and in good working order, and maintain refrigerated foods from 33º F. to 45º F.	❍ YES ❍ NO					
3-003.04B6 Tag-354	Laundry equipment shall not be located in the kitchen, but in the laundry room only.	❍ YES ❍ NO					
3-003.04C Tag-355	**Administration.** A room shall be provided for the house manager or house parents. If the house manager or family live in, their numbers shall be counted in determining the number of toilets and baths, and space allocated for dining and recreation, unless a separate apartment is provided.	❍ YES ❍ NO					
3-003.04E Tag-357	**General Storage**. General Storage in addition to linen closets and resident's room closets.	❍ YES ❍ NO					
3-003.04F Tag-358	**Ventilation.** If areas used as kitchens, bathrooms, toilet areas, or laundries are located in rooms without windows, these areas shall be provided with mechanical ventilation with vents leading directly to the outside. If these areas have windows that can be opened to the outside air, mechanical ventilation is not required.	❍ YES ❍ NO					
3-003.04G Tag-359	**Plumbing**. Hot and cold water shall be piped to all fixtures in the building except cold water shall be piped to the water closet. Hot water at fixtures used by residents for bathing and lavatories shall at a minimum be 110º F. and shall not exceed 115º F. In order to prevent a hazard to the residents mixing valves shall be utilized in cases where residents' Individual Program Plan specifies training in temperature adjustment, water temperature may exceed 115º F.	Bath 1 ❍ YES ❍ NO T_____ S_____	Bath 2 ❍ YES ❍ NO T_____ S_____	Bath 3 ❍ YES ❍ NO T_____ S_____	Bath 4 ❍ YES ❍ NO T_____ S_____	identify location & time	
3-003.04H	**Heating and Cooling**						
3-003.04H1 Tag-360	The building shall be equipped with a heating system and have a radiator, convertor, or register in each room used by residents that does not constitute a burn hazard. The heating system must be capable of maintaining a temperature of 70-75º F. during severe cold weather conditions at an elevation of 30 inches above the floor in all areas used by residents. For all facilities a cooling system is required which is capable of maintain an indoor temperature of a range of 68º F. to 78º F. during hot weather conditions at an elevation of 30 inches above the floor in all areas used by residents. Indoor relative humidity must be maintained within the 30-70% range throughout the year. If hot water or steam radiators are used, they shall be provided with covers to prevent inadvertent burns.	❍ YES ❍ NO					
3-003.04H2 Tag-361	Mechanical equipment rooms housing gas-fired heating and hot water equipment shall have positive outside combustion air supplied for the equipment.	❍ YES ❍ NO					

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-003.04H3 Tag-362	Every gas-fired or oil-fired heating appliance and hot water and other heating appliance shall be vented to the outside air.	❍ YES ❍ NO		
003.04I	**Artificial Lighting.**			
3-003.04I1 Tag-363	Each room or area, including store rooms shall be provided with adequate lighting.	❍ YES ❍ NO		
3-003.04I2 Tag-364	Extension cords or temporary outlets are prohibited. Bare incandescent bulbs are prohibited in resident areas.	❍ YES ❍ NO		
3-003.04J4 Tag-368	Each CDD must follow State Fire Marshal regulations.	❍ YES ❍ NO	*obvious violations should be referred to the State Fire Marshal	
3-003.04K	**Laundry.**			
3-003.04K1 Tag-369	Laundry services or facilities for residents shall be provided in accordance with the developmental needs of the residents.	❍ YES ❍ NO		
3-003.04K2 Tag-370	Separate storage space for soiled and clean laundry shall be located in the residence. All damp soiled linen such as bed linen, towels, and washcloths shall be maintained in covered waterproof containers.	❍ YES ❍ NO		
3-003.04K3 Tag-373	Domestic type equipment shall be provided for the laundry. Under no circumstances can the laundry be located in the food service area.	❍ YES ❍ NO		
3-004	**Health and Safely Requirements-General**			
3-004.01B Tag-401	A Center for the Developmentally Disabled shall be located in an area free of excessive dust, smoke, fumes, or obnoxious odors from refuse dumps, stockyards, and areas of heavy industry, or sources of excessive noise.	❍ YES ❍ NO	waiver?	
3-004.01C Tag-402	All resident rooms shall have windows which provide an unobstructed view of not less than 15 feet - 0 inches in at least one horizontal direction.	❍ YES ❍ NO	waiver?	
3-004.03 Tag-404	**Elevators**. All elevators in a Center for the Developmentally Disabled shall be inspected for safety at least once a year by the Nebraska Department of Labor.	❍ YES ❍ NO ❍ NA		
3-004.04	**Floors, Walls and Ceilings.**			
3-004.04A Tag-405	**Floors:** The floors of all rooms, hallways, bathrooms, storerooms, and all other spaces used or traversed by residents and staff shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. Cleaning of floors shall be done so as to minimize the raising of dust and exposure to residents thereto. The safe use of rugs, carpets, or natural stone which can be kept clean is permitted. Abrasive strips to reduce or prevent slipping shall be used where slippery surfaces present a hazard.	❍ YES ❍ NO		
3-004.04B Tag-406	Dirt floors in a basement area are prohibited. Basement floors must be concrete with proper drainage.	❍ YES ❍ NO ❍ NA	waiver?	

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-004.04C Tag-407	**Walls:** Walls in bathrooms, utility rooms, kitchens, and other wet areas shall have a smooth, washable surface. They shall be free from spaces which may harbor insects. Walls in other areas of the facility shall have a cleanable finish. Lead-based paints are not permitted in any area of the facility.	❍ YES ❍ NO		
3-004.04D Tag-408	**Ceilings.** Ceilings in areas where food is stored or prepared and in which dishes and utensils are washed shall have a washable surface. Enamel-painted plaster, gypsum board, concrete and vinyl-coated suspended ceiling panels, or equally washable surfaces are adequate.	❍ YES ❍ NO		
3-004.05 Tag-409	**Housekeeping.** All parts of the premises shall be kept clean and free of litter and rubbish.	❍ YES ❍ NO		
3-004.06 Tag-410	**Maintenance.** All parts of the facility and all equipment must be maintained in proper working order and routine maintenance functions must be performed on a timely and appropriate basis.	❍ YES ❍ NO		
3-004.07 Tag-411	**Garbage and Rubbish Disposal.** All garbage and rubbish containing food wastes shall prior to disposal, be kept in leak-proof, nonabsorbent containers with disposable liners which shall be covered with tight-fitting lids when filled or stored or not in continuous use. All other rubbish shall be stored in containers. The rooms, enclosures, areas, and containers used shall provide adequate space for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food-waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of in a manner so as to prevent the attraction of insects, rodents and vermin.	❍ YES ❍ NO		
3-004.08	**Health of Personnel.**			
3-004.08A Tag-412	All employees shall have a **health screen.** ~~which shall consist of a physical examination by a physician. All persons shall have an annual tuberculin skin test except for those who have a positive reaction and are without x-ray evidence of active disease shall be required to have either chemoprophylaxis against tuberculosis infection or a chest x-ray every three years. Results of examinations and tests shall be retained as part of the persons employment record.~~ **SEE SURVEYOR GUIDANCE-Form # CDD-17**	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO Staff C ❍ YES ❍ NO Staff D ❍ YES ❍ NO Staff E ❍ YES ❍ NO	
3-004.08B Tag-413	Any person (including any volunteer) who is afflicted with a disease in a communicable stage, or who is a carrier of a communicable disease, or who has an open wound or sore, is not permitted to work in a capacity (including food service) where there is a likelihood of transmitting the disease or infection to a resident or to other personnel.	❍ YES ❍ NO	❍ YES ❍ NO ❍ YES ❍ NO ❍ YES ❍ NO ❍ YES ❍ NO	

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-004.09 Tag-414	**Food Service.** Each facility shall comply with the provisions of the Nebraska Pure Food Act, Neb. Rev. Stat. §81-216.37 (reissue 1981) as they pertain to the Food Service Code, which means the 1976 Recommendations of the Food and Drug Administration entitle Food Service Sanitation Manual Including a Model Food Service Sanitation Ordinance as it exists on August 1, 1981, except sections 10-601 and 10-602 of such code [Neb. Rev. Stat. § 81-216.03 (1981)]. This code, in the format published by the Neb risk Department of Agriculture, Bureau of Dairies and Foods, is hereby adopted and incorporated by reference and shall have the same force and effect as if set out verbatim in this subsection (Attachment 2).	❍ YES ❍ NO		
3-004.09A	**Menu Planning**			
3-004.09A1 Tag-415	Menus shall be planned at least a week in advance.	❍ YES ❍ NO		
3-004.09A2 Tag-416	Menus shall be reviewed and approved by a dietitian before service.	❍ YES ❍ NO		
3-004.09A3 Tag-417	Substitutions shall be of equal nutritional value.	❍ YES ❍ NO		
3-004.09A4 Tag-418	Records of menus shall be filed for six months in the center.	❍ YES ❍ NO		
3-004.09B	**Modified or Therapeutic Diets.**			
3-004.09B1 Tag-419	Menus specifying portion sizes shall be planned at least two weeks in advance.	❍ YES ❍ NO		
3-004.09B2 Tag-420	Modified or therapeutic diets shall be developed by a dietitian and approved by the attending physician.	❍ YES ❍ NO		
3-004.09C	**Dining Rooms:**			
3-004.09C1 Tag-421	All residents, including the mobile and the non-ambulatory shall eat or be fed in the dining areas except when contraindicated for health reasons.	❍ YES ❍ NO		
3-004.09C2 Tag-422	Table service shall be provided for all who can and will eat at a table.	❍ YES ❍ NO		
3-004.09C3 Tag-423	Dining areas shall be equipped with tables, chairs, eating utensils and dishes to meet the developmental needs of the residents.	❍ YES ❍ NO		
3-004.09C4 Tag-424	Dining areas shall be adequately supervised and staffed for the direction of self-help eating procedures and to assure that each resident receives an adequate amount and variety of food.	❍ YES ❍ NO		
3-004.09D	**Food Purchasing:**			
3-004.09D1 Tag-425	Food shall be free from spoilage, filth, and other contamination.	❍ YES ❍ NO		
3-004.09D2 Tag-426	Food shall be obtained from approved sources that comply with all laws relating to food and food labeling.	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
3-004.09D2a Tag-427	All meat and meat products shall be U.S.D.A. approved or obtained from a meat processing plant that is approved by the U.S.D.A.	❍ YES ❍ NO		
3-004.09D2b Tag-428	Only clean whole eggs with shell intact and without cracks shall be used. Pasteurized liquid, frozen or dry egg products may be used. Commercially prepared or packaged peeled hard boiled eggs may also be used.	❍ YES ❍ NO		
3-004.09D2c Tag-429	Fresh garden vegetables may be used.	❍ YES ❍ NO		
3-004.09D2d Tag-430	The use of food in hermetically sealed containers that were not prepared in U.S.D.A. approved food processing establishments are prohibited unless canned by residents of the facility.	❍ YES ❍ NO		
3-004.09D3 Tag-431	Pasteurized Grade A milk and milk products shall be used.	❍ YES ❍ NO		
3-004.10 Tag-432	**Sewage Disposal.** The sewage shall discharge into a sewage system which complies with the rules and regulations of the Department of Environmental Control of the State of Nebraska.	❍ YES ❍ NO		
3-004.11 Tag-433	State Fire Safety Code. All Centers shall comply with State Fire and Safety Code.	❍ YES ❍ NO	safety concerns during evacuations	
3-004.12 Tag-434	**Insect and Rodent Control.** Every facility shall be constructed or equipped so as to prevent entrance, harborage, or breeding of flies, roaches, bedbugs, rats, mice, and all other insects or vermin. Cleaning renovation, or fumigation by licensed pest control operator for the elimination of such pests shall be used when necessary.	❍ YES ❍ NO		
3-004.13 Tag-435	**Water Supply.** Every facility shall have a safe, sanitary, and potable water supply, connected to municipal system when available, which complies with the provisions of Title 179, Nebraska Administrative Code.	❍ YES ❍ NO	where does the water come from & water quality?	
3-004.14 Tag-440	**Clothing**. Each resident shall have an adequate allowance of neat, clean, fashionable and seasonable clothing.	❍ YES ❍ NO		
3-004.14A Tag-441	Each resident shall have her or his own clothing, which is, properly marked with his or her name and he or she shall use this clothing.	❍ YES ❍ NO		
3-004.14B Tag-442	Such clothing shall make it possible for clients to go out of doors in inclement weather, to go on trips or visits, appropriately dressed and to make a normal appearance in the community.	❍ YES ❍ NO		
3-004.14C Tag-443	Non-ambulatory clients shall be dressed daily in their own clothing, including shoes, unless contraindicated in a written, medical order which is reviewed periodically.	❍ YES ❍ NO		
3-004.14D Tag-444	An ongoing wardrobe check should be kept on each resident's personal and clothing items to assure proper maintenance.	❍ YES ❍ NO		
3-004.15 Tag-445	**Emergency Procedures.** Facility shall have written policies and procedures providing for **quarterly fire and inclement weather drills.**	Quarter 1 ❍ YES ❍ NO	Quarter 2 ❍ YES ❍ NO / Quarter 3 ❍ YES ❍ NO / Quarter 4 ❍ YES ❍ NO / **Comments**	

DRAFT-revised-1/16/2013-10/14/2014; 1/12/2015; 1/13/2015; 1/15/2015;/1/16/2015; Revised per SM 3/15/16

Summary of evidence; detemination of compliance/non-compliance

	ELEMENTS TO BE ASSESSED	EVIDENCE	Surveyor notes/justification				CITATION
3-005	**General Operational Requirements**						
3-005.01	**Center Staff**						
3-005.01A Tag-500	**Personnel.** One individual must be identified as having primary authority for the overall operation of each Center for the Developmentally Disabled in accordance with the written policies of the Center; such a person shall be the Administrator. The Administrator shall be the contact person for the facility. This individual's name must appear on the licensure application.	❍ YES ❍ NO					
3-005.01B	**Personnel Polices.**						
3-005.01B1 Tag-501	Written personnel policies and procedures shall be established and made available to each employee. Personnel policies and procedures must be read by each employee upon employment and as revisions are made. Documentation of this shall be maintained in the employee's personnel file. Personnel policies, must address hiring, assignment and promotion of employees; grievance procedures; suspension or dismissal of an employee; and ensure that employees with symptoms or signs of communicable disease are not permitted to work.	❍ YES ❍ NO					
3-005.01B2 Tag-502	A job description for each consultant and staff position shall be established and made available to each consultant and staff person upon employment. Each job description shall include but not necessarily be limited to a description of the person's duties and responsibilities and the person's role, if any, in implementing the Individual Program Plan. Job descriptions for consultants must be included as part of the contract.	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO	Staff C ❍ YES ❍ NO	Staff D ❍ YES ❍ NO	Staff E ❍ YES ❍ NO	
3-005.01B3 Tag-503	Policies and procedures shall be available which specify the training and supervision to be given to volunteers. A volunteer shall never be left in charge of the facility.	❍ YES ❍ NO	Does the facility use volunteers?				
3-005.01C	**Training**						
3-005.01C1 Tag-504	Staff orientation for new employees must take place during the first three (3) months of employment and must begin on the first day of employment. Orientation during the first three (3) months must be consistent with the job description for the individual and the needs of individuals served. Training during the first three months shall include:	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO	Staff C ❍ YES ❍ NO	Staff D ❍ YES ❍ NO	Staff E ❍ YES ❍ NO	
(1) basic first aid and cardiopulmonary resuscitation; (2) drug administration, (inservice must be completed prior to administration of drugs); (3) Individual Program Plan development and implemention; (4) resident rights; (5) agency/facility policies and procedures; and (6) on-the-job training.							
3-005.01C2 Tag-505	Policies and procedures shall be available which specify the training to be received during the three (3) months orientation period and provide for inservice training and staff development on a regular basis thereafter.	❍ YES ❍ NO					

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification				CITATION
3-005.01C3 Tag-506	Inservice training and staff development must be available to and attended by all staff on a regular basis. Training must be consistent with the job description for the individual and the needs of the individuals to be served. A plan of inservice training and staff development shall be established for a three (3) month period and shall provide for ongoing inservice training and staff development.	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO	Staff C ❍ YES ❍ NO	Staff D ❍ YES ❍ NO	Staff E ❍ YES ❍ NO	
3-005.001C4 Tag-507	Documentation of all staff training and in-services attended shall be kept in each employee's personnel record. Inservice records shall include topic and content, actual training time and date of training.	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO	Staff C ❍ YES ❍ NO	Staff D ❍ YES ❍ NO	Staff E ❍ YES ❍ NO	
3-005.01D1 Tag-508	**Staffing.** Enough staff to meet resident needs.	❍ YES ❍ NO					
3-005.02	**Emergency Medical Services**						
3-005.02A Tag-511	There shall be written procedures for the handling of emergency situations. All employees and volunteers must have immediate access to such information along with the names, telephone numbers, location, and type of medical services available. Emergency information must be maintained in the Center at a location known to all Center employees.	❍ YES ❍ NO					
3-005.02B Tag-512	All staff shall have immediate access to residents' medical information including, name of physician(s), person to notify in case of emergency, current medications, and known allergies. Medical information must be maintained in the Center at a location known to all Center employees.	❍ YES ❍ NO					
3-005.02C Tag-513	The Center shall maintain a first aid kit adequate to deal with possible emergency situations. The first aid kit shall contain the following items: Band-Aids; adhesive tape; gauze bandages; sterile gauze pads; antiseptic such as Merthiolate; triangular bandages; sterile eye pads; scissors; tweezers; ointment, cream or spray; paper tape; and a First Aid Handbook.	❍ YES ❍ NO					
3-005.02D Tag-514	All employees shall be trained during their first three months of employment in the administration of first aid and cardiopulmonary resuscitation.	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO	Staff C ❍ YES ❍ NO	Staff D ❍ YES ❍ NO	Staff E ❍ YES ❍ NO	
3-005.03 Tag-515	**Personnel Files.** Personnel files shall be maintained in a centralized system and shall be subject to inspection by authorized representatives of the Department at any time. Personnel files shall be maintained for all personnel and shall include, but need not be limited to:	❍ YES ❍ NO					
3-005.03A Tag-516	Job description;	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO	Staff C ❍ YES ❍ NO	Staff D ❍ YES ❍ NO	Staff E ❍ YES ❍ NO	
3-005.03B Tag-517	Documentation of completed training and inservice attended;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	
3-005.03G Tag-522	Credential verification; and	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	

Summary of evidence; detemination of compliance/non-compliance

	ELEMENTS TO BE ASSESSED	EVIDENCE	Surveyor notes/justification				CITATION
3-005.03H Tag-523	Date of hiring; and	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	
3-005.03I Tag-524	Disciplinary actions, if any.	Staff A ❍ YES ❍ NO	Staff B ❍ YES ❍ NO	Staff C ❍ YES ❍ NO	Staff D ❍ YES ❍ NO	Staff E ❍ YES ❍ NO	
3-005.04	**Resident Records**						
3-005.04A Tag-525	Residents' records shall be retained for the period of time specified by the Center but no less than the period of time the individual is a resident of the Center and at least three years following the individual's discharge from the Center. In cases in which a CDD ceases operation all records of residents shall be transferred to the facility to which the resident moves; all other records of such Center for Developmentally Disabled if not specifically governed by the provisions of these regulations, shall be disposed of in accordance with Center policy so long as the residents rights of confidentiality are not violated. Resident records shall be subject to inspection by an authorized representative of the Department. Resident records may be destroyed only when they are in excess of three years of age, following resident discharge. In order to insure the resident's right of confidentiality, whenever the records of a resident of a Center for the Developmentally Disabled are destroyed or disposed of it shall be shredding, mutilation, burning or similar protective measure.	Individual 1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA	*use Hab/Health Form #10 to document individual information		
3-005.04B Tag-526	The record of each resident of a Center shall be maintained and retained in the Center. A centralized system may be kept to maintain duplicate information.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO			
3-005.04C Tag-527	A record containing information pertinent to the resident and the resident's program plan shall be maintained for each resident on the licensed premises and shall be available for inspection by any authorized representative of the Department of Health. All entries and notes in the resident's record shall be legible, dated and authenticated by signature of the person making the entry. Records in the Center shall include:	Individual1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA			
3-005.04C1 Tag-528	At the time of admission a preliminary program plan and within 30 calendar days after admission a post-admission Individual Program Plan. Thereafter an Individual Program Plan designed at least annually by an interdisciplinary team;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA			
3-005.04C2 Tag-529	Documentation of observation of the resident's response to programs implemented in the Center and recorded as specified on the program plan;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO			
3-005.04C3 Tag-530	Periodic review of the resident's Individual Program Plan by a member or members of the individual's interdisciplinary team; as determined by the team;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO			
3-005.04C4 Tag-531	Documentation of a medical examination. Upon admittance, a dated physical examination must have been completed by a physician in the past 3 months, or within 15 days following admittance;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO			
3-005.04C5 Tag-532	Documentation of a dated dental examination.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO			

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.04C6	Height and weight records must be maintained.					
3-005.04C6a Tag-533	For adults 18 years and older according to the Individual Program Plan,	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.04C6b Tag-534	For children who shall be weighed once a month,	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.04C6c Tag-535	For children whose height shall be measured quarterly,	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.04C7 Tag-536	Documentation of immunizations and dates of immunizations for children;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.04C8 Tag-537	A written physician's order for all current medications administered and all current treatments;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C9 Tag-538	Documentation of all current medications as administered;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C10 Tag-539	Documentation of visits to physician within the last 12 months;	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.04C11 Tag-540	Documentation of dental visits within the last 12 months;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C12 Tag-541	Documentation of hospitalization within the last 12 months.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C13 Tag-542	Documentation of illnesses within the last 12 months;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C14 Tag-543	Documentation of accidents and seizures for the last 12 months;	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C15 Tag-544	Documentation of monitoring of restraints and time-out rooms which includes extent of time in time-out, reason for use, 15 minutes checks of the restraint, release from restraints and exercise every 2 hours, and signature of the individual documenting monitoring of the restraints. If a time-out room is used for behavior modification programs the room must provide a minimum of 60 square feet of floor space and have a ceiling height of 9 feet. There must be a means of observing the resident while in the time-out room. Appropriate furniture, at least a bed or chair and a light must be provided. The door must be lockable from only the outside.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.04C16 Tag-545	Documentation of all current evaluations.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C17 Tag-546	Documentation of incident reports.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C18 Tag-547	Documentation of clothing and personal possession profiles inventory.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.04C20 Tag-549	Documentation of resident consent forms.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	restriction of rts	
3-005.04D Tag-550	If vocational services are offered to the residents of the Center for the Developmentally Disabled	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05 Tag-551	**Rights of Residents. The Center shall have policies and procedures assuring that all residents of a Center for Developmentally Disabled persons have the same constitutional rights as all other citizens unless specific rights have been removed:** **(1) by court of law after the resident has been afforded his or her full due process rights, or** **(2) for the particular circumstances and with specific safeguards outlined.**	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
Tag-551 Cont.--The Center shall have a Human Rights Committee. Policies and procedures regarding Resident's Rights should be reviewed by the Human Rights Committee at least annually. Any compromise of these rights must be documented with justification. Residents shall have a right to treatment, services and habilitation designed to maximize developmental potential of the person and provide a setting that is least restrictive of the resident's personal liberty. A Human Rights Committee must be established for each Center. Reports of the Committee meeting must be available in each facility served or locale and must specify what occurred during the Committee meetings.						
3-005.05A Tag-552	**Protective Safeguards of Residents' Rights.** The Center's Human Rights Committee shall review and take action and in accordance with written policies and procedures with respect to alleged instances of mistreatment, neglect, abuse, exploitation, and situations in which restraints, psychotropic medication or aversive conditioning are used. Documentation of reviews and actions by the Human Rights Committee must be maintained in the Center for the residents of the Center. Composition of the Human Rights Committee shall be as follows: (1) Administrative staff representative; (2) Residential and service staff; (3) Direct consumer, i.e., resident; (4) Indirect consumer, i.e., the parents or guardian of a resident; (5) Representatives from community concerned with rights of individuals with developmental disabilities.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.05B Tag-553	**Information Regarding Rights.** Each resident must be informed, by an appropriate communication system of his or her rights and responsibilities as a resident, and of all rules and regulations governing resident conduct and responsibilities. Receipt of such information must be acknowledged in writing by the resident or his or her family, guardian, or representative, where applicable, and maintained in the resident's record in the Center. If written acknowledgement cannot be obtained, information regarding resident's rights should be sent to his or her family or guardian or representative by certified mail.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.05C Tag-554	**Recognition of Human Dignity.** Each resident shall be treated with consideration, respect, truthfulness, and full recognition of his or her dignity and individuality, including privacy in treatment and in care of his or her personal needs. Residents' individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs and entertainment shall be elicited and respected by the facility. Privacy of a resident's body shall be maintained during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05D Tag-555	**Input into Decision Making,** There shall be documentation that each resident is afforded maximum opportunity to participate in any decisions concerning his or her person, including those decisions involving medical care and treatment, residency and the development and implementation of the Individual Program Plan. If it is determined that informing residents of their conditions is medically contraindicated, this decision and reasons for it shall be documented in the Center in the resident's record by the physician.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.05E Tag 556	**Freedom from Restraints and Abuse.** Mistreatment, neglect, physical, mental or verbal abuse, or exploitation of residents in any form is prohibited. The Center must have a written policy that defines use of behavior modification programs, the staff members who may authorize their use, and a mechanism for monitoring and controlling their use. Seclusion (defined as the placement of a resident alone in a locked room) is also prohibited. Physical restraints, psychotropic medications or aversive conditioning techniques shall be employed only in accordance with policies and procedures approved by the Human Rights Committee and shall be employed only after approval by the same. Physical restraints, psychotropic medication and aversive conditioning techniques (defined as using noxious or aversive stimuli) shall never be used as a punishment, for the convenience of staff, or as a substitute for programs, and shall be applied only after other means of controlling behavior have been tried and failed. Documentation of the failure of these alternative techniques shall be included in a resident's record and reviewed by the Human Rights Committee. Prior to the incorporation of physical restraints, psychotropic medications, or aversive conditioning techniques in a resident's habilitation plan, except when absolutely necessary if in an emergency situation to prevent a resident from seriously injuring himself or others: (1) It must be documented in the resident's record in the Center that physical restraints, psychotropic medications or aversive conditioning techniques, or any or all of them are essential fro the resident's habilitation and that less restrictive techniques have been attempted and have failed; and (2) Incorporation of aversive techniques, physical restraints, or psychotropic medications in the resident's habilitation plan has been with the informed consent of the resident, or his or her family, guardian, or representative, when applicable, and documented in the resident's record in the Center. The written policies and procedures of the facility governing the use of restraints must delineate the following:	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	Form #8 abuse/neglect tracker; Form #9 culpability as needed; Form #10 hab/health	
3-005.05E1 Tag-557	Physician's orders must indicate the specific reasons for the use of restraints and must specify the type of restraints used;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.05E2 Tag-558	The use of restraints must be temporary and the resident shall not be restrained for an indefinite amount of time;	Individual 1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA		
3-005.05E3 Tag-559	Orders for restraints shall not be enforced for longer than 12 hours, unless the resident's condition warrants and must be reordered every 12 hours by the physician;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E4 Tag-560	A resident placed in the restraint shall be checked at least every 15 minutes by appropriately trained staff and an account must be kept of this surveillance;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E5 Tag-561	Reorders shall be issued only after a review of the resident's condition;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E6 Tag-562	The use of restraints must not be employed as punishment, for the convenience of the staff, or as a substitute for supervision.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E7 Tag-563	Mechanical restraints must avoid physical injury to the resident and provide a minimum of discomfort;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	Does the P & P provide for the use of mechanical restraints	
3-005.05E8 Tag-564	The opportunity for motion and exercise must be provided for not less than 10 minutes during each 2 hours in which restraints are employed, except at night, if the client is asleep;	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
The following documentation is required before incorporation in the resident's habilitation plan of more restrictive methods of managing behavior, i.e., psychotropic medication, restraint or aversive conditioning						
3-005.05E8a	A complete description of the maladaptive behavior.					
3-005.05E8a(1) Tag-565	The form of the behavior.	Individual 1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA		
3-005.05E8a(2) Tag-566	Where and when the behavior occurred	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8a(3) Tag-567	The frequency of occurrence of the behavior.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05Ea(4) Tag-568	The results of this occurrence.	Individual 1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA		
3-005.05E8b	The previous intervention approaches tried.					

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.05E8b(1) Tag-569	The description of the teaching procedures.	Individual 1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA		
3-005.05E8b(2) Tag-570	The persons responsible.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8b(3) Tag-571	The setting.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8b(4) Tag-572	The time spent per day and week.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8b(4) Tag-573	Length of duration.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8b(6) Tag-574	The results of the alternative approaches.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8c	The proposed procedure.					
3-005.05E8c(1) Tag-575	The description of the proposed procedure.	Individual 1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA		
3-005.05E8c(2) Tag-576	The persons responsible.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8c(3) Tag-577	The setting.	Individual 1 ❍ YES ❍ NO ❍ NA	Individual 2 ❍ YES ❍ NO ❍ NA	Individual 3 ❍ YES ❍ NO ❍ NA		
3-005.05E8c(4) Tag-578	The rationale for choosing this specific procedure.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05E8c(5) Tag-579	The evaluation of the program (data collection).	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005-05E8c(6) Tag-580	Who will review it.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05E8c(7) Tag-581	The proposed length of the implementation.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05E8c(8) Tag-582	Who can terminate the procedure.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.05E8c(9) Tag-583	Who will monitor and how frequently will they monitor.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.05F Tag-585	**Discipline of Residents.** Residents shall not discipline other residents, except as part of an organized self-government program which is conducted in accordance with written policy of the Center	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05G Tag-586	**Freedom of Association and Communication.** Each resident shall be afforded the right to communicate, associate, and meet privately with persons of his or her own choice; to send and receive his or her personal mail unopened; and to participate in activities of social, religious and community groups at his or her discretion. There will be documentation of the rationale for the restriction of any of these rights. A decision to restrict a visitor is reviewed and re-evaluated each time the resident's Individual Program Plan is reviewed by the Interdisciplinary Team and medical orders are reviewed by the physician or at the resident's request. Close relative shall be permitted to visit residents at reasonable hours without prior notice.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05H Tag-587	**Confidential Treatment of Resident Information.** Each resident shall be assured of confidential treatment of all information contained in his or her record and his or her written, informed consent, or the written, informed consent of his or her family, guardian or representative, if applicable, shall be required for the release of the information to persons who are not authorized under law to receive it.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05I Tag-588	**Freedom from Interference with Personal Financial Affairs.** Each resident shall be afforded the right to manage his or her personal financial affairs. In the event a resident has had a conservator appointed by a court of law, the conservator shall be free to manage the resident's personal financial affairs within the bounds of the court order appointing the conservator. Each resident and his or her parent(s), or conservator, if applicable, shall be informed orally and in writing of all financial responsibilities involved in being a resident of a Center for Developmentally Disabled persons. Written authorization from the resident or his or her conservator, if applicable, shall be obtained when the Center is handling the resident's funds and documented in the resident's record in the Center.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO	* Form #12 financial	
3-005.05I1 Tag-589	The Center must maintain a written account of all resident's funds received by or deposited with the facility.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05I2 Tag-590	The Center may, at the resident's request, keep on deposit personal funds over which the resident has control. Should the resident or conservator, where applicable, request these funds, they shall be given to him or her upon request with receipts maintained by the facility and a copy to the resident.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05I3 Tag-591	If the Center makes financial transactions on a resident's behalf the resident or his representative must receive, or acknowledge that he has seen an itemized accounting, of disbursements and current balances at least quarterly. A copy of this statement must be maintained in the resident's financial or business record.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.05J Tag-592	**Freedom from Involuntary Servitude**. No resident shall ever be required to perform labor which involves the operation and maintenance of the program or facility or the regular care, treatment, or supervision of other residents. Residents may voluntarily perform any work available to the. Residents may be required however, to perform tasks of a housekeeping nature (such as the making of their own bed) without compensation.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05K Tag-593	**Transfer or Discharge of Residents**. When the resident is transferred or discharged, the reason for the transfer or discharge and a summary of findings, progress and plans must be recorded and made available to both the transferring facility and the facility transferred to. Except in an emergency, the resident or his or her parents, guardian, or representative, if applicable, must be informed in writing at least 30 days in advance of transfer and at least 60 days in advance of discharge, and his or her written consent obtained. The Interdisciplinary Team must convene prior to transfer or discharge of a resident and must review the move.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05L Tag-594	**Fee Schedule.** The agency provides each resident a fee schedule of its charges for services to the resident.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06	**Services to Residents**					
3-005.06A Tag-600	A Center may not admit anyone whose current identification needs it cannot meet. Evaluations by at least a physician, a psychologist, a social worker and residential staff must be completed prior to admission.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06B Tag-601	The interdisciplinary team is responsible for development of a preliminary program plan at the time of admission, an Individual Program Plan within 30 days, and at least annual review of the Individual Program Plan. The Interdisciplinary Team shall consist of at least:	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06B1 Tag-602	The individual's case manager,	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06B2 Tag-603	The individual's parent or guardian, if applicable,	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06B3 Tag-604	The individual to be served, or reason for nonattendance,	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06B4 Tag-605	A representative from the Center's residential programmatic staff,	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06B5 Tag-606	Professionals from those disciplines for which there are currently identified needs, including vocational staff, if applicable and school system representative, if applicable. *If any member(s) of the previous team are not involved in this determination, the reasons for their nonparticipation shall be documented in the minutes of the Interdisciplinary Team meeting. Program Plans shall include the signatures of the individual's participating in the Interdisciplinary Team meeting.*	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
Professionals who participate on the Interdisciplinary Team must meet state licensing requirements. This includes:						
3-005.06B5a Tag-607	Psychologists must be licensed to practice in the State and certified by the Department as qualified to practice clinical psychology.	❍ YES ❍ NO				
3-005.06B5b Tag-608	Social Service Workers must have a minimum of a baccalaureate degree from an accredited college or university, in social work, mental retardation, or a related field.	❍ YES ❍ NO				

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.06B5c Tag-609	Physicians must be licensed to practice in the State.	❍ YES ❍ NO				
3-005.06B5d Tag-610	Dentists must be licensed to practice in the State.	❍ YES ❍ NO				
3-005.06B5e Tag-611	Dietitians must be eligible for registration by the American Dietetic Association under its requirements in effect on January 17, 1974 or have a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, have one year of supervisory experience in the dietetic service of a health care institution, and also participate annually in continuing dietetic education.	❍ YES ❍ NO				
3-005.06B5f Tag-612	Speech pathologists or audiologists must be licensed to practice in the State.	❍ YES ❍ NO				
3-005.06B5g Tag-613	Physical Therapists must be licensed to practice in the State.	❍ YES ❍ NO				
3-005.06.B5h	Occupational Therapists must be:					
3-005.06B5h(1) Tag-614	Graduates of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or	❍ YES ❍ NO				
3-005.06B5h(2) Tag-615	Eligible for certification by the American Occupational Therapy Association under its requirements in effect on the effective date of these regulations; or	❍ YES ❍ NO				
3-005.06B5h(3) Tag-616	Have 2 years of competent experience as an occupational therapist.	❍ YES ❍ NO				
3-005.06C	The individual evaluations conducted by the disciplinary areas shall include:					
3-005.06C1 Tag-617	Summary of progress towards meeting the current Individual Program Plan's goals and objectives and assessments of continuing need for care,	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06C2 Tag-618	Identification of the tools or methods used for assessment,	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06C3 Tag-619	Needs, strengths and weaknesses (barriers),	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06C4 Tag-620	Recommendations if the resident has habilitative needs (shall be stated behaviorally),	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06C5 Tag-621	Written in language clearly understandable by all.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D	The Individual Program Plan shall include:					
3-005.06D1	Behaviorally stated long term goals and short term objectives, that are:					
3-005.06D1a Tag-622	Stated separately, (that is each objective is stated in terms of a single behavioral outcome),	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06D1b Tag-623	Assigned projected completion dates	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06D1c Tag-624	Expressed in behavioral terms that provide measurable indices of progress (inclusive of a pass and a fail criteria)	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.06D1d Tag-625	Sequenced within a developmental progression appropriate to the individual, and	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D1e Tag-626	Assigned priorities.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.05D2 Tag-627	A description of the manner in which objectives will be achieved and possible barriers to the achievement of them in common language understandable by all concerned; a training plan shall be written for the implementation of each objective specifying:	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D2a Tag-628	Data collection procedures	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D2b Tag-629	Training procedures	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D2c Tag-630	Staff responsible for training	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D2d Tag-631	A training plan shall be written for the implementation of each objective specifying the reinforcement schedule.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D2e Tag-632	Conditions (environment) and materials needed	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D2f Tag-633	Method by which effectiveness of program will be evaluated.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D3 Tag-634	A statement (in readily understandable form) of specific habilitation services to be provided, containing the identity of the individual (by name and title) or agency which will deliver each service, and specifying the date of the initiation of each service to be provided and proposed duration of each service.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO	* Form #10 hab/health	
3-005.06D4	Activity schedules that are an active extension of the IPP. The schedule shall be recorded and shall include:					
3-005.06D4a Tag-635	Resident's schedules on a weekly basis.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06D4b Tag-636	Time periods in which staff are working with residents on their Individual Program Plans.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D4c Tag-637	Time periods residents are working alone or together on skill attainment.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06D4d Tag-638	Times for the individual to choose activities that interest him or her.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D5 Tag-639	Ongoing staff services (responsible persons)	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D6 Tag-640	Restrictions of resident rights	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D7 Tag-641	Barriers to programming, i.e., blind, non-ambulatory	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D8 Tag-642	Guardianship status	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.06D9 Tag-643	Admission date	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06D10 Tag-644	Primary relative, guardian or advocate	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E Tag-645	At the time of admission, a preliminary program plan shall be developed by an Interdisciplinary Team which may provide for the continuation of existing programs from a previous facility, but shall for all individuals include comprehensive evaluation of the individual's developmental needs to be completed within 30 days following admission. Reassessments must be provided annually or more frequently if needed as determined by resident needs. Comprehensive evaluations must include:	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E1 Tag-646	Medical (upon admission and thereafter as needed) evaluations shall address physical and mental health and include medication history.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E2 Tag-647	Dental (upon admission and thereafter as needed) evaluations shall include complete extra and intra-oral examinations.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E3 Tag-648	Sensorimotor Development.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E4 Tag-649	Communicative Development.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E5 Tag-650	Social Development. (Upon admission and thereafter as needed.)	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E6 Tag-651	Affective Development.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E7 Tag-652	Cognitive Development.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06E8 Tag-653	Adaptive behaviors or independent living skills.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E9 Tag-654	Dietary, if applicable. Dietary evaluations shall address eating skills; adaptive equipment; modified diets; and edible reinforcers, and nutritional inducements.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.06E10 Tag-655	Speech, if applicable. Speech evaluations shall include appraisal of articulation, voice rhythm, and language.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.06E11 Tag-656	Audiology, if applicable. Audiology evaluations shall include tests of pure tone air and bone conduction, speech audiometry, and other procedures as necessary, and include assessment of the use of visual cues, and use of amplification.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06E12 Tag-657	Physical therapy, if applicable. Physical therapy evaluations shall address the preservation and improvement of abilities for independent function such as range of motion, strength tolerance, coordination, and activities of daily living; and prevention, insofar as possible of irreducible or progressive disabilities through means such as the use of orthotic and pros ethic appliances, assistive and adaptive devices, positioning, behavior adaptions and sensory stimulation.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification			CITATION
3-005.06E13 Tag-658	Occupational therapy, if applicable. Occupational therapy evaluations shall address the preservation and improvement of abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living; and prevention, insofar as possible of irreducible or progressive disabilities through means such as use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations, and sensory stimulation.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.06E14 Tag-659	Psychological (an initial evaluation upon admission and thereafter as needed.) Psychological evaluations shall address perceptual skills, social skills, self-direction, emotional stability, and effective use of time (including leisure time). Full-scale shall include IQ and adaptive behavior scale.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA		
3-005.06E15 Tag-660	Vocational, if applicable. Vocational evaluations shall address resident aptitudes, abilities, interests, work attitudes, work habits, work tolerances, community and social skills.	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	❍ YES ❍ NO ❍ NA	*only if voc services provided at the residence	
3-005.06F1 Tag-661	The post-admission Individual Program Plan, which shall include measurable goals and objectives, is developed and implemented within 30 calendar days after admission by the Interdisciplinary Team.	Individual 1 ❍ YES ❍ NO	Individual 2 ❍ YES ❍ NO	Individual 3 ❍ YES ❍ NO		
3-005.06F2 Tag-662	Continued placement and programs must be determined in accordance with developmental needs as identified by comprehensive assessments and not be contingent on age or time restrictions.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06G Tag-663	All programs must be implemented as specified on the program plan. Programming frequency must be according to normal life activities.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06H Tag-664	The ongoing implementation and continuing appropriateness of the Individual Program Plan must be reviewed at least quarterly by the Individual's Interdisciplinary Team.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06I Tag-665	The Individual Program Plan itself must also be reviewed and modified as necessary by the individual's Interdisciplinary Team at intervals determined by the team, and at least annually.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06J Tag-666	Residents must be provided with leisure time activities by the Center which shall be directed at keeping the resident both physically and mentally alert and active.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06K Tag-667	The Center shall utilize, as extensively as possible, generic services and resources appropriate to the needs of the individuals served, including introducing individuals into the environments available in the community that are most appropriate to addressing their needs. There must be written policies and procedures to utilize these resources within the scope of availability.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06L Tag-668	Services must be provided in settings that are appropriate for and that encourage disabled individuals to experience relationships with non-disabled persons in community activities.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		
3-005.06M Tag-669	The Interdisciplinary Team shall identify one staff person as responsible for coordinating all services provided to the resident by the Center. This person shall be designated on the resident's Individual Program Plan.	❍ YES ❍ NO	❍ YES ❍ NO	❍ YES ❍ NO		

Summary of evidence; detemination of compliance/non-compliance

ELEMENTS TO BE ASSESSED		EVIDENCE	Surveyor notes/justification	CITATION
ADDITIONAL ISSUES TO ADDRESS:				
	CLIA:	❍ YES ❍ NO ❍ NA		
Chapter 99	**NURSE DELEGATION:**	❍ YES ❍ NO ❍ NA	*Refer to Program Manager prior to citation for further instructions.	
172-Chapter95	**MEDICATION AIDE**	❍ YES ❍ NO ❍ NA	Form #6-Med Aid regs & Form #7-Med Pass	
	OTHER		ex-Form #9-Culpability	
	REFERRALS-POL/NURSING/MED AIDE		*if referral made; email should be attached	

I/We certify that I/we have reviewed the above requirements for a survey conducted at a Center for Person's with Developmental Disabilities. As indicated on this form, the facility was found to be in compliance/not in compliance with the regulations.

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

INFORMATION REQUEST **DDBH-CENTERS FOR PERSON'S with DEVELOPMENTAL DISABILITIES** **Form 3**

RESIDENCE ADDRESS:			
Please do not make copies of these documents unless requested by surveyor			
Description of Document	Copies	Available for Review	Who will provide?
Current Client list with admit date to the residence; to the Agency	X-ASAP		
Current list of staff with first and last names and hire date if available	X-ASAP		
Current policies and procedures (do not copy) include medical and medication aide policies/procedures. **Will current P & P also be found at the residence?**		X	
Internal investigations for the last 12 months		X	
Grievances filed on behalf of all clients residing at the residence.		X	
Human legal rights committee meeting minutes (specific to individuals at the CDD)		X	
Fire and Tornado drills for the last 12 months		X	
Documents reporting--Incident reports and Medication errors for the last 3 months for sampled clients (these documents would include but not be limited to accidents, injuries, client to client, SIB, staff to client, financial and medication errors. Residential documentation only.		X	
Review of the following will occur at the residence-Client records for the sample which will include IPP's (addendums and semi-annuals), Behavior Support plans, Safety Plans; assessments, programs and medical records.		X	
Employee records for direct care staff sample: initial and ongoing training records; certificate/license verification records; employee health screen		X	
Job descriptions: Direct Care Staff, Nurse and Residential Supervisor		X	
Additional information that may be required during the inspection:			

Given to:

Name/Title: _____ Date: _____

Surveyor: _____ Date: _____

Sign/date-leave a copy with the facility

Sample Selection

DDBH-CENTERS FOR PERSON'S WITH DEVELOPMENTAL DISABILITIES

CDD-4
Make 1 copy per facility

Provider: _____

Date of survey:_____

Facility Address: _____

Surveyor intitals:_____

In Sample	Client Identifer	Client Name	Age	Ambulation (I-Independent, A-Assisted, WC-Wheel chair)	Communication (V-Verbal, NV-Non-Verbal, S-Sign; communication devices-manual, electronic)	Health Service Needs (e.g. colostomry, g tube, seizure, --specify)	Adaptive Devices (P-Physical, H-Hearing, V-Visual, D-Dental, M-Mealtime, O-Other)	Restrictions (M-Medication, R-Restraint, L-Locks, F-Fianances, O-Other)[551-005.05-Rights of Res; 552-Protecive Safeguards of Res rights]	Behavior Support Plan/Safety Plans (574-Proposed procedures-005.05E8c)	NOTES

DDBH-CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Date:	**Type: initial survey investigation periodic survey revisit**					
CDD address:						**Surveyor:**
Demographic information-identify source-eg-IPP						Source
Name/DOB:						
Date of Admission:	Provider-		CDD-			
Day Provider/School:			at CDD?			
Guardian/Legal Rep/Contact #		Full	Partial	Conservator	Other	
Service Coordinator:	IPP Annual date:		Semi-Annual date:			
Diagnosis:						Source
		Modified diet:		Gtube:		
High Risk: behavior/medical-						
Additional information:						Source
Restrictions:	Locks-windows/doors	Restraints/Holds	Limited Community access			
Psych Meds	Personal Property	Alarms-interior and exterior windows and doors				
Methods of communication:						
Outside Professional Services:	PT OT Orthopedic Home Health Hospice Speech Counseling Other					
ADL skill level:		Alone/Independent Time:				
Individual finances? Personal funds?		Transportation-		Respite: Y/N		
Adaptive Equipment/Supports: verify-eg-observation, interview, documentation						Source
glasses	mechanical lift		orthotics	bed/rails	wheelchair	walker
dentures	gait belt/trainer		oxygen	audio/visual monitors	stander	
hearing aides	eating utensils		helmet	Other-identify:		

HABILITATION RECORD REVIEW	
Current Assessments: name, date, identified record	Source
If Applicable	Source
Preliminary Program within 30 days	
Post-admission plan; 30 days after admit	
Admission assessment evidence	
Transfer/Discharge of Residents if applicable: in writing at least 30 day of transfer 60 days if discharged	
Formal Training Programs: *Behaviorally stated goals and short term objectives, stated separately, completion dates, measurable, summary of progress, needs 7 strengths, sequenced & prioritized, frequency, training procedures, data collection, conditions, materials used, method of evaluation and setting should all be included in data collection.*	Source/ evidence of data collection

Behavior Support Plan-Target Behaviors	Data Collection

Behavior Management Goals	Data Collection

Behaviors addressed--no through formal programming	SOURCE

Less restrictive methods identified:	SOURCE

Human Rights Committee Documentation	**SOURCE**
(Freedom from Restraint & Abuse Policy/Procedures must delineate the following through policy and documentation)	

COMMENTS:

Title 72	Professional and Occupational Licensure	reviewed	comments
Chapter 95	**Administration of Medications by Medication Aides and Medication Staff**		
95-001	**Scope: The administration of medication is a regulated activity**		
95-001.01	**Administration of medication includes three components:**		
	1. The physical act of giving or applying a medication		
	2. The recording of the physical act; and		
	3. The observing and monitoring for, and taking appropriate action regarding, desired effects, side effects, interactions, and contraindications associated with the medication.		
95-001.02	**All of the components of administration may be performed by:**		
	1. A competent recipient;		
	2. A caretaker, or		
	3. A licensed health care professional.		
95-001.03	There are circumstances under which it is appropriate and desirable for the individuals set out in 172 NAC 95-001.02 to receive assistance with the administration of medication. These regulations identify the circumstances and conditions under which assistance with administration of medication may be provided by unlicensed individuals as indicated in 172 NAC 95-001.04.		
95-001.04	These regulations allow for assistance with administration of medication only by:		
	1. Medication aides;		
	2. Persons licensed to operate a child care facility or staff members of a child care facility; or		
	3. Staff members of a school.		
95-001.05	The persons identified in 172 NAC 95-001.04 may assist with the provision of medication, and with the documentation of the provisions of the medication; and, under the specific conditions set forth in 172 NAC 95-006, these persons may also participate in observing and reporting.		
95-001.06	These regulations do not govern:		
	1. Self-administration of medication by a competent individual;		
	2. Self-provision of medication by a minor or other non-competent individual when directed and monitor by the individual's caretaker or licensed health care professional;		
	3. Administration of medication by licensed health care professionals;		
		reviewed	comments
	4. Provision of medication in an emergency situation;		
	5. Administration of medication to an individual in that individual's home, which includes foster family homes, group homes, child caring agencies and child		

	placing agencies as defined in Neb. Rev. Stat. § 71-1902, except, administration of medication in the home is regulated if provided through a licensed home agency or through licensed or certified home and community based providers; and		
	6. Provision of reminders to persons to self-administer medication or assistance to persons in the delivery of non-therapeutic topical applications by in-home personal services workers.		
95-002	**Definitions: For the purposes of the Act and these regulations, the following definitions apply:**		
95-003	**Minimum Competency Areas and Standards**		
95.003.01	Competency areas: Medication aides and medication staff must be competent in the following areas:		
	1. Maintaining confidentiality; **2.** Complying with a recipient's right to refuse to take medication; **3.** Maintaining hygiene and current accepted standards for infection control; **4.** Documenting accurately and completely; **5.** Providing medications according to the five rights; **6.** Having the ability to understand and follow directions; **7.** Practicing safety in application of medication procedures: **8.** Complying with limitations and conditions under which a medication aide or medication staff may provide medications; **9.** Having an awareness of abuse and neglect reporting requirements; and **10.** Complying with every recipient's right to be free from physical and verbal abuse, neglect, and misappropriation or misuse of property.		
95.003.02	**Competency Standards: The standards for each of the competencies set out in 172 NAC 95-003.01 are:**		
	1. Does not share confidential information except when it affects the recipient's care and is to the appropriate person(s);		
	2. Does not force recipients to take medication. Uses appropriate measures to encourage taking of medications when directed for recipients who are not competent;		
		reviewed	**comments**
	3. Utilizes appropriate infection control principles when providing medications;		
	4. Accurately documents all medication provided including the name of the medication, dose, route, and time administered and any refusal of medication, and spoilage;		

	5. Provides the right medication, to the right person, at the right time, in the right dose, and by the right route;		
	6. Comprehends written or oral directions		
	7. Properly:		
	a. Stores and handles all medication in accordance with entity policy;		
	b. Intervenes when unsafe conditions of the medication indicate a medication should not be provided; and		
	c. Provides medication to recipients in accordance with their age and condition;		
	8. Knows that they must:		
	a. Be competent and have been assessed;		
	b. Always comply with the five rights of provision of medications;		
	c. Record all medication provided or refused; and		
	d. Have additional competencies to provide additional activities;		
	9. Identifies:		
	a. Occurrences of possible abuse of a vulnerable adult and reports this information to the appropriate person/agency as required by the Adult Protective Services Act; and		
	b. Occurrences of possible abuse or neglect of a child and reports this information to the appropriate person/agency as required by Neb. Rev. Stat. §§ 28-710 to 28-727; and		
	10. Does not misuse recipient property or cause physical harm, pain, or mental anguish to recipients.		
95.003.03	**Competency Assessment**		
95.003.03A	Medication aides and medication staff must meet the standards set out in 172 NAC 95-003.02.		
95-003.03B	The methods for assessment and those who may complete an assessment of medication aides or medication staff are regulated by and set out:		
	1. For medication aides in 172 NAC 96		
	2. For medication staff at schools in 92 NAC 59; and		

		reviewed	comments
	3. For licensees or medication staff at Family Child Care Homes I and II, medication staff at Child Care Centers, and medication staff at Preschools, in 391 NAC.		
95-004	**Provision of Direction and Monitoring:** Medications may be provided by medication aides and medication staff only when direction and monitoring is provided and documented.		
95-004.01	**Direction and monitoring must be provided by:**		
	1. A competent recipient; or		
	2. A caretaker; or		
	3. A licensed health care professional. A licensed health care professional who provides direction and monitoring must do so within the prevailing practice standards of the profession. Licensed Practical Nurses must do so under the direction and in accordance with the Nurse Practice Act.		
95-004.02	A medication aide or medication staff may not provide direction and monitoring but may participate in observing and reporting as provided in 95-006.01, item 3.		
95.004.03	Acceptance of responsibility for direction and monitoring must be in writing and must be provided by one of the following: a competent recipient, a caretaker, or a licensed health care professional.		
95-004.03A	Acceptance of responsibility for direction and monitoring for a competent recipient may be provided by the recipient him/herself, a caretaker, or a licensed health care professional.		
95-004.03B	Acceptance of responsibility for direction and monitoring for recipients who are not competent may be provided by a caretaker or a licensed health care professional.		
95.004.03C	For recipients who are not competent and for whom there are no caretakers, acceptance of responsibility for direction and monitoring must be provided by a licensed health care professional. Documentation may be accomplished by any of the following methods:		
	1. When licensed health care professionals are employees, entities may identify on an individual basis or by title and job description/role delineation the licensed health care professional or the classification(s) of licensed health care professionals who are monitoring. Written acceptance of responsibility is not required to be recipient-specific and can be through acceptance of title and job description/role delineation.		
		reviewed	comments

	2. When licensed health care professionals are not employees, entities must identify the licensed health care professional by name, profession, and license number who is designated to provide direction and monitoring. Written acceptance of responsibility must be recipient-specific.		
	3. A licensed health care professional who provides direction and monitoring directly to the recipient, rather than indirectly through employment by a facility or other entity, must have a documented professional relationship with the recipient, or with a responsible party on behalf of the recipient. The documentation must include the health care professionals acceptance of the responsibility for direction and monitoring.		
95-005	**Usual Activities in the Provision of Medications**		
95-005.01	All medication aides and medication staff when directed and monitored in accordance with 172 NAC 95-004, may provide routine medications by the following routes:		
	1. Oral, which includes any medication given by mouth, including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;		
	2. Inhalation, which includes inhalers and nebulizers. Oxygen may be given by inhalation;		
	3. Topical application of sprays, creams, ointments, and lotions and transdermal patches; and		
	4. Instillation by drops, ointments, and sprays into the eyes, ears, and nose.		
95-005.02	All medication aides and medication staff must make an accurate record of their provision of medication.		
95-005.02A	The record of provision of medication must include but is not limited to:		
	1. Identification of the recipient;		
	2. Name of the medication given;		
	3. The date, time, dosage, and route for each medication provided;		
	4. Identification of the person who provided the medication; and		
	5. Any refusal by the recipient to take and/or receive a medication.		
95-005.02B	The record must be given to the entity employing the medication aide or medication staff. The record must be kept and and maintained as required by 172 NAC 95-010.		
95-005.02C	Any medication error must be reported to the person responsible for providing direction and monitoring immediately upon discovery of the error.		
		reviewed	**comments**
95-006	**Additional Activities:** In addition to the activities specified in 172 NAC 95-005.01, items 1-4, medication aides and medication staff may provide optional additional activities in accordance with this section. Any additional activity must be done under the direction and monitoring required in 172 NAC 95-004.		

95-006.01	The optional additional activities which may be provided by a medication aide or a medication staff are:		
	1. Provision of PRN medications,		
	2. Provision of medications by routes in addition to those identified in 172 NAC 95-005 but not including medications or fluids intravenously. Acceptable additional routes may include gastrostomy tube; injections including subcutaneous, intra-dermal, and intramuscular; rectal; and vaginal; and/or		
	3. Participation in "direction and monitoring" by observing for identified recipient responses and reporting these responses as directed.		
95-006.02	Before an additional activity may be provided, the requirements of 172 NAC 95-0062A; 006.02B, and 006.02C must each be met:		
95-006.02A	The specific medication aide or medication staff must be determined to be competent to perform the specific activity, and the determination must be documented as set out in 172 NAC 95-007.		
95-006.02B	There must be written direction for each additional activity and for each recipient as described in 172 NAC 95-008.		
95-006.02C	A licensed health care professional must determine that these activities can be done safely for each specific recipient, and the determination must be documented as set out in 172 nac 95-009. documented as set out in 172 NAC 95-009.		
95-006.03	All medication aides and medication staff must comply with the record keeping and reporting requirements of 172 NAC 95-005.02 including the reporting of errors.		
95-007	**Written Statement of Competency Determination for a Medication aide or Medication staff for an Additional Activity**: There must be a written statement from a competent recipient, care taker, or licensed health care professional that the medication aide or medication staff is competent to provide a PRN medication, to provide a medication by an additional route, or to participate in monitoring. Documentation may be accomplished by any of the following methods:		

		reviewed	comments
95-007.01	For competent recipients, there must be a statement indicating informed determination that each medication aide or medication staff who provides the additional activity is competent. In the situation of a competent recipient who is making his or her own determination of need and effectiveness regarding medications, written documentation is not required for PRN medication or for participation in monitoring.		
95-007.02	For recipients who are not competent but for whom there are caretakers, there must be a statement from the caretaker indicating his or her determination that a medication aide or medication staff is competent to provide the additional activity. Competency determination of the medication aide or medication staff by the caretaker must be determined on a recipient-specific basis and the documentation must be on an individual-specific basis (each medication aide or medication staff) and not by title or job description.		
95-007.03	For recipients who are not competent and for whom there are not caretakers there must be a statement from a licensed health care professional stating his or her determination that a medication aide or a medication staff is competent to provide the additional activity.		
95-007.03A	An entity which employs licensed health care professionals may identify an on an individual basis or by written title and job description both the licensed health care professional who has made the competency determination and those medication aides and medication staff who have been determined competent for each additional activity.		
95-007.03B	An entity which does not employ licensed health care professionals must identify by name, professional and license number the licensed health care professional who has made the competency determination and those medication aides and medication staff who have been determined competent for each additional activity. Such persons may be identified on an individual basis or by written title title and job description.		
95-007.03C	A licensed health care professional who provides services directly to the recipient rather than indirectly through entity employment/contract, must specify those medication aides and medication staff who have been determined to be competent to provide each additional activity. Such persons must be identified on an individual basis.		
		reviewed	comments

95-008	**Written Directions for an additional Activity:** There must be written directions whenever a medication aide or medication staff provides PRN medication(s), provides medications by an additional route, or participates in observing and reporting. The written direction must be specific to each recipient, and provided by a caretaker or licensed health care professional. There is no requirement for written direction when direction and monitoring is provided by a competent recipient. Documentation may be accomplished by any of the following methods:		
95-008.01	Direction for PRN medication must include instructions for the recipient-specific criteria under which a specific medication may be provided and the reporting requirements associated with the PRN provision of said medication. The instructions must be for each PRN medication provided and must be readily available for reference by and reviewed periodically with the medication aide or medication staff to assure continued safe provision of PRN medication(s).		
95-008.02	Directions for an additional route must include instructions for the recipient-specific procedure and must be readily available at all times to and reviewed periodically with the medication aide or medication staff to assure continued safe provision of medication by an additional route.		
95-008.03	Direction for participation in observing and reporting must include instructions for recipient-specific criteria for which the medication aide or medication staff is to observe and report. Instructions must include time lines for observing and reporting, and must identify the person to be notified. Instruction must be readily available for reference by and be reviewed periodically with the medication aide or medication staff to assure continued monitoring.		
95-009	**Written Documentation of Recipient Safety when an additional activity is provided:** There must be a written statement by a licensed health care professional stating that it is safe for a medication aide professional stating that it is safe for a medication aide or medication staff to provide PRN medication, medication by an additional route, or participate in observing and reporting, except when the medication is non-prescription and the monitoring is provided by a competent recipient for him/herself or by a caretaker. Documentation of safety may be accomplished by any of the following methods:		
95-009.01	The licensed health care professional making the decision of recipient safety must do so within his/her scope of practice. Licensed Practical Nurses must do so under direction and in accordance accordance with the Nurse Practice Act.		
		reviewed	**comments**
95-009.02	For competent recipients, there must be a statement from a licensed health care		

	professional as identified in 172 NAC 95-009.01 that it is safe for a medication aide or medication staff to provide PRN prescription medication or to provide prescription medication by an additional route.		
95-009.03	For recipients who are not competent but for whom there are caretakers, there must be a writtenstatement obtained from a licensed health care professional as identified in 172 NAC 95-009.01 indicatin that it is safe for a medication aide or medication staff to provide a PRN prescription medication, a prescription medicaiton by an additional route, and/or to particpate in observing and reporting fo rthe identified recipient.		
95-009.04	For recipients who are not competent and for whom there are no caretakers, there must be documentation by a licensed health care professional as identified in 72 NAC 95-009.1 who has made recipient-specific determination that it is safe for a medication aide or medication staff to provide a PRN medication, a medication by an additional route, and/or participate in observing and reporting fo rthe identified recipient.		
95-009.04A	An entity which employs licensed health care professionals may identify on an individual basis or by written title and job description the licensed health care professional who has made the recipient-specific safety determination for each additional activity.		
95-009.04B	An entity which does not employ licensed health care professionals must identify by name, profession and license number of the licensed health care professional who made the recipient-who has made the recipient-specific safety determination for each additional activity.		
95-009.04C	A licensed health care professional who provides services directly to a recipient may identify determination of recipient safety through the written record or paln of care for the recipient.		
95-010	**Record Retention**		
95-010.01	Records required by 172 NAC 95 must be made available to the Department of Health and Human Services and the State Department of Education for for inspection and copying upon request.		
95-010.02	Facility, child care, or school records must be retained for the length of time required by the applicable licensure regulations, or Department of Education regulations.		

		reviewed	comments
95-010.03	All other entities, including licensed health care professionals providing services through contract, must establish policies for record maintainance and retention and maintain the records for a minimum of two years after the service has been provided. This regulation does not affect the entity's obligation to retain the records for any other purpose.		
95-011	**Storage and Handling of Medication**		
95-011.01	Storage: Any entity responsible for administering or providing medication must ensure appropriate storage of the medication. Medications that are in the possession of an entity for emergency purposes are not covered by these regulations and should be more easily accessible than other medications; however, these medications should still be protected and stored appropriatley.		
95-011.01A	All medications that an entity is responsible for administering or providing must be: **1.** Protected from theft, tampering, and inappropriate use; and **2.** Stored in accordance with the manufacturer's or dispensing pharmacist instructions as to whether the medication needs to be refrigerated, stored away from light, or any other storage instructions.		
95-011.01B	Only authorized personnel who are designated by the entity responsible for administration or provision of medications may have access to the medications.		
95-011.01C	When the entity is not responsible for administering or providing medications, these regulations do no preclude an entity from allowing a recipient to possess and take the recipient's own medications; however, the entity is not required to allow such possession. Examples include but are not limited to minor students in schools, minor children in child care facilities, and incompeent adults in assisted living facilities.		
95-011.02	Handling: The entity must ensure proper handling of medications it is responsible for administering or providing.		
95-001.02A	Loss, waste, or spoilage of medication must be recorded according to entity policy.		
95-011.02B	Medications sent with a recipient for temporary absences must be in containers identified for the recipient with directions for the right dose, right time, and right route. The medication container must be given only to acompetent recipient, to a resident-specific caretaker, or other designated responsible person.		

FINANCIAL AUDIT
(Tag #'s 558, 590 591)

DDBH-Centers for Persons with Developmental Disabilities

CDD-12
Make 1 copy per facility

Provider:_____ Surveyor initials:_____ Date:_____
Address: _____ Time:_____
Name/Title:_____

Money handling practices (identify source)

Does the facility have a written accounting of client funds?

Do individuals handle their own money?

How do individuals access their monies?

Is there petty cash kept on site?

How does the Facility ensure petty cash on hand is accounted for?

How are those monies handled?

How are purchases made?

Who decides on purchases?

By whom?

Who is responsible for errors or loss concerning client funds? How long does this take?

Has there ever been any missing from this house/individual's?

Who can write checks/co-sign on client accounts?

(Surveyors should ask individual's and staff)

DDBH-CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Client Name:		**Review Date:**
Provider:	**Survey Type:**	**Surveyor:**

Medical Diagnosis:

Medical Exams	**Date**	**1. When was the last exam? 2. What was the result of the appointment? 3. Were there recommendations? 4. Is follow up required? 5. Was the follow-up completed in a timely manner?**
Annual Physical		
Annual Dental		
Annual Vision		
Annual Hearing		
Psychological		
Psychiatric		
Podiatry		
Speech/Language		
PT		
OT		
Neurology		
Other		

Dr. Visits/Hospitalizations/ER visits	**Date**	**Purpose**	**Outcome**

Medical Orders	Date	Description: who ordered, for what, how long is order effective

Health Issues (Current & past); specifically for last year that individual has been at this CDD	
Source review should include but not be limited to: medical records, incident reports, accident reports, nurses notes	Resolution information should include: 1. date started, 2. issue, 3. resolution, 4. ongoing, 5. source

Care & Treatment-identify eg-c-pap, gtube, trach, catheter	
1. Is the device being used? 2. Is there a PO for the use? 3. Is it in good repair? 4. Does more than one client use it? 5. Is it accessible and available? 6. Are staff trained to use it properly? 7. How are repairs reported and resolved? 8. What is the plan while repairs are being completed? 9. Who is responsible for repairs?	
Care or Treatment	Provision of service for the needed care or treatment

Assessment of Cares & Treatments	**ADDITIONAL DOCUMENTATION:**
	Fracture documentation Weight documentation Check and change documentation Seizure documentation Fall documentation BM documentation Blood pressure checks Repositioning documentation Other non complex nursing inteventions
may need to cross reference with other data sources eg-Med Aide information	

Nursing Involvement
1. Is there a Nurse involved in this individuals cares and treatments? 2. For what reason is the nurse involved? 3. What is the Nurse's role in the cares and treatments of this individual? 4. What is the staff's role in the cares an treatments of this individual? **Cross reference with Nursing Service section in Administrative Module**
COMMENTS:

Make 1 copy per facility

Provider_____ Date _____ Surveyor initials _____

Location _____ Time _____

Waivers_____

Commons

RED FLAGS:	cleanliness	furniture	animals	flooring
walls	odors			

General:

Kitchen

RED FLAGS:	cleanliness	walls	odors	food storage

General:

menus

dw temp-150

sink temp-***

*** have facility check water temps at same time as survey**

Bedroom(s)

Red Flags	bed-1	bed-2	bed-3	bed-4
cleanliness				
furniture				
bedding				
flooring				
walls				
odors				
storage				
windows				
location				
alarms				
monitors				
bedrails				

General:

Bathroom(s)

Red Flags	br-1	br-2	br-3	br-4
shower temp				
sink temp				
tub temp				
cleanliness				
flooring				
walls				
odors				
location				
towels				

General:

*** have facility check water temps at same time as survey**

BASEMENT

GARAGE

CLEAN/SANITARY: Infection control (is there a policy)? Evidence of pests
MAINTENANCE: Well maintained interior and exterior. Process for repairs and is it timely?
FURNISHINGS/ ADAPTIVE EQUIPMENT-appropriate-functional-maintained-accessible-who does it belong to-do others use it-(for specific clients with adaptive equipment see hab sheet)
COMFORT Room temps- well lit-Noise level okay-homey
PRIVACY-area for visiting-personal space-privacy in personal care-
PETS-whose pet is it-evidence of shots-who cares for it and pays for food etc.? are all housemates okay with it?
STORAGE SPACE adequate/accessible-
Bedrooms-Staff sleep/awake? Where sleep? How respond to client needs if sleep? Single rooms for clients?
Safety Free of Hazards-slip/trip? Do they monitor water temp? safe storage of dangerous items due to other clients behaviors- emergency procedures/equipment are staff/clients knowledgeable-First aid supplies-disaster policy-smoking policy (is there oxygen)
ACCESSIBLE-can clients access all areas (with or with out adaptive equipment)-why not-are there restrictions (for specific client restrictions see hab sheet)-are all restrictions identified in IPPs/approved by team/guardian/HLRC-
Transportation Safe transfer-wheelchair restraints-seatbelts in use in vehicles-appropraite for adaptive equipment
Food/nutrition Client participation in planning/shopping/cooking-food storage/preparation is safe and appropriate-Modified diets are monitored and implemented-adequate food supply-

First Quarter	Second Quarter
DOES THE FACILITY HAVE POLCICIES AND PROCEDURES REGARDING FIRE AND INCLEMENT WEATHER DRILLS YES ☐ NO ☐	
Number of drills conducted (must be at least one drill)_____	Number of drills conducted (must be at least one drill)_____
Any issues identified with evacuation? What are they doing to address the issue?	Any issues identified with evacuation? What are they doing to address the issue?
Third Quarter	**Fourth Quarter**
Number of drills conducted (must be at least one drill)_____	Number of drills conducted (must be at least one drill)_____
Any issues identified with evacuation? What are they doing to address the issue?	Any issues identified with evacuation? What are they doing to address the issue?

Make 1 copy per survey

DHHS EXIT CONFERENCE

Facility Type:
Facility Name:
Date:
Time:
Location:

SURVEY TEAM:

PRINT NAME	SIGNATURE	JOB TITLE/POSITION

FACILITY REPRESENTATIVE(S):

PRINT NAME	SIGNATURE	JOB TITLE/POSITION

FACILITY REPRESENTATIVE(S):

PRINT NAME	SIGNATURE	JOB TITLE/POSITION

CLIENT IDENTIIFER

CDD-00
Make 1 copy per survey

CDD-
Periodic Surveys for:

Location #1:

First & Last Name of each client identified

Client 1
Client 2
Client 3
Added-reason
Client 4
Client 5
Client 6

Location #2:

First & Last Name of each client identified

Client 1
Client 2
Client 3

Added-reason

Client 4
Client 5
Client 6

Location #3:

First & Last Name of each client identified

Client 1
Client 2
Client 3

Added-reason

Client 4
Client 5
Client 6

STAFF IDENTIIFER

CDD-001
Make 1 copy per survey

CDD-
Periodic Surveys for:

Location #1:

First & Last Name of each staff identified

Staff A
Staff B
Staff C
Staff D
Staff E
Staff F

Location #2:

First & Last Name of each staff identified

Staff A
Staff B
Staff C
Staff D
Staff E
Staff F

Location #3:

First & Last Name of each staff identified

Staff A
Staff B
Staff C
Staff D
Staff E
Staff F

PRTF/MHC CLIENT RECORD AUDIT

Facility Name _____ **Audit Date(s)** _____

Client Name/Identifier _____ **Male/Female** _____

Family/Guardian _____ **Date of Birth/Age** _____

Admission Date _____ **Discharge Date**

Admission Type Voluntary MHBC Court Ordered Other

Admission Orientation completed within 24hours of admission: (Tag X137)

- ☐ Physical Description or Photo
- ☐ Emergency Contact Name & #
- ☐ Physical Description or Photo
- ☐ Fee Agreement (Date)
- ☐ Client Rights (Tag X111)
- ☐ All entries dated, legible a, organized and verified
- ☐ Confidentiality of records
- ☐ Phone & Address posted for C/O
- ☐ House Rules Posted/updated/=to rights
- ☐ Client Records Maintained for 2 yrs
- ☐ Demographic Infor Pr

(Above record requirements Tag X163)

Therapist Name _____ **Medical Physician Name** _____

Psychiatrist Name **Psychologist Name**

Diagnosis:	**Assessment Completed & Date**
Axis I (Clinical disorders)	
Axis II (Personality and ID/DD)	
Axis III (General/Significant Medical conditions)	
Axis IV (Psychosocial & Environmental problems)	

Health Management	**Date**	**Follow-Up Date(s)**	**Physician Orders**	
Admission Health Screen (H&P within 90-days of admission)				
Infectious disease evaluation				Tag X143
Physical Exam/Routine Health Screen				Tag X143
Supervision of Nutrition/Diet Orders				Tag X145
Psychiatric Exam				Tag X146
Medication Reviews				
Allergies				
Other Exams (Dental, vision, etc.)				

Self Administration of Medications Yes No

Client Medications (Name, Dose, Reason Taken)	**Physician Orders**	
		Tag X163

Assessments:	In Record	Date	Identified needs	
Community living skills				
Independent living skills				
Emotional/Psychological Health				
Other				
Individual Plan of Care/Treatment Plan	Within 14-days of admission	30-Day Review	Client &/or Guardian Input	Specified Care and Treatment Goal, intervention, and responsible party.
Therapeutic Treatment Needs:				
Self-Care:				
Behavioral Concerns:				
Medical Needs:				
Discharge Plan	Date	Within 30-days of admission	Identify the client's progress under the treatment plan and the reason for discharge	
Plan for follow up/continued care:				
Documentation of referrals:				
Discharge or Transfer Summary:				

COMMENTS/NOTES:

resent

Mental Health Center
Client Inspection Record Keeping Checklist

MHC Name: _____

Client Name: _____ Date: _____ Time: _____

Client Demographics: _____ Male or Female
DOB: _____ AGE: _____ Identifier# _____

Type of Admission: Vol: ____ VPG: ____ MHB: ____ Other: _____

Therapist Name: _____ MD Name: _____
Psychiatrist Name: _____ Psychologist Name: _____
_____ Date of Admission: _____

_____ Discharge Date: _____
Discharge Plan developed: _____ within the first 30 days of admission a discharge plan must be developed including: 1. Plan for follow up or continuing care; and _____ 2. Documentation of referrals made for the client. _____
19-006.19B (Tag 171)

Discharge Summary date completed: _____ (no requirements follow policies and procedures) and must include: client's progress under the individual treatment plan _____ & reason for discharge_____
19-006.19C (Tag 172)

_____ Physical Description or Photo _____ Admission assessment & eligibility completed
_____ Emergency Contacts: _____ Fee Agreement in client record-date:_____
_____ Referrals made _____
_____ Clients Right identified (see below)-date:_____

19-006.04B The client must have the right:
1. To be informed in advance about care and treatment and of any changes in care and treatment that may affect the client's well-being;
2. To self-direct activities and participate in decisions regarding care and treatment;
3. To confidentiality of all records, communications, and personal information;
4. To voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed;
5. To examine the results of the most recent survey of the facility conducted by representatives of the Department;
6. To privacy in written communication including sending and receiving mail consistent with individualized service plans;
7. To receive visitors as long as this does not infringe on the rights and safety of other clients and is consistent with individualized service plans;
8. To have access to a telephone where calls can be made without being overheard when consistent with individualized service plans;
9. To retain and use personal possessions, including furnishings and clothing as space permits, unless to do so would infringe upon the rights and safety of other clients;
10. To be free of restraints except when provided as in 175 NAC 19-006.12;
11. To be free of seclusion in a locked room, except as provided in 175 NAC 19-006.12;
12. To be free of physical punishment;
13. To exercise his or her rights as a client of the facility and as a citizen of the United States;
14. To be free from arbitrary transfer or discharge;
15. To be free from involuntary treatment, unless the client has been involuntarily committed by appropriate court order;
16. To be free from abuse and neglect and misappropriation of their money and personal property; and
17. To be informed prior to or at the time of admission and during stay at the facility of charges for care, treatment, or related charges.

Client Admission Orientation w/in 24 hours of admission: _____
19-006.09C (Tag 126)

Dx: Assessments Completed: Date:

Revised: 2/18/14

Axis I: ↓
↓

Axis II: ↓
↓

Axis III: ↓
↓

Assessment 19-006.13 (Tag 137)

_____The facility must complete the following assessments prior to the development of the individualized service plan:
_____1. Assessments of current functioning according to presenting problem including community living skills, independent living skills and emotional psychological health;
_____2. Basic medical history and information, determination of the necessity of a medical examination or the results of the medical examination;
_____3. Current prescribed medications and, if available, history of medications used; and
_____4. Summary of prior mental health treatment and, if available, service system involvement.

Admission Health Screening Date completed : _____

(ie: an evaluation for infectious disease w/in 30 days of admission or an H&P w/in 90 days prior to admission.) 19-006.16A (Tag 143) & 19-006.18A1 (Tag 163) #7

Regular Health Screening if applicable is done in accordance w/ recommendations of health care professional: 19-00616.B (Tag 145)

Determination made by facility that Client may have a nutritional or dietary need:_____
19-00616.D (Tag 146)

Special Diet Order: _____
19-006.18A1 (Tag 163) #10

Licensed Practitioners Orders where applicable: 19-006.18A1 (Tag 163) #9

Medication: 19-006.18A1 (Tag 163) #10

Significant Medical Conditions: See Diagnosis Axis III 19-006.18A1 (Tag 163) #11

Allergies: _____
19-006.18A1 (Tag 163) #12

Documentation of care and treatment provided to include: clients response to tx, change in condition or care/tx. 19-006.18A1 (Tag 163) #15

19-006.14, 19-006.14A, 19-006.14B Individual Service Plan (ISP): See and Use Compliance Inspection Report

19-006.12-19-006.12C2 Use of Restraint/Seclusion/Time Out

If used what type: ☐ seclusion ☐ mechanical restraint ☐ chemical restrain ☐ manual restraint ☐ time out

INFORMATION NEEDED FOR SAMPLE CLIENTS

- Client IPP's and (Include Annuals, Quarterlies & Addendums) Case Conferences/Special Team Meeting
- Client Programs (All Programs to include Residential, & Behavior Management)
- Client Annual Assessments (PT, OT, Speech, Physical, Dental, Vision, Auditory, Dietary, Nutritional, Communication, Residential, etc.)
- Informed Consents for Restrictions
- HRC Packets for All Clients with Restrictions
- Last four nursing quarterlies
- Diet orders,
- Active Treatment Schedule (Daily Client Activity Schedule)
-
-
-
-

CLIENTS IN THE SAMPLE:

-
-
-
-
-
-

ADDITIONAL CLIENTS:

-
-
-
-
-
-

DHHS EXIT CONFERENCE

Facility Type:
Facility Name:
Date:
Time:
Location:

SURVEY TEAM:

PRINT NAME	SIGNATURE	JOB TITLE/ POSITION

FACILITY REPRESENTATIVE(S):

PRINT NAME	SIGNATURE	JOB TITLE/ POSITION

FACILITY REPRESENTATIVE(S):

PRINT NAME	SIGNATURE	JOB TITLE/ POSITION

Family/Advocate Interview Questions

Interview of:_____ Date:_____ Time:_____

Relation to individual in services:_____

Being Informed

How do you learn about things like the services your family member receives, an illness or a change in medication?_____

Do you feel you are kept informed?_____

Are you contacted regarding upcoming meetings for a time that is convenient for you?_____

Are you invited to the IPP and meetings that come up along the way?_____

Rights

Have you been requested to give informed consent on a specific issue of a rights restriction?_____

_____

If so, do you feel it was appropriate/adequate?_____

Are there any restrictions on when you visit your family member or where you can go within the home?_____

IPP Process

Have you attended an IPP?_____

Would you be willing to share your thoughts as to the team process involved in the IPP?_____

_____

Satisfaction

On a scale of 1-10 how satisfied would you say you are with the services your _____ is receiving?

_____

Concerns/Suggestions for Change

_____

_____

_____

12/05

(SURYVEOR USE ONLY)

PROVIDER: _____ **SURVEYOR:** _____

ADDRESS: _____ **DATE:** _____

ENTRANCE: The purpose of this survey is to announce the initiation of an inspection to the administrator/designee and what will occur during and as a result of the inspection.

1. Introduction: Identify yourself and your department the Division of Public Health.
2. Reason for the visit, to complete a survey of the CDD located at _____, based on the regulations for CDD's Title 175 Chapter 3 and the Medication Aide Act. All surveys are required to be unannounced.
3. The inspection will include a sample of the individuals living at the CDD. This inspection will not include day services.
4. The survey will begin today and will review agency and client records, observe client and staff interactions, interviews such as: clients, staff and family/guardians. When surveyors for this inspection are at the residence an employee must be present.
5. An exit is to make you aware of preliminary findings of the inspection and will take place before the surveyor's leave. Projected date and time _____.
6. Surveyor(s) will need a place to work that provides privacy and security for review of documents and conducting interviews.

Administrator/Designee Questions:

1. Who will be the main contact for the surveyors during the inspection of the residence at _____? Please make those arrangements?

   Name: _____ Phone number: _____

2. Who is the licensed health care professional responsible for direction and monitoring of the medication aides at this residence? Is this person an employee or contracted? What hours are they available?

   Name: _____ Phone number: _____

3. Have you had any allegations of abuse/neglect/mistreatment and/or exploitation or complaints/grievances at this residence in the last 12 months? If so we would like to review them.

4. The documents identified on the provided information request will need to be reviewed to complete the inspection. The majority of these documents will be reviewed at the residence. The surveyors will let you know what copies will be needed as the inspection progresses.

Contact Person Questions

1. What is the normal schedule of staffing at this residence? Is there awake overnight staff? If not, what happens if clients need assistance during the night? Are there monitors in any of the rooms?

2. Do all individuals receive day services somewhere other than the residence? If so where?

3. When do they return to the residence?

4. Will there be any individuals gone from the residence later today?

5. What time does the staff pass the medications once the individuals return to the residence?

6. Do any of the individuals self-administer medications?

7. When is dinner?

8. When do staff arrive at the residence (am and pm)? Is this before the individuals arrive home at the end of the day?

9. How is client transportation handled?

10. How does each client communicate?

11. What type of general documentation do you keep available at the residence, such as communication logs, behavioral logs, health care logs, general logs and nursing notes?

12. Are there any individuals new to this residence in the last 12 months?

13. Is there anyone receiving respite services at this residence during the survey?

14. How is environmental safety ensured and what is the process to ensure it?

15. How are medical emergencies handled?

16. How are environmental emergencies handled?

Policies needed for review

1. Abuse prevention, reporting and investigations-3.005.05E (556) **Request copy**
2. Complaints and greivances-3.005.01B (501) Staff
3. Individual admission/retention/discharge-3.005.04-05 (525/595)
4. Restrictions/human and legal rights-3.005.05 (551)
5. Infection control-3.0053E (520-staff)
6. Medication administration provision and direction and monitoring-Title 172 NAC 95 **Request copy**
7. Emergency response-3.005.02B (512)
8. Individual health care-3.005.04C4 (531, 532…)
9. Behavior supports-3.005.05E (583)
10. Individual finances-3.005.051I (589)
11. Record keeping-3.05.04 (525)
12. Individual rights-3.005.05B (553)
13. Hiring and training of staff 3.005.0s-03I (515-525)

OBSERVATIONS **DDBH-Centers for Person with Developmental Disabilities** **CDD-5**

Make 6 copies per facility

Location:_____ Date:_____ Surveyors initials:_____

Name of individual(s):_____

(Identify set up of room, who is present, staff ratio, what are materials available/provided, what is the individual actually doing, what is said, what is environment like, how is area organized, who gets the materials, how are individuals treated? traffic patterns etc.).

Note: 1. Be as unobtrusive as possible, 2. Complete spot checks as well as full observation.

Time	Individual in Sample	Others

Time	Individual in Sample	Others

PERSONNEL AUDIT **DDBH-CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES** **CDD-9**

Make 1 copy per facility

Provider Address:_____ Date:_____ Surveyor_____

Employee record review **Tag**

Staff name						
Job Title						
Hire date						
Verification of current license or certification ex-med aide-within 3 mo of hire (surveyor also verifies) (Med Aid)	95-003.03A					
Health Screen-new employees within last year only	519					
Written job description 505-005.03-Personnel job description; 502-Policy	505, 502					
Approved for additional medication activities-specify (Med Aid)	95-006.02A					

Staff Training

Initial Orientation 504-005.01C1 505-005.01C2-Policies-training to be received	504, 505					
Rights	504					
First Aid-within 3 mo of hire date (005.02D)	504, 514-					
CPR-within 3 mo of hire date	504, 514					
On the Job-Health care specific to special needs of client. (005.02D)	506-005.01C3					
On the Job-Client specific; including adaptive equipment	506					
IPP-development/implementation/habilitation; staff supports	504					
Behavioral intervention	506, 507					
On-going training 005.01C3-Inservice, training, staff development; 507-005.01C3-Doc of training in personnel file	506, 507					

Onsite observation and interview checklist

♦**Staff numbers.**

_____Verify that the staff on duty the date of visit is the routine schedule

_____Staff to client ratio on date of visit

_____Extra staff on this date-reason

_____Regular routine ratio

_____Staffing sufficient to meet all needs of clients

Comments:

♦**Competent staff**

_____Observed staff competent to meet client needs

_____Interview for staff knowledge of client needs and job expectations

_____Observe staff effectively carry out responsibilities and meeting the client's needs

Comments:

♦**General**

_____Review of facility policy concerning staffing

_____Provision of services is aligned with facility policy

Comments:

Nebraska Department of Health & Human Services Division of Public Health
Licensure Unit PO Box 94986
Lincoln, NE 68509-4986

Make 1 copy per facility

DDBH-Centers for Persons with Developmental Disabilities (CDD) Preliminary Inspection/Investigation Findings

Facility:_____ **Administrator**_____

Address: _____ **Inspection/Investigation date(s)**_____

The facility must demonstrate the capability to meet the following requirements of 175 NAC 3 Regulations Governing Centers for Persons with Developmental Disabilities (CDD)

Regulatory Citation		Comments
003	**PHYSICAL PLANT REQUIREMENT**	
3-003.02	Bedrooms	
3-003.03	Toilet and Bathing	
3-003.04	Physical Requirements	
3-004.	**HEALTH AND SAFETY STANDARDS**	
3-004.02	Medication Administration	
3-005.04	Floors, Walls and Ceilings	
3-004.05	Housekeeping	
3-004.06	Maintenance	
3-004.07	Garbage and Rubbish Disposal	
3-004.08	Health of Personnel	
3-004.09	Food Service	
3-004.10	Sewage Disposal	
3-004.11	State Fire Safety Code	
3-004.12	Insect and Rodent Control	
3-004.13	Water Supply	
3-004.14	Clothing	
3-004.15	Emergency Procedures	
3-005	**GENERAL OPERATIONAL STANDARDS**	
3-005.01	Center Staff	
3-005.02	Emergency Medical Services	
3-005.03	Personnel Files	
3-005.04	Records	
3-005.05	Rights	
3-005.06	Services	
	Other requirements	

This form identifies preliminary findings. The final report will be sent at a later time by e-mail

Compliance found_____ **Non Compliance found**_____
(see comments)

_____ _____
Facility Administrator/Representative's Signature/Date Surveyor's Signature/Date

ICF/MR Survey Demographic Information Form

(Administrative/Summary Copy)

Facility_____ Total Census_____

Date_____

As part of the survey guidelines, the following information is requested by CMS to complete the survey report form (CMS-3070G):

The number of clients who have the following disabilities:

Autism_____ Cerebral Palsy_____

Speech/Language impairment_____ Deaf_____

Other Hearing Deficits (resulting in hard of hearing)_____

Blind_____ Other Visual Impairment_____

Number of non-ambulatory clients who are mobile_____

Number of non-ambulatory clients who are non-mobile_____

Number of clients receiving painful or noxious stimuli_____

Number of clients who utilize physical restraints_____

Number of clients who utilize time out rooms_____

Number of clients attending off campus day programs_____

(Specify the locations):_____

Number of court ordered admissions_____

Number of clients over 18 with a legal guardian_____

Number of clients who need a medical care plan(s)_____

Number of clients who have seizure/history of seizures:

Controlled_____ Uncontrolled_____

Number of clients who receive drugs to control behavior_____

Number of allegations of abuse investigated_____

Number of allegations of neglect investigated_____

Number of deaths related to unusual incidents_____

Number of deaths related to restraints_____

Number of deaths for any reason_____

CONTINUE ON BACK SIDE OF THE PAGE…..

Age Range of Clients _____ to _____

AGE:

Under 22_____

22 – 45 _____

46 – 65 _____

65+ _____

SEX:

Male_____ Female_____

STAFF FTE's (Week prior to the survey)

Direct Care Staff	__ __ __ __ . __ __
Registered Nurse	__ __ __ __ . __ __
Licensed Voc./Practical Nurse	__ __ __ __ . __ __
TOTAL PERSONNEL	__ __ __ __ . __ __

"Direct Care Staff" are staff persons who provide direct care services to the individuals at their living units. The "Total Personnel" FTE include the above categories and all other staff at the facility, including dietary, support help, administrative, QMRPs, etc., and should be greater than the sum of the three categories above).

Signature_____ Date_____

6/2/06 (rev.)

ICF/MR Survey Demographic Information Form

(Unit Copy)

Facility_____ Unit_____

Date_____ Census_____

As part of the survey guidelines, the following information is requested by CMS to complete the survey report form (CMS-3070G):

The number of clients who have the following disabilities:

Autism_____ Cerebral Palsy_____

Speech/Language impairment_____ Deaf_____

Other Hearing Deficits (resulting in hard of hearing)_____

Blind_____ Other Visual Impairment_____

Number of non-ambulatory clients who are mobile_____

Number of non-ambulatory clients who are non-mobile_____

Number of clients receiving painful or noxious stimuli_____

Number of clients who utilize physical restraints_____

Number of clients who utilize time out rooms_____

Number of clients attending off campus day programs_____

(Specify the locations):_____

Number of court ordered admissions_____

Number of clients over 18 with a legal guardian_____

Number of clients who need a medical care plan(s)_____

Number of clients who have seizure/history of seizures:

Controlled_____ Uncontrolled_____

Number of clients who receive drugs to control behavior_____

Number of allegations of abuse investigated_____

Number of allegations of neglect investigated_____

Number of deaths related to unusual incidents_____

Number of deaths related to restraints_____

Number of deaths for any reason_____

CONTINUE ON BACK SIDE OF THE PAGE…..

Age Range of Clients _____ to _____

AGE:

Under 22_____

22 – 45 _____

46 – 65 _____

65+ _____

SEX:

Male_____ Female_____

STAFF FTE's (Week prior to the survey)

Direct Care Staff	__ __ __ __ . __ __
Registered Nurse	__ __ __ __ . __ __
Licensed Voc./Practical Nurse	__ __ __ __ . __ __
TOTAL PERSONNEL	__ __ __ __ . __ __

"Direct Care Staff" are staff persons who provide direct care services to the individuals at their living units. The "Total Personnel" FTE include the above categories and all other staff at the facility, including dietary, support help, administrative, QMRPs, etc., and should be greater than the sum of the three categories above).

Signature_____ Date_____

9/22/03 (rev.)

ICF/ID ENTRANCE SURVEY INFORMATION

Your facility is being surveyed to determine compliance with Title XIX Standards for Intermediate Care Facility for the Mentally Retarded.

The following are representatives of HHSS Regulation and Licensure who will be conducting the survey.

Surveyor Name	**Title**	**Contact Information:**	**Other Information** Central Facility Contact Person

A. Request the following information **as soon as possible**:

1. List of clients organized according to functioning level which also includes first/last name and living unit.

2. Who is the person responsible for the implementation and monitoring of the facility's abuse/neglect prevention system? Who is the contact person for questions regarding the providers handling of abuse/neglect incidents?

3. Access to copies and/or originals of incident/accident reports, unknown origins, behavioral incident reports, internal investigations, and policies/procedures on how allegations of abuse, neglect or mistreatment are resolved by the facility

4. Policy and Procedure's which have been approved and are currently in use.

5. The survey process is designed to evaluate the facility's routine day-to-day practices and the surveyors will need to speak with clients, families, direct care, managerial, and professional staff. We do not expect staff to alter their routine or schedule, however we request a list be provided of any clients, supervisors, QIDP's, and professional staff that you expect will not be available during the survey.

B. Request the following information **by the end of the first day** of survey:

1. Current provider phone list to include professional staff and office location.

2. Who is the licensed health care professional that is providing medication administration training to your medication aides?

3. Who is the licensed health care professional that is providing the direction and monitoring for the medication aides? Where is the training documentation regarding the direction and monitoring of the medication aides located? How do they monitor the medication aides and/or the medication administration being provided for clients?

4. Medication Error Reports. Contact person for questions?

5. List of clients on medications to control behavior.

6. List of all clients on behavior support programs/procedures.

7. Names of clients admitted since (survey time period)_____.
   Client Names:

8. Names of clients discharged/deaths since (survey time period) _____. Please provide the discharge summary plans.
   Client Names:

9. Records of all client, family members, or employee* complaints/grievances in the past year and the facility's response. (*Employee complaint/grievances that related to client treatment or services). Who is responsible to monitor?

10. Locations of all off-campus day programs including worksites and names of clients who attend.

11. Location of off living unit training areas for each living unit. Does the client's activity schedule identify training areas?

12. Schedule copies: staff, medication pass times, and meal times for each living unit.

13. If the facility is providing laboratory testing, provide your CLIA ID number or certificate.

14. Fiscal year ending date _____.

15. List of licensed professionals (RNs, LPNs, OTs, PTs, speech therapists, dieticians, psychologist, and physicians) and registered medication aides by name.

16. List of clients with medical needs - (G-tubes, uncontrolled seizures, diabetes, terminal Illness, chronic disease or condition, ECT.)

C. **Information needed to be available, but no copies at this time**. During the course of the survey it will be necessary for the surveyors to have the following information available for review. Where can these records be found:

1. Client Records (working and/or central) for verification of current daily programming, Individual Program Plans (IPP), assessments, evaluations, written training programs, data, progress reports, communication reports, medical information (physician's orders, visits, medication administration sheets), etc.

2. Records of accounting and handling of residents' finance. Who has the most current accounting of client funds?

3. Staff training records/personnel.

4. All consultant and outside resource agreements/contracts.

5. Minutes from all specially constituted committees that review, approve and monitor client programs, protections and rights (e.g., Human and Legal Rights Committee, Safety Committees, behavior management committee).

6. Evacuation drills (fire/tornado) for the past year.

7. Maintenance records and/or reports. Who is responsible for these?

D. Please complete the Demographic Sheets and Return to _____ by: ____.

When the survey has been completed, surveyors will be available for an exit conference with the Administrator and any other key personnel he/she may wish to include, regarding the findings of the survey.

Exit Tentatively Set For _____

Work area. We would like to request a place to work be made available to the surveyors, providing some amount of privacy as well as security, where materials may be left, and interviews with client, families, and staff may be conducted.

ICF/MR TASK 8 -TEAM ASSESSMENT OF COMPLIANCE WORKSHEET

FACILITY_____**EVENT ID**_____
SURVEY TYPE: Initial_____ **Fundamental** _____ **Extended**_____ **Full** _____
TEAM: **DECISION MAKING DATE:**_____

TAG	TITLE	Y N	Comments
W100	ICF/MR Service	Y N	
W101	State licensing standards	Y N	
W102	**COP: GOVERNING BODY/MGMNT**	Y N	
	Governing Body		
W103	Identify individual(s) to gov. body	Y N	
W104	General direction	Y N	
W105	Administrator qualifications	Y N	
W106	Appoint administrator	Y N	
	Comp w/Fed, State, Local Law		
W107	Health	Y N	
W108	Safety	Y N	
W109	Sanitation	Y N	
	Client Records		
W110	Individual records	Y N	
W111	Doc: Health, active treatment	Y N	
W112	Confidential	Y N	
W113	Release of information	Y N	
W114	Legible, dated, signed	Y N	
W115	Legend: symbols/abbreviations	Y N	
W116	Living unit records	Y N	
	Agreement w/Outside Resources		
W117	Required service/written agreement	Y N	
W118	Responsibilities	Y N	
W119	Meets quality standards	Y N	
***W120**	Meet needs	Y N	
W121	Respons. for physical environment	Y N	
***W122**	**COP: CLIENT PROTECTION *****	**Y N**	
	Protect Clients Rights		
W123	Inform re: rights	Y N	
***W124**	Inform re: status	Y N	
***W125**	Exercise rights	Y N	
***W126**	Manage finances	Y N	
***W127**	Abuse/punishment (takeout COP: W122 or see w149)	Y N	
***W128**	Unnecessary drugs/restraints	Y N	
***W129**	Privacy opportunity	Y N	
***W130**	Privacy/treatment & care	Y N	
W131	Compelled work	Y N	
W132	Work pay	Y N	
***W133**	Communicate/associate	Y N	
W134	Mail privacy	Y N	
W135	Phone use	Y N	
***W136**	Community participation	Y N	
***W137**	Personal possessions/clothing	Y N	
W138	Own clothing	Y N	
W139	Spouses share room	Y N	
	Client Finances		
W140	Accounting of personal funds	Y N	

W141	Commingling of funds	Y N	
W142	Financial record available	Y N	
	Communicate/client, par, guard.		
***W143**	Promote participation	Y N	
***W144**	Answer communication	Y N	
***W145**	Visits/time	Y N	
***W146**	Visits/area	Y N	
***W147**	Leaves	Y N	
***W148**	Notify/changes	Y N	
	Staff Treatment of Clients		
W149	Policies-prohibit A/N, mistreatment	Y N	
W150	Prohibit abuse/punishment	Y N	
W151	Withhold food/hydration	Y N	
W152	History of abuse	Y N	
***W153**	Report allegations	Y N	
***W154**	Investigate allegations	Y N	
***W155**	Further abuse prevention	Y N	
***W156**	Report results	Y N	
***W157**	Corrective action	Y N	
W158	**COP: FACILITY STAFFING**	Y N	
W159	QMRP role	Y N	
W160	QMRP experience	Y N	
W161	QMRP physician	Y N	
W162	QMRP Registered Nurse	Y N	
W163	QMRP B.S. -Human service field	Y N	
	Professional Program Services		
W164	Defined Needs	Y N	
W165	With clients	Y N	
W166	With staff	Y N	
W167	Enough professionals	Y N	
W168	Professionals/ID team	Y N	
W169	Staff development	Y N	
W170	Staff licenses	Y N	
W171	Occupational therapist	Y N	
W172	Cert Occupational therapy asst	Y N	
W173	Physical therapist	Y N	
W174	Physical therapy assistant	Y N	
W175	Psychologist	Y N	
W176	Social worker	Y N	
W177	Speech/language	Y N	
W178	Recreation	Y N	
W179	Dietitian	Y N	
W180	Human services professional	Y N	
W181	Successful individual program plan	Y N	
	Facility Staff		
W182	Client/volunteers	Y N	
W183	Awake/Med, agressive/16+, multi	Y N	
W184	On duty/small size	Y N	
W185	Sufficient	Y N	
	Direct Care Staff Res Living Unit		
***W186**	Sufficient/on-duty	Y N	
W187	Ratios	Y N	
W188	Available/no clients present	Y N	
	Staff Training Program		
W189	Client-centered	Y N	

W190	Developmental	Y N	
W191	Behavioral	Y N	
W192	Health needs	Y N	
W193	Outcomes/behavioral management	Y N	
W194	Outcomes/individual program plan	Y N	
***W195**	**COPACTIVE TREATMENT SVCS*****	Y N	
	Active Treatment		
***W196**	Consistent Services (takeout COP W195 or see W249)	Y N	
***W197**	Not Independent Clients	Y N	
	Adm. Transfer. Discharge		
W198	Need/receive service	Y N	
W199	Pre-evaluation done	Y N	
W200	Pre-eval with valid assessment	Y N	
W201	Transfer for good cause	Y N	
W202	Facility discharge plan	Y N	
W203	DC Summary: beh,social,health	Y N	
W204	Discharge with consents	Y N	
W205	Post-discharge plan of care	Y N	
	Individual Program Plan		
W206	Per functional assessment needs	Y N	
W207	Appropriate staff participation	Y N	
W208	Encourage other participation	Y N	
***W209**	Participation: client,par,guard.	Y N	
W210	Within 30 day assess/reassess	Y N	
W211	Active treatment/all life stages	Y N	
W212	ID problem,disabilities,causes	Y N	
W213	Specify developmental strengths	Y N	
W214	Identify dev/beh mgmt needs	Y N	
W215	ID w/o regard to available svcs	Y N	
W216	ID: Physical/developmental/health	Y N	
W217	Nutritional status	Y N	
W218	Sensory development	Y N	
W219	Affective development	Y N	
W220	Speech/language	Y N	
W221	Auditory function	Y N	
W222	Cognitive development	Y N	
W223	Social development	Y N	
W224	Adaptive beh/indep living skills	Y N	
W225	Vocational skills	Y N	
W226	IPP within 30 days of admission	Y N	
***W227**	Specific obj/meet CFA need	Y N	
W228	Sequence to deal with objectives	Y N	
W229	Sep. single behavioral outcome	Y N	
W230	Projected completion dates	Y N	
W231	State: behavioral/measurable	Y N	
W232	Individual developmental progress	Y N	
W233	Assign priorities	Y N	
W234	Methods to be used	Y N	
W235	Schedule for use of method	Y N	
W236	Person responsible for program	Y N	
W237	Data type/frequency of collection	Y N	
W238	Inappropriate client behavior	Y N	
W239	Provide replacement of behaviors	Y N	
***W240**	Intervention to reach indep	Y N	
W241	Identify location of programs	Y N	

***W242**	Training: Personal skills/Comm	Y N	
	Mechanical Supports		
W243	Reason for support	Y N	
W244	Situation to apply supports	Y N	
W245	Schedule for use	Y N	
	Individual Program Plan		
W246	Major portion time out of bedroom	Y N	
***W247**	Opportunity for choice,self-mgmt	Y N	
W248	IPP Available: Staff,client,par,guard.	Y N	
	Program Implementation		
***W249**	Continuous active treatment	Y N	
W250	Active treatment schedule	Y N	
W251	Prog. impl. by all appropriate staff	Y N	
	Program Documentation		
W252	Data in measurable terms	Y N	
W253	Doc. significant events	Y N	
W254	Understanding client functioning	Y N	
	Program Monitoring & Change(at least QMRP)		
***W255**	Rev. objectives comp	Y N	
***W256**	Identify skill loss	Y N	
***W257**	Identify failure to progress	Y N	
W258	Identify new training needs	Y N	
W259	Annual review/functional assess	Y N	
W260	Revised IPP, as appropriate	Y N	
W261	Specially constituted committee	Y N	
***W262**	Rev programs/risk to rights	Y N	
***W263**	Insure consents prior to impl	Y N	
W264	Review practices, P&P, re: rights	Y N	
W265	Modify-equiv protection	Y N	
***W266**	**COP CL BEH & FACILITY PRAC*****	Y N	
	Fac Prac: Conduct-Clients		
W267	Dev & implement written P&P	Y N	
W268	Promote growth dev. independ	Y N	
W269	Self-determination	Y N	
W270	Specify conduct allowed	Y N	
W271	Available to staff,client,par.Guard	Y N	
W272	Client participation	Y N	
W273	No client-client discipline	Y N	
	Mgmt Inappropriate Client Beh		
W274	Dev & Implement written P&P	Y N	
W275	Consistent with client rights	Y N	
W276	Specify interventions	Y N	
W277	Hierarchy: from least intrusive	Y N	
W278	Less intrusive ineffective	Y N	
W279	Address time-out rooms	Y N	
W280	Address physical restraints	Y N	
W281	Address drug use	Y N	
W282	Address noxious stimuli	Y N	
W283	Staff who authorize	Y N	
W284	Monitor and control	Y N	
***W285**	Safeguards and protections	Y N	
***W286**	Techniques - disciplinary	Y N	

***W287**	Techniques - convenience	Y N	
***W288**	Techniques - active treatment sub	Y N	
W289	Program plan interventions	Y N	
W290	Standing beh control programs	Y N	
	Time Out Rooms		
***W291**	Planned use	Y N	
W292	Not over one hour	Y N	
***W293**	Protect from hazards	Y N	
W294	Record time out	Y N	
	Physical Restraints		
W295	Plan behavior elimination	Y N	
W296	As emergency measure	Y N	
W297	Rx/medical procedure	Y N	
W298	Emergency auth/not 12+hrs	Y N	
W299	Emerg auth obtained promptly	Y N	
W300	No standing orders	Y N	
***W301**	Thirty minute checks	Y N	
***W302**	Quick release	Y N	
W303	Record checks and usage	Y N	
W304	Designed not to injure	Y N	
W305	Designed for least discomfort	Y N	
W306	Release 10 minutes every 2 hours	Y N	
W307	Record: motion/exercise	Y N	
W308	Barred: not 3+ feet	Y N	
W309	Barred: no tops	Y N	
	Drug Usage		
W310	Not interfere with activity	Y N	
W311	Approved by interdisciplinary team	Y N	
W312	IPP/reduce behaviors	Y N	
***W313**	Beh effect over drug effect	Y N	
***W314**	Physician monitor/Drug review	Y N	
W315	Desired-Adverse monitor	Y N	
W316	Gradually withdrawn annually	Y N	
W317	IDT monitor unless contraindicated	Y N	
***W318**	**COP: HEALTH CARE SERVICES*****	Y N	
	Physician Services		
W319	Physician 24 hours a day	Y N	
W320	Medical care plan	Y N	
W321	Integrated in IPP	Y N	
***W322**	Preventive & general care	Y N	
W323	Annual physical: vision & hearing	Y N	
W324	Immunizations as recommended	Y N	
W325	Routine screening lab exams	Y N	
W326	Special studies	Y N	
W327	Tuberculosis as recommended	Y N	
W328	Physician Asst/Nurse Practitioner	Y N	
	Physician participation in IPP		
W329	New admissions per 456.380	Y N	
W330	Participate in review & update	Y N	
	Nursing services		
***W331**	According to need	Y N	
W332	IPP w/ID Team	Y N	
W333	Med care plan w/physician or rev	Y N	
W334	By direct physical exam	Y N	
W335	By a licensed nurse	Y N	

W336	Quarterly or more frequently	Y N	
W337	Recorded in client's record	Y N	
***W338**	Result in any necessary action	Y N	
W339	Other nursing care rx or needed	Y N	
W340	Train client/staff hygiene/prevention	Y N	
W341	Infection control	Y N	
W342	Prevent/detect/meet needs	Y N	
	Nursing Staff		
W343	Current License	Y N	
W344	Sufficient licensed services	Y N	
W345	RNs/needed/required	Y N	
W346	RN consultant	Y N	
W347	Licensed supervision	Y N	
	Dental Services		
W348	Comprehensive by qualified	Y N	
W349	Participate in IPP w/IDT	Y N	
W350	Training in oral health	Y N	
	Comprehensive Dental Diag		
W351	New Admit-30 days	Y N	
W352	Exam & dx annually	Y N	
W353	incl radiograph/detect disease	Y N	
W354	Record results	Y N	
	Comprehensive Dental Treatment		
W355	Emergency-24/hr/day	Y N	
***W356**	**Pain/restoration/maintenance**	Y N	
	Documentation of Dental		
W357	In-house, perm record	Y N	
W358	In-house, summary in unit	Y N	
W359	Outside/results of visits	Y N	
W360	Outside/summary in living unit	Y N	
W361	Pharmacy services	Y N	
	Drug Regiment Review		
W362	Qtrly review w/IDT input	Y N	
W363	Report irregularities-Phys&IDT	Y N	
W364	Record of reviews	Y N	
W365	Administrative record	Y N	
W366	Approp IDT participation	Y N	
	Drug Administration		
W367	System must assure:	Y N	
W368	Compliance w/orders	Y N	
***W369**	**No administration errors**	Y N	
W370	Unlicensed admin/state law	Y N	
***W371**	**Self-admin/IDT approved**	Y N	
W372	IDT advise physician of self-adm	Y N	
W373	Self-adm must demo competency	Y N	
W374	Pack & label for off-site	Y N	
W375	Errors/reactions recorded	Y N	
W376	Errors/reactions reported	Y N	
	Drug Storage & Records		
W377	Sanitation	Y N	
W378	Temperature	Y N	
W379	Light	Y N	
W380	Humidity	Y N	
W381	Security	Y N	
W382	Locked	Y N	

W383	Authorized access	Y N	
W384	Keys to individual	Y N	
W385	Controlled drug records	Y N	
W386	Reconcile controlled drugs	Y N	
W387	Licensed pharm/controlled drugs	Y N	
	Drug Labeling		
W388	Based on current practice	Y N	
W389	Incl instruction, caution, exp	Y N	
W390	Remove outdated drugs	Y N	
W391	Label: worn, missing, illegible	Y N	
W392	DC med disposal	Y N	
	Laboratory Services		
W393	Meet rqmts of 405.1316	Y N	
W394	Provide personnel	Y N	
W395	Lab dir/qual to supervise	Y N	
W396	Lab dir/licensed/state stds	Y N	
W397	Lab dir/no state reqmts	Y N	
W398	Lab dir/provide adeq tech supv	Y N	
W399	Staff/qualified	Y N	
W400	Staff/sufficient number	Y N	
W401	Staff/rec inservice trng	Y N	
W402	Competent lab technologists	Y N	
W403	Testing rqmts/405.1314	Y N	
W404	Quality control rqmts/405.1317	Y N	
W405	Specimen referral	Y N	
W406	**COP PHYSICAL ENVIRONMENT**	Y N	
	Client Living Environment		
W407	Grossly different together	Y N	
W408	Not segregate on phys disabilities	Y N	
	Client Bedrooms		
W409	Outside wall	Y N	
W410	Near toilet/bath	Y N	
W411	Four clients/variance	Y N	
W412	60 sq ft/multiples	Y N	
W413	80 sq ft/single	Y N	
W414	Walls to ceiling	Y N	
W415	Below grade level	Y N	
W416	Physician/4 client variance	Y N	
W417	Separate bed, size, height	Y N	
W418	Mattress	Y N	
W419	Bedding	Y N	
W420	Furniture	Y N	
W421	Closet	Y N	
	Storage Space/Bedrooms		
W422	Equipment/out-of-bed	Y N	
W423	Personal possessions	Y N	
	Client Bathrooms		
W424	Meet needs	Y N	
W425	Privacy	Y N	
W426	Water temperature <110F	Y N	
	Heating & Ventilation		
W427	Outside window	Y N	
W428	Outside ventilation	Y N	
W429	Temperature control	Y N	
W430	Non-hazardous heating	Y N	

	Floors		
W431	Non-abrasive/non-slip	Y N	
W432	Carpeting/non-abrasive	Y N	
W433	Promote mobility	Y N	
W434	Promote sanitary maintenance	Y N	
	Space & Equipment		
W435	Sufficient/adequate	Y N	
***W436**	**Furnish/maintain/teach use aids**	Y N	
W437	Clean & dirty linen storage	Y N	
	Emergency Plan & Procedures		
W438	Dev & implement written P&P	Y N	
W439	Communicate, review, train staff	Y N	
	Evacuation Drills		
W440	Quarterly	Y N	
W441	Varied conditions	Y N	
W442	Staff training	Y N	
W443	Ensure staff familiar w/features	Y N	
W444	Evaluate effectiveness of plan	Y N	
W445	Evacuate annually on each shift	Y N	
W446	Make provision for phys disab	Y N	
W447	Report & evaluate each drill	Y N	
***W448**	**Investigate problems**	Y N	
***W449**	**Take corrective action**	Y N	
W450	Safe areas	Y N	
W451	Live-in/relief staff	Y N	
	Paint		
W452	Lead-free	Y N	
W453	Cover lead paint/plaster	Y N	
	Infection Control		
W454	Provide sanitary environment	Y N	
W455	Active program prevent/control	Y N	
W456	Implement successful correction	Y N	
W457	Incident reports	Y N	
W458	Staff/communicable diseases	Y N	
W459	**COP: DIETETIC SERVICES**	Y N	
	Food & Nutrition Services		
W460	Nourishing diet	Y N	
W461	Qualified dietician	Y N	
W462	Food services director	Y N	
W463	IDT/special diets	Y N	
W464	IDT/behavior programs	Y N	
W465	Behavior program/nutrition	Y N	
W466	Recommended diet allowance	Y N	
	Meal Services		
W467	Three a day (minimum)	Y N	
W468	Normal meal times	Y N	
W469	Night limit of 14 hours	Y N	
W470	W/snack, 16 hour limit	Y N	
W471	10 hr min btwn bfst-dinner	Y N	
W472	Quantity appropriate	Y N	
W473	Temperature (140, 45, 15 min)	Y N	
W474	Form consistent w/dev level	Y N	
W475	Utensils appropriate	Y N	
W476	Uneaten food discarded	Y N	

	Menus		
W477	Prepared in advance	Y N	
W478	Variety at each meal	Y N	
W479	Season/weekly change	Y N	
W480	Include portion sizes	Y N	
W481	Kept on file 30 days	Y N	
	Dining Areas & Service		
W482	In dining area	Y N	
W483	Table service for all	Y N	
W484	Equipment to met dev needs	Y N	
W485	Supervise & staff adequately	Y N	
W486	To direct self-help	Y N	
W487	Assure client rec enough food	Y N	
W488	Assure eats at dev level	Y N	
W489	Position for eating	Y N	

COP = Conditions of Participation

*** = Fundamental TAGS & COP**

Other Information/Team Notes:

Individual Interview Questions

Interview of:_____ Date:_____ Time:_____

Choice and Community Participation

What sorts of things do you like to do for fun?_____

Do you go out to activities or event in the community (shopping, movies, church)?_____

How often do you do this?_____

How do you get there?_____

Who chooses where you go?_____

Grievance Process

Are you aware of the grievance process?_____ Who would you report to?_____

Who is your QMRP?_____

Personal Finances and Possessions

Do you earn money on your job (day program)?_____

What do you like to buy with your money?_____

Do you have enough money to buy the things you want or need?_____

Does someone help you with spending or saving your money?_____

When you are at the store, do you or does staff pay for your items?_____

Do you have enough clothes and shoes?_____

Do you always have enough deodorant and toothpaste?_____

What do you do if you need to buy something?_____

Personal Relationships and Privacy

Do you have family or friends who visit you?_____

Does your family write to you or telephone you? _____

Does someone help you read their letters/call them on the phone?_____

If you feel like being alone or spending private time with a friend, where do you go?_____

Does staff knock on your door before they come into the room?_____

Participation in the IPP process

Do you go to team meetings with the staff where they talk about the services you get?_____

Does your family/advocate come to your meetings?_____

Were you asked if the date and time of the meeting was acceptable with you?_____

What would you like to learn to do for yourself?_____

Does the staff ask you what you want?_____

Who chooses what you do?_____

Does the staff listen to you and make changes based on what you want?_____

Service Delivery

What help do you need from staff to dress, eat, bathe, etc?_____

What new things are you learning to do?_____

Who helps you knew you do not know how to do something?_____

What chores to do you help out with?_____

Individual Rights and Protections

Who do you tell if you do not like something, or something is wrong?_____

Are there rules that everyone who lives here must follow?_____

What sorts of things are you allowed to do or not to do?_____

How does the staff treat you?_____ Are you treated with respect?_____

Do you ever do things you are not supposed to do? _____What happens then?_____

Were you ever asked to give consent for any treatments or services?_____

Were you told the benefits, risks and alternatives?_____

Health Status

How often do you go see the doctor and/or dentist?_____

Do you have any health problems? _____

Do you take medicines?_____If so, do you know what they are for?_____

Wrap up questions

How do you like services here?_____

Is there anything you especially like about living here?_____

Is there anything you especially don't like about living here?_____

Is there anything else you think I should know about what it is like to live here?_____

INITIAL LICENSURE SURVEY TASK ASSIGNMENT SHEET

SURVEY DATES	FACILITY NAME	APPLICATION BEDS	CURRENT CENSUS	SURVEY TEAM

	Assigned to	Completed	Comments
Off-Site Prep			
Addresses, Phone #'s, Maps			
Count of Licensed and approved beds			
Direct Bills			
ENTRANCE			
Admin. Conference			All at beginning; split to assigned area for P&E, Bed counts, Check for Bedrails #'s Review documents for compliance Request copies of: List of Staff and Staffing schedules
Unit Demographic Information			
Request Policy/Procedure Manual			
Request Safety and HLRC Mtg Min			
ADMINISTRATIVE			
HR=Staff training, new hire checks, etc			How assess new employees/transfer of employees? Request copies of: Client Rights Organization charts
QA/QI			
Contract/Agreements			
Admissions/Discharges/Transfers of Clients			
IPP and Health Status Information			
Record Keeping			
Cosmetology/Barber			
ABUSE/NEGLECT SYSTEM			
Incidents Review of Abuse/Neglect			How report to AOC? What's the system to inform? Review P/P
Investigation System			
Known/ Unknown Injuries			
Incident/Accident Reports Review			
Complaints/Grievances			
Interview with person responsible			
MEDICAL			
CLIA Waiver			
Med-Aide: Direction & Monitoring;			
Nurse Delegation			
Medication Errors			
SAFETY			
Physical Environment Observations			Water Temps(Sinks, tubs, showers) Dishwasher Temps Review Drills and P/P
Dietetic Services (Menu's, grocery supply)			
Fire/Evacuation			
Review of Safety Minutes			
RIGHTS			
Review P/P			Implementation, documentation, consents, etc.
List of Rights-review			
HLRC Minutes			
Client Funds			
INTERVIEWS			
Resident OR Family			
Administrator			
QMRP			
Manager/Living unit supervisor			
Nursing Staff			
Direct Care Staff			
Decision Making & Exit			
Team Assessment/Analysis of Compliance			Meet with Sheryl about tags/findings
Tape/Record Exit			On-Site
Attendance Sheet for Exit			On-site

MHC Client/Designee Interview

Facility: _____ Surveyor: _____
Client/Designee: _____ Admission Date: _____
ID: _____ Date: _____ Time: _____

Do you have a guardian/payee/ect? *If yes, whom and contact number?*

When were you admitted to the facility?

Do you know why you were admitted?

Where you ever discharged to another place and then came back to this facility? *If yes, when & where did you go?*

Do you know what your diagnoses are? *If yes, what?*

19-006.04A-19-006.05 (pg 20-21)
Were you informed of your rights upon admission?

Do you have any questions about your rights?

How does staff treat you?

Has any staff member ever hurt you? *If yes, whom & when?*
Did you report it? *If no, explain?*

Has any staff every yelled or sworn at you? *If yes, whom & when?*
Did you report it? *If no, explain?*

Are you able to write or receive mail, visitors, and phone calls and use your own property/belongings? *If no, which one and in what situations?*

What would you do if you were upset about something?

Have you made any complaints or filed a grievance? *If yes, how was it handled?*

Do you feel you can freely voice your concerns to staff? *If no, explain?*

If the facility could not resolve your complaint, did they explain why?

Is the phone number and address posted for you if you wanted to lodge a complaint with DHHS? *If so, where or how were you made aware of it?*

Has any of you personal belongings come up missing while you have been here? *If yes what, when, how was it resolved?*

Have you ever had to (call 911/or seek out staff for emergency help) while living here? *If yes, when and why?*

19-006.06 (pg22)
Do you know what the "house rules" are?
Are "house rules" posted (and consistent with Pt rights)?

19-006.08 (pg22-23)
What services do you feel you need?

What services are being provided to you at this facility?

Do you see a mental health counselor/provider? *If yes, who and when?*

Do you see a Psychiatrist? *If yes, who and when?*

Do you have groups/activities? *If yes, what are the groups, who conduct the groups, when days are the groups?*

If yes, what happens when/if you do not attend the groups/activities?

Do you/your guardian pay you to live here? *If so, what is included in that payment?*

Are you charged for other services? *If yes, what, provide details?*

Are you allowed to leave the facility on your own without staff supervision. *If yes, provide details.*

Do you have chores, "responsibilities", duties that you are expected to do? *If yes, what are they and how frequent?*

If yes, what happens if you do not complete your chores?

If yes, are you paid for them? *If yes*, how much, when and by whom?

If yes, do you know how this is documented and monitored?

Do you have to pay staff for anything or do they charge you for things?

<u>19-006.10 A (pg24)</u>

Do you know what your treatment plan problems/goals are identified on your treatment plan? *If yes, list some of the goals?*

Were you involved the development of your treatment plan?

Do you know what your dc plan is or when you are expected to be dc'ed? *If yes, what?*

Does the facility help you meet your hygiene or clothing needs?

Laundry?

Adequate food? **(19-006.17 and B (pg 31)**

Are you on a special diet? *If so what & who prescribed that?*

Are meals hot when they are supposed to be hot/cold when supposed to be cold?

Do you have any medical problems? *If yes, what? Who sees you for these problems and provides you treatment for these conditions? Who is your doctor?*

Does the facility attend to your medical/psychological needs? *Do they take you to your appointments, provide you care? If not what?*

Are you in need of any additional services/help or attention for problems that you may have?

19-006.16E1a (pg 28)
Do you self-administer your medications? *If yes, explain the process and identified where they are stored?*

Do you receive any health procedures or treatments that an employee at the facility helps you with? *If yes, what?*

19-006.12 thru 12C2 (pg 25-26)
Have you ever been restrained or placed into time out or seclusion? *If so, describe.*

Do you feel that your behaviors warranted this to occur?

19-006.22A4 (pg34)
Is the room temperature/air circulation comfortable for you? *(If not, take room temp)*

19-006.22C – C 2 (pg34) & 19.007.01B thru B2b. (pg37)
Doe the facility do any of your laundry or is it sent out somewhere? *If yes, is it adequate?*

19-006.22D (pg 35)
Does the facility have a pet?

Does the pet cause you any ill effects?

19-006.22E 3 thru E3b (pg 35
Is the water temperature comfortable for hand washing or bathing? *If not take temp? (not over 125F.)*

19-007.03E thru F (pg39)
Do you feel that the dinning room is comfortable to have your meals?

Are the activity areas able to accommodate group and activities?

Facility Specific Questions:

Do you have any questions or is there anything I have not asked that you feel is important for me to know?

MHC Staff Interview

Facility: _____ Surveyor: _____
Employee: _____ Admission Date: _____
ID: _____ Date: _____ Time: _____

19-006.03D and D1 (pg20)
How long have you been working here?
What is in your job description?

What type of orientation did you receive upon hire?

- Where you trained on client rights?
- Emergency procedures?
- Special medical/mental needs of the population you care for?
- What to do in cases of abuse/neglect/misappropriation of money or property?
- What would you do if someone were ------ another client?

19-006.03C (pg 20)
Did you receive a health screen upon hire?

19-006.03D2 (pg20)
What type of ongoing training have you received and how often do you receive this?

19-006.02 (pg19)
Whom do you report to? Are they always available?

In your opinion, is the administrator at the facility enough time to ensure that things run smoothly?

Can you always get a hold of the administrator/or other? *If no, what do you do or whom do you call?*

Do you feel there is enough staffing? *If no, why not, has problems occurred?*

Are there any issues that you feel are problematic?

19-006.05 (pg21)
Does the facility have a policy on complaints/grievances for employees/clients/others?

Have you made any complaints or filed a grievance? *If yes, how was it handled?*

How do Clients report complaints?

Is the phone number and address posted for those who want to lodge a complaint? *If so where?*

19-006.04B (pg21)
Can clients write or receive mail, visitors, and phone calls and use their own property/belongings? *If no, which one and in what situations?*

19-006.16E1b (pg28) Medication Provisions

Are you licensed to pass meds? *If yes, what license do you hold?*

19-006.16E1c (pg28-29) Medication Provisions

Do you administer or provide medications, procedures and/or treatments?

Are you a Medication Aid?
If not, what training have you had providing the above procedures and tx?

Do you have P & P that specify who is providing you direction and overseeing medications administration for routine medications by unlicensed staff?

Do you provide PRN medication? *If yes, give examples.*

19-006.16E3 thru E7 (pg30-31) Medication Provisions

What is a medication error? (5 R's)
How is this reported?

Where is medication kept?
Who has access to the medication?
What do you do with Expired medication?

19-006.11B thru 12C2 (pg25-26) Restraint, Seclusion and Time Out

What do you in cases that clients are out of control?

Are you allowed to use any type of Restraint or Seclusion?

What type of restraint maybe used at your facility?
(*Ensure they are aware of the different types: Manual/Physical, Mechanical, and Chemical. If yes, which ones and what is the process?*

Is seclusion used at your facility? *If yes, describe when it would be used & the process.*

What type of time out is used at your facility? *If yes, describe when it would be used & process.*

Are there p & p for you to review regarding restraint/seclusion & time out?

What type of training do you get on the use of r/s and time out?

Do you have any questions or is there anything I have not asked that you feel is important for me to know?

MHSU ENTRANCE SURVEY INFORMATION

Facility Name **License Number**
Facility Address **Survey Date**
Facility Census

Your facility is being surveyed to determine compliance with Mental Health Centers/Substance Use Centers. This will be a re-licensure survey. The following are representatives of the DHHS Division of Public Health who will be conducting the survey.

Surveyor Name	Title	Contact Information:	Other Information:
			Team Lead

A. The purpose of the survey is review and assess the facility's compliance with the MHC/SU regulations. The survey team expects to be onsite completing survey tasks _____.
The survey process will consist of observations of clients and staff, interviews with clients, families, staff, and administration, and will review relevant program and treatment records for a sample of the clients living at the facility. The surveyor team will be conducting a detailed physical tour of the environment, including any rooms utilized for restraint/seclusion or exclusionary time out and will need access to any locked areas, as soon as possible.

Exit: Information gathered will be reviewed and preliminary findings provided at the Exit Conference. Preliminary findings are taken back to the office and reviewed with the Program Manager.
Tentative Exit Date/Time:

Contact Person: Please provide the name and contact information of the person who will be available to assist the survey team. (Administrative, Nursing, Emergency Preparedness, Restraint & Seclusion System)

B. Request the following information **as soon as possible (access to unless a "copy of" is specified)**:

1. Provide a List of Current Clients and a List of Clients that accurately reflects the current census population including: first and last name, gender, date of birth, date of admission and discharge, and primary diagnosis.
   a. Identify those clients residing in licensed beds by room number
   b. Please indicate if these clients received behavior modifying medication or if restraint, seclusion or time out was utilized.
   c. Identify those clients with language or communication needs/barriers.
   d. Identify clients who self-administer medications, medical treatments, and/or nutritional needs

2. Please provide a list/log of Injuries, Accidents, Deaths, and Serious Occurrences (elopements, suicide attempts) in the past 6 months.
   a. Were any of these a result of abuse, neglect, restraint, or seclusion?
   b. How many investigation has the facility completed in the last year?

3. Access to copies and/or originals of restraint and seclusion incidents/packets/electronic records. Provide a cumulative log of restraint and seclusion for the past 6 months.

4. Access to facility complaint and grievances filed with the facility in the past 6 months. Provide copies for review.

5. Provide a list of clients transferred acute psychiatric care (hospital) in the past 6 months. Are clients currently hospitalized?

6. Schedule Copies:
   a. Staff Work Schedule for the current and previous month/pay period.
   b. Client daily routine including activities program and therapeutic group schedules. How are clients accounted for throughout the day?
   c. Meal times (where do clients eat meals?)
      - Copy of menus for current week and previous week.
   d. Medication pass times.
      - Does the facility utilize medication aides?
      - Who provides the oversight, direction, and monitoring?

7. Provide a list of staff by first and last name, hire date, job title, and shift for direct support and professional staff.

8. Provide a copy of contracts or agreements (ie. outside providers, hospitals, therapists, pharmacy, etc.)

9. Access to the medication error reports

10. A current phone list to include professional staff and office location.

11. Organizational chart to include the administrative and medical staff.

12. Policy and Procedure Manual for facility policies which have been approved and are currently in use. Copies of the current policies related to:

Crisis Management and De-Escalation	Use of Restraint, Seclusion, and Time-Out	Care and Treatment
Staff Training	Verbal/Telephone Orders	Supervision of Clients
Individual Service/Treatment Plan	Assessments	Emergency Medical Care
Investigations	Abuse/Neglect Systems	Incident/Injury Reporting
Client Rights	House Rules	Quality Assurance
Admission/Discharge/Transfer Criteria	Complaints and Grievances	Nursing and Medical
Infection Control	Hazardous/Poisonous	Record Keeping
Medical and Medication Provision	Emergency, Disaster, and Safety Plans	Detox

13. Copies of the facility's Program Description, Blank Admission Packet

14. Copy of the facility's accreditation certificate (obtain onsite if not in the public file)

15. The survey process is designed to evaluate the facility's routine day-to-day practices and the surveyors will need to speak with clients, families, direct care, managerial, and professional staff. We do not expect staff to alter their routine or schedule, however we request a <u>list be provided of any clients, supervisors and professional staff that you expect will not be available during the survey due to various reasons (i.e. medical issues, vacation, etc.).</u>

16. The survey process will include interviews with individuals, families, and facility staff. If you need to notify family of this possibility we will start interviews ___.

17. Please identify someone familiar with the facility that can conduct the physical environment tour with the survey team on _____. Provide Physical Layout of Facility (2-copies)

C. **Information needed to be available, but no copies at this time**. During the course of the survey it will be necessary for the surveyors to have the following information available for review. Where can the following records be found? What is the facility's system for record keeping?

1. Client Records including treatment plans, records of incident and accident reports/log while in the facility, safety plans, assessment, medical records, MARs, and other documents as identified by the survey team.

2. Staff Personnel records to include information regarding staff orientation, training, and ongoing training.

When the survey has been completed, surveyors will be available for an exit conference with the Administrator and any other key personnel the Administrator may wish to include, regarding the findings of the survey.

Work area: We would like to request a place to work be made available to the surveyors, providing some amount of privacy as well as security, where materials may be left, and interviews with client, families, and staff may be conducted. Provide keys as necessary for entrance, exit, and securing of survey materials.

Please notify the survey team if a client is restrained or secluded, an investigation is conducted, or an injury to a client occurs while the survey is in process.

Does the facility have any questions at this time?

PRTF/MHSU MEDICATION PASS WORKSHEET

Facility	Medication Aide/Nurse Name	Date/Time	Surveyor Name

Instructions:

1. If provision of medications is offered to clients, observe 1 medication pass for provision of 20 medications (if available).
2. Record your observation of each medication provision
3. Note any medication not provided by the 5 Rights. (Right Medication, Right Resident, Right Route, Right Dosage, Right Time)

Client Name	Medication Name, Dose, Route, & Frequency	Reason Prescribed	Current Physician Order	Label, PO, MAR correspond	MAR Completed	Proper Technique Used

PRTF/MHSU MEDICATION PASS WORKSHEET

Facility	Medication Aide/Nurse Name	Date/Time	Surveyor Name

Instructions:

1. If provision of medications is offered to clients, observe 1 medication pass for provision of 20 medications (if available).
2. Record your observation of each medication provision
3. Note any medication not provided by the 5 Rights. (Right Medication, Right Resident, Right Route, Right Dosage, Right Time)

Client Name	Medication Name, Dose, Route, & Frequency	Reason Prescribed	Current Physician Order	Label, PO, MAR correspond	MAR Completed	Proper Technique Used

MHCSU
SURVEY TASK ASSIGNMENT SHEET

SURVEY DATES	FACILITY NAME	PROVIDER #	LICENSED BEDS	CURRENT CENSUS	SURVEY TEAM

SURVEY PROTOCOL	Assigned to	Completed	Comments
Pre-Survey Prep			
Addresses, Phone #'s, Maps			
Review of Complaints/Intakes			
Previous Survey and POC Review			
Copy of current Attestation			
Determine Survey Schedule			
Entrance			
Entrance Conference	Inform facility of Survey Process Tour, interviews, observation, record reviews		Administrator: Nurse: Review ENTRANCE FORM Provide needs list
Request list of who has utilized Res or Sec			Immediately
Hospitalizations			Transfers to Acute Inpatient
Discuss facility records keeping system			Paper/Electronic Records; located?
Hours of operation and lock up/access			Access to areas
Identify Staff to Interview			
Request Policy & Procedure Manual			
Request copy of Restraint/Seclusion policy & log			
Discuss tentative Exit date			
Request work room			Keys?
Sample			
Request list of all clients for previous 12 months			Immediately
Sample Selection			Complete Sample Summary
Record Review of Sample Clients			
Treatment Plans			
Discharge Plans			
Documentation of R/S			Injuries related to restraint & seclusion?
Client Medical Needs/Health/Wellness			Assessments
Other Records Review			
Review of Accident/Incident/Serious Occurrences			Serious injuries, suicide attempt, elopements, etc. for previous 12 months
Restraint & Seclusion Records			
Policies and Procedures			
Death Records			Previous 12 months
Personnel Records			Staff Training, Orientation, Health Screens, credentials, Assess staff in last 6-18months
Program Description			
Facility Physical Environment Observations			
Facility Tour & Observations			All Areas of the facility; environmental safety, furniture, hazards, personal belongings, cleanliness, dining areas
Restraint, Seclusion, & TO Rooms			Safety conditions, types of restraint, free of weapons, etc.
Therapy Rooms			
Client Bedrooms			
Day Service Areas			
Complete Water Temperatures			All faucets >125F. Dishwasher temps <150F.
Medication Rooms			

MHCSU
SURVEY TASK ASSIGNMENT SHEET

Observations					
Client	Living Unit	Morning	Afternoon	Evening	Comments/Other Info:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Interviews	**Assigned to**	**Completed**	**Comments**
Client/Resident			
Family/Guardian/Representative			
Therapist			
Direct Care Staff			
Case Management			
Nursing			
Administration			
Decision Making/Pre-Exit Team Meetings			**Comments**
Review of Survey Findings			
Team Assessment/Analysis of Compliance			Consensus on all findings
Survey Report/Team Notes			
EXIT			
Attendance Record			
Record Exit			
Resident/Staff Sample sheet			

Tentative Survey Hours:

Monday

Tuesday

Wednesday

Thursday

Friday

OBSERVATIONS

Surveyor_____ Date_____

Name of Individual_____ Location_____

(Identify set up of room; who is present; staff ratio; what are materials available/provided, what is the individual actually doing; what is said; what is environment like; how is area organized; who gets the materials; how are individuals treated; traffic patterns; etc.).

Note: 1. Be as unobtrusive as possible, 2. Do spot checks as well as full observations

Time	Individual in Sample	Others

Time	Individual in Sample	Others

PRTF TASK 7 -TEAM ASSESSMENT OF COMPLIANCE WORKSHEET

FACILITY:_____ DATES OF SURVEY:_____SURVEYORS: _____

Standard	General Requirements		Comments
483.354	Certification of Need, Individual Plan of Care, Treatment Team	Y N	
441.151	Beneficiary/Accreditation Requirements	Y N	
441.152	Certification for need for services	Y N	
441.153	Team certifying need for services	Y N	
441.154	Active Treatment	Y N	
441.155	Individual Plan of Care	Y N	
TAGS	**Protection of Residents**		
N001	General requirements for PRTF	Y N	
N002	Restraint & Seclusion policy	Y N	
N003	Free of coercion, disc, convenience, retaliation	Y N	
N004	No standing order or as needed basis	Y N	
N005	Must not result in harm or injury to resident	Y N	
N006	Ensure safety of resident or others during ESS	Y N	
N007	Restraint used until ESS has ceased	Y N	
N008	Res & Sec must not be simultaneously	Y N	
N009	ESI must be safe, proportionate, size	Y N	
N010	Inform res/guardian of res/sec policy	Y N	
N011	Communication of pol/understood by par/guard	Y N	
N012	Acknowledgement informed of policy	Y N	
N013	Provide copy of policy res/guardian	Y N	
N014	Facility provide contact information	Y N	
N015	Phy or other LP permitted by State	Y N	
N016	If treatment team dr. available, the order	Y N	
N017	Must order least restrictive ESI possible	Y N	
N018	Verbal Orders	Y N	
N019	R & S orders no longer/duration of ESS	Y N	
N020	One hour assessment	Y N	
N021	Each order for R & S must include	Y N	
N022	Name of Doctor or licensed practitioner	Y N	
N023	Date and time order was obtained	Y N	
N024	ESI ordered, including length of time	Y N	
N025	Staff doc intervention by end of shift	Y N	
N026	Documentation must include each order	Y N	
N027	Time ESI began and ended	Y N	
N028	Time results of 1 hour assessment	Y N	
N029	ESS required resident res/sec	Y N	
N030	Name of staff involved in ESI	Y N	
N031	Maintain record of each ESS	Y N	
N032	Phy must sign res sec order asap	Y N	
N033	Phy ordered/notify treatment physician, consult	Y N	
N034	Doc res/rec date time physician contact	Y N	
	Monitoring of resident in and immediately after Restraint		
N035	Clinical staff monitoring well being res.	Y N	

N036	ESS goes beyond time, contact phy.	Y N	
N037	Evaluate well being/restraints removed	Y N	
	Monitoring of the resident in & immediately after Seclusion		
N038	Clinical staff monitoring seclusion	Y N	
N039	Seclusion room allow full view res	Y N	
N040	Free of hazardous conditions	Y N	
N041	ESS goes beyond time, contact phy	Y N	
N042	Evaluate well being/removed sec	Y N	
	Notification parents or legal guardian		
N043	Fac notify par/guardian of res/sec	Y N	
N044	Fac doc par/guard notified, date, time	Y N	
	Application of Time Out		
N045	Res in time out never prevented leaving	Y N	
N046	Time out (exclusionary, inclusionary)	Y N	
N047	Staff must monitor res while in time out	Y N	
	Post Intervention Debriefings		
N048	Within 24 hrs face to face with res	Y N	
N049	Within 24 hrs staff & sup debriefing	Y N	
N050	Other techniques may have prevented	Y N	
N051	Procedures to prevent reoccurrence	Y N	
N052	Outcome of intervention, any injuries	Y N	
N053	Doc 2 debriefings/present excused	Y N	
	Med Treatment/ injuries from ESI		
N054	Immediately obtain med treatment/injury	Y N	
N055	PRTF contracts with hospitals	Y N	
N056	Res transfer to hospital/med necessary	Y N	
N057	Info exchanged between institutions	Y N	
N058	Services available 24/7 days week	Y N	
N059	Staff doc all injuries occurred	Y N	
N060	Staff involved in ESI injury, supervisory	Y N	
	Facility Reporting		
N061	Attestation of facility compliance/CMS	Y N	
N062	Facility provide attestation by 7/21/01	Y N	
N063	Reporting of serious occurrences	Y N	
N064	Notify parents/guardian serious occur	Y N	
N065	Staff doc rept to Medicaid agency Adv.	Y N	
N066	Reporting of Deaths	Y N	
	Education and Training		
N067	Require staff education, training, knowledge	Y N	
N068	Tech to identify factors may trigger ESS	Y N	
N069	Nonphysical intervention prevent ESS's	Y N	
N070	Recognize physical distress in res/sec	Y N	
N071	CPR & periodic recertification	Y N	
N072	Individuals qualified provide training	Y N	
N073	Staff training includes demonstration	Y N	
N074	Staff demonstrate comp before ESS	Y N	
N075	Staff demonstrate competencies	Y N	
N076	Doc competency date completed	Y N	
N077	Training programs/materials CMS rev	Y N	
N078	Overall CoP	Y N	

PRTF ENTRANCE SURVEY INFORMATION

Facility Name **License Number**
Facility Address **Survey Date**
Facility Census

Your facility is being surveyed to determine compliance with Federal regulations 42 CFR Part 483, Subpart G, sections 483.350-483.376, Psychiatric Residential Treatment Facilities (PRTF). This will be a recertification survey.

The following are representatives of the DHHS Division of Public Health who will be conducting the survey.

Surveyor Name	Title	Contact Information:	Other Information:
			Team Lead

A. The purpose of the survey is review and assess the facility's compliance with the PRTF and MHC regulations. The survey team expects to be onsite completing survey tasks _____.
The survey process will consist of observations of clients and staff, interviews with clients, families, staff, and administration, and will review relevant program and treatment records for a sample of the clients living at the PRTF/MHC. The surveyor team will be conducting a detailed physical tour of the environment, including any rooms utilized for restraint/seclusion or exclusionary time out and will need access to any locked areas, as soon as possible.
Exit: Information gathered will be reviewed and preliminary findings provided at the Exit Conference. Preliminary findings are taken back to the office and reviewed with the Program Manager.
Tentative Exit Date/Time:

Contact Person: Please provide the name and contact information of the person who will be available to assist the survey team. (Administrative, Nursing, Emergency Preparedness, Restraint & Seclusion System)

B. Request the following information **as soon as possible (access to unless a "copy of" is specified)**:

1. Provide a List of Current Clients and a List of Clients that accurately reflects the current census population and indicate those clients admitted over the past year, including: first and last name, gender, date of birth, date of admission and discharge, attending physician and primary diagnosis.
   a. Identify those clients living in the PRTF and MHC licensed beds.
   b. Please indicate (Yes or No) if these clients received behavior modifying medication or if restraint, seclusion or time out was utilized.
   c. Identify those clients with language or communication needs/barriers.

2. If applicable, a list including client deaths or hospitalizations in the past 12 months as a result of restraint or seclusion. Identify if there were any Sentinel Events.

3. Please provide a list/log of Serious Occurrences (client injuries, suicide attempts) in the past 12 months.

4. Please provide a list of any clients transferred to a hospital for acute psychiatric care in the past 12 months.

5. Schedule Copies:
   a. Staff work schedule for the current and previous month/pay period.
   b. Client daily routine including activities program and therapeutic group schedules. How are clients accounted for throughout the day?
   c. Meal times (where do clients eat meals?)
      - Copy of menus for current week and previous week.
   d. Medication pass times.
      - Does the facility utilize medication aides?
      - Who provides the oversight, direction, and monitoring?

6. List of current staff by first and last name, hire date, job title, and shift. Include direct care staff and professional staff.

7. Copy of any contracts or agreements with outside providers, such as hospitals.

8. A current phone list to include professional staff and office location.

9. Organizational chart to include the administrative and medical staff.

10. Copy of the cumulative log of restraint and seclusion for _____.

11. Access to copies and/or originals of restraint and seclusion incidents/packets/electronic records.

12. Access to facility incident reports and investigations for _____. How many investigation has the facility completed in the last year?

13. Access to facility complaint and grievances for _____. How many complaints or grievances have been filed with the facility in the last year?

14. Policy and Procedure Manual for facility policies which have been approved and are currently in use. Copies of the current policies related to:

Crisis Management and De-Escalation	Use of Restraint, Seclusion, and Time-Out	Active Treatment
Staff Training	Verbal/Telephone Orders	Supervision of Clients
Individual Service/Treatment Plan	Assessments	Emergency Medical Care
Investigations	Abuse/Neglect Systems	Incident/Injury Reporting
Client Rights	House Rules	Quality Assurance
Admission/Discharge/Transfer Criteria	Complaints and Grievances	Nursing and Medical
Infection Control	Hazardous/Poisonous	Record Keeping

15. Copy of the facility's Program Description.

16. Copy of the facility's Emergency Preparedness Plan

17. The survey process is designed to evaluate the facility's routine day-to-day practices and the surveyors will need to speak with clients, families, direct care, managerial, and professional staff. We do not expect staff to alter their routine or schedule, however we request a list be provided of any clients, supervisors and professional staff that you expect will not be available during the survey due to various reasons (i.e. medical issues, vacation, etc.).

18. The survey process will include interviews with youth, families, and facility staff. If you need to notify family of this possibility we will start interviews ___ Thursday 9/13/18 or as opportunities present themselves.

C. **Information needed to be available, but no copies at this time**. During the course of the survey it will be necessary for the surveyors to have the following information available for review. Where can these records be found:

1. Client Records including treatment plans (we will need a copy of the sampled youths' treatment plans), records of incident and accident reports (could be a log) while in the facility, screening transfers and/or emergency hospitalizations, safety plans, assessment, and other documents as identified by the survey team.

2. Staff Personnel records to include information regarding staff orientation, training, and ongoing training.

When the survey has been completed, surveyors will be available for an exit conference with the Administrator and any other key personnel the Administrator may wish to include, regarding the findings of the survey.

Work area: We would like to request a place to work be made available to the surveyors, providing some amount of privacy as well as security, where materials may be left, and interviews with client, families, and staff may be conducted.

Please notify the survey team if a client is restrained or secluded, an investigation is conducted, or an injury to a client occurs while the survey is in process.

Does the facility have any questions at this time?

PRTF/MHC MEDICATION PASS WORKSHEET

Facility	Medication Aide/Nurse Name	Date/Time	Surveyor Name

Instructions:

1. If provision of medications is offered to clients, observe 1 medication pass for provision of 20 medications (if available).
2. Record your observation of each medication provision
3. Note any medication not provided by the 5 Rights. (Right Medication, Right Resident, Right Route, Right Dosage, Right Time)

Client Name	Medication Name, Dose, Route, & Frequency	Reason Prescribed	Current Physician Order	Label, PO, MAR correspond	MAR Completed	Proper Technique Used

PRTF TASK 7 -TEAM ASSESSMENT OF COMPLIANCE WORKSHEET

FACILITY:_____ DATES OF SURVEY:_____SURVEYORS: _____

Standard	General Requirements		Comments
483.354	Certification of Need, Individual Plan of Care, Treatment Team	Y N	
441.151	Beneficiary/Accreditation Requirements	Y N	
441.152	Certification for need for services	Y N	
441.153	Team certifying need for services	Y N	
441.154	Active Treatment	Y N	
441.155	Individual Plan of Care	Y N	
TAGS	**Protection of Residents**		
N001	General requirements for PRTF	Y N	
N002	Restraint & Seclusion policy	Y N	
N003	Free of coercion, disc, convenience, retaliation	Y N	
N004	No standing order or as needed basis	Y N	
N005	Must not result in harm or injury to resident	Y N	
N006	Ensure safety of resident or others during ESS	Y N	
N007	Restraint used until ESS has ceased	Y N	
N008	Res & Sec must not be simultaneously	Y N	
N009	ESI must be safe, proportionate, size	Y N	
N010	Inform res/guardian of res/sec policy	Y N	
N011	Communication of pol/understood by par/guard	Y N	
N012	Acknowledgement informed of policy	Y N	
N013	Provide copy of policy res/guardian	Y N	
N014	Facility provide contact information	Y N	
N015	Phy or other LP permitted by State	Y N	
N016	If treatment team dr. available, the order	Y N	
N017	Must order least restrictive ESI possible	Y N	
N018	Verbal Orders	Y N	
N019	R & S orders no longer/duration of ESS	Y N	
N020	One hour assessment	Y N	
N021	Each order for R & S must include	Y N	
N022	Name of Doctor or licensed practitioner	Y N	
N023	Date and time order was obtained	Y N	
N024	ESI ordered, including length of time	Y N	
N025	Staff doc intervention by end of shift	Y N	
N026	Documentation must include each order	Y N	
N027	Time ESI began and ended	Y N	
N028	Time results of 1 hour assessment	Y N	
N029	ESS required resident res/sec	Y N	
N030	Name of staff involved in ESI	Y N	
N031	Maintain record of each ESS	Y N	
N032	Phy must sign res sec order asap	Y N	
N033	Phy ordered/notify treatment physician, consult	Y N	
N034	Doc res/rec date time physician contact	Y N	
	Monitoring of resident in and immediately after Restraint		
N035	Clinical staff monitoring well being res.	Y N	

N036	ESS goes beyond time, contact phy.	Y N	
N037	Evaluate well being/restraints removed	Y N	
	Monitoring of the resident in & immediately after Seclusion		
N038	Clinical staff monitoring seclusion	Y N	
N039	Seclusion room allow full view res	Y N	
N040	Free of hazardous conditions	Y N	
N041	ESS goes beyond time, contact phy	Y N	
N042	Evaluate well being/removed sec	Y N	
	Notification parents or legal guardian		
N043	Fac notify par/guardian of res/sec	Y N	
N044	Fac doc par/guard notified, date, time	Y N	
	Application of Time Out		
N045	Res in time out never prevented leaving	Y N	
N046	Time out (exclusionary, inclusionary)	Y N	
N047	Staff must monitor res while in time out	Y N	
	Post Intervention Debriefings		
N048	Within 24 hrs face to face with res	Y N	
N049	Within 24 hrs staff & sup debriefing	Y N	
N050	Other techniques may have prevented	Y N	
N051	Procedures to prevent reoccurrence	Y N	
N052	Outcome of intervention, any injuries	Y N	
N053	Doc 2 debriefings/present excused	Y N	
	Med Treatment/ injuries from ESI		
N054	Immediately obtain med treatment/injury	Y N	
N055	PRTF contracts with hospitals	Y N	
N056	Res transfer to hospital/med necessary	Y N	
N057	Info exchanged between institutions	Y N	
N058	Services available 24/7 days week	Y N	
N059	Staff doc all injuries occurred	Y N	
N060	Staff involved in ESI injury, supervisory	Y N	
	Facility Reporting		
N061	Attestation of facility compliance/CMS	Y N	
N062	Facility provide attestation by 7/21/01	Y N	
N063	Reporting of serious occurrences	Y N	
N064	Notify parents/guardian serious occur	Y N	
N065	Staff doc rept to Medicaid agency Adv.	Y N	
N066	Reporting of Deaths	Y N	
	Education and Training		
N067	Require staff education, training, knowledge	Y N	
N068	Tech to identify factors may trigger ESS	Y N	
N069	Nonphysical intervention prevent ESS's	Y N	
N070	Recognize physical distress in res/sec	Y N	
N071	CPR & periodic recertification	Y N	
N072	Individuals qualified provide training	Y N	
N073	Staff training includes demonstration	Y N	
N074	Staff demonstrate comp before ESS	Y N	
N075	Staff demonstrate competencies	Y N	
N076	Doc competency date completed	Y N	
N077	Training programs/materials CMS rev	Y N	
N078	Overall CoP	Y N	

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY'S
SURVEY TASK ASSIGNMENT SHEET

SURVEY DATES	FACILITY NAME	PROVIDER #	LICENSED BEDS	CURRENT CENSUS	SURVEY TEAM

SURVEY PROTOCOL	Applicable TAG #	Assigned to	Completed	Comments
Pre-Survey Prep				
Addresses, Phone #'s, Maps				
Review of Complaints/Intakes				
Previous Survey and POC Review				
Copy of current Attestation				
Determine Survey Schedule				
Entrance				
Entrance Conference				Administrator: Nurse:
Review ENTRANCE FORM				
Inform facility of Survey Process:				Tour, observation, interviews, record reviews, (ie: serious occurrences, etc.)
Request list of who has utilized Res or Sec				Immediately
Hospital transfers				
Discuss facility records keeping system				Paper/Electronic Records; located?
Hours of operation and lock up/access				Access to areas
Identify Staff to Interview				
Request Policy & Procedure Manual				
Request copy of Restraint/Seclusion policy & log	N-0133 thru 0137			
Discuss tentative Exit date				
Request work room				Keys?
Sample				
Request list of all clients for previous 12 months				Immediately
Sample Selection				See Form for methodology
Complete Sample Summary				
Record Review of Sample Clients				
Certification of Need for Services	N-0106			
Treatment Plans	N-0108 thru 0115			
Documentation of ESI	N-0140 thru 0161			Injuries related to restraint & seclusion?
Documentation of ESS	N-0165 thru 0174			
Medical, Client Health and Wellness	N-0145 and N-0167 and 0174			Assessments
Other Records Review				
Review of Accident & Incident Records				
Restraint & Seclusion Records				
Policies and Procedures				
Death Records	N-0210			Previous 12 months
Serious Injury/Occurrences	N-0207 thru 0210			Serious injuries, suicide attempt, etc for previous 12 months
Personnel Records	N-0214 thru 0224			Training, Orientation, Health Screens, credentials, Assess new staff in last 6-18months
Program Description				
EMERGENCY PREPAREDNESS PLAN				

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY'S
SURVEY TASK ASSIGNMENT SHEET

Observations					
Client	Living Unit	Morning	Afternoon	Evening	Comments/Other Info:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Facility Physical Environment Observations	**Assigned to**	**Completed**	**Comments**
Facility Tour & Observations			All Areas of the facility; environmental safety, furniture, hazards, personal belongings, cleanliness,
Restraint, Seclusion, & TO Rooms			Safety conditions, types of restraint, free of weapons, etc.
Therapy Rooms			
Dining Areas			
Client Bedrooms			
Educational/School Areas			
Complete Water Temperatures			All faucets clients' access: >125F. Dishwasher temps <150F.
Medication Rooms			
Interviews	**Assigned to**	**Completed**	**Comments**
Client/Resident			
Family/Guardian/Representative			
Therapist			
Direct Care Staff			
Case Management			
Nursing			
Administration			
Decision Making/Pre-Exit Team Meetings	**Assigned to**	**Completed**	**Comments**
Review of Survey Findings			
Team Assessment/Analysis of Compliance			Consensus on all findings
Survey Report/Team Notes			
EXIT			
Attendance Record			
Record Exit			
Resident/Staff Sample sheet			

Tentative Survey Hours:

Monday

Tuesday

Wednesday

Thursday

Friday

Client/Designee Interview SATC

Facility: _____ Surveyor: _____
Client/Designee: _____ Admission Date: _____
ID: _____ Date: _____ Time: _____

18-006.04A (pg 23)
Were you informed of your rights upon admission?

Do you have any questions about your rights?

How does staff treat you?

Has any staff member ever hurt you? *If yes, whom & when?*
Did you report it? *If no, explain?*

Has any staff every yelled or sworn at you? *If yes, whom & when?*
Did you report it? *If no, explain?*

18-006.04C (pg24)
Inpatient setting:

Are you able to write or receive mail, visitors, and phone calls and use your own property/belongings? *If no, which one and in what situations?*

18-006.05 (pg24)
What would you do if you were upset about something?

Have you made any complaints or filed a grievance? *If yes, how was it handled?*

Do you feel you can freely voice your concerns to staff? *If no, explain?*

If the facility could not resolve your complaint, did they explain why?

Is the phone number and address posted for you if you wanted to lodge a complaint with DHHS? *If so, where or how were you made aware of it?*

18-006.06 (pg24-25)
Inpatient setting:
Do you know what the "house rules" are?
Are "house rules" posted (and consistent with Pt rights)?

18-006.08 (pg25)
What services are being provided to you at this facility?

18-006.10 A (pg28)
Do you know what is on your tx plan? *If yes, list some of the goals?*

Where you involved with it?
Do you know what your dc plan is or when you are expected to be dc'ed? *If yes, what?*

Does the facility help you meet your hygiene or clothing needs?
Laundry?
Adequate food? (18-006.15 and A (pg 36-37)
Are you on a special diet?
Meals hot when suppose to be hot/cold when suppose to be cold?

Does the facility attend to medical/psychological needs? *If not what?*

Are you in need of any additional services?

18-006.13D (pg 31)
Do you self-administer your medications? *If yes, where are they stored?*

Do you receive any health procedures or treatments that an employee at the facility helps you with? *If yes, what?*

18-006.14 (pg 35)
Have you ever been restrained or placed into time out or seclusion? *If so, describe*.

Do you feel that your behaviors warranted this to occur?

18-006.19B (pg39)
Is the room temperature/air circulation comfortable for you? *(If not, take room temp)*

18-006.19C – C 2 (pg39- 40)
Inpatient setting:
Doe the facility do any of your laundry or is it sent out somewhere? *If yes is it adequate?*

18-006.19D (pg 40)
Does the facility have a pet?

Does the pet cause you any ill effects?

18-006.19E 3 thru E3b (pg 40)

Inpatient setting:

Is the water temperature comfortable for hand washing or bathing? *If not take temp? (not over 125F.)*

Do you have any questions or is there anything I have not asked that you feel is important for me to know?

Substance Abuse Treatment Center
Client Inspection Record Keeping Checklist

SATC Name: _____ Surveyor Name: _____

Address: _____ Date: _____ Time: _____

Client Name: _____ Male or Female

DOB: _____ AGE: _____ Identifier# _____

18-006.16A
_____ Record established w/in 5 working days of admission?

18-006.16A1
_____ Enrollment Date: _____
_____ Physical Description or Photo
_____ Emergency Contacts
_____ Clients Right
_____Discharge Date: _____
_____ Admission assessment & eligibility completed
_____ Fee Arrangements
_____ Referral information

18-006.09 C Admission assessment describes effects of Substance Abuse on life (except emergency detox)
_____
_____

18-006-09C2
_____ Inpatient Assessment completed within 15 days of admission

18-006.16A1 Health Screening completed:
_____

18-006.16A1 Licensed Practitioners Orders where applicable:
_____
_____
_____
_____

18-006.16A Special Diet Order: _____

18-006.16A Medication:
_____
_____
_____
_____

18-006.16A Significant Medical Conditions:
_____

Revised: 4/2011

_____

_____

_____

_____

18-006.16A Allergies:

_____

18-006.16A1
Documentation of care and treatment provided to include: clients response to tx, change in condition or care/tx.

_____

_____

_____

_____

18-006.10, 18-006.10A & 18-006.10B Individual Service Plan (ISP):
Qualified employee responsible for and developed the ISP is: _____
ISP and care began upon admission _____
ISP was implemented as soon as established _____
ISP specifies care and treatment necessary _____
ISP includes referrals for needed service that facility does not provide _____
ISP contain specific goals and measurements the client will use to reduce or eliminate substance used _____
ISP specifies the extent and frequency of care _____
ISP specifies criteria to be met for termination of care/treatment_____
ISP defines therapeutic activity _____
ISP includes Client participation in development of ISP with clients' signature and date or reason why not
_____
ISP estimates the length of stay and the plan for discharge _____
The frequency of ISP review is: _____

_____

_____

_____

_____

_____

18-00611B3 Emergency Detoxification Program Must:
Determine the clients LOC @ specific time intervals when cooperative and when NOT-Is this accomplisthed?
_____

Monitoring Pulse, BP, Temp, Resp @ specific time intervals when cooperative and when NOT-Is this accomplished?

_____

Determining the onset of acute withdrawal or psych emergency according to facility policy. – Is this accomplished? _____

Assessing need for medical treatment and initiating such for referral to medical facility if necessary. – Is this accomplished? _____

18-006.14 Use of Restraint/Seclusion:

If used what type: ☐ seclusion ☐ mechanical restraint ☐ chemical restrain ☐ manual restraint ☐ time out

System used to review use of manual restrain/time out documented? _____

Must include:

Reported to the administrator for review of compliance with facility procedure?

☐Completed ☐Documented ☐Follows Procedure with facility

_____

Description of incidnet and ID of staff involved documented?

_____

Where less restrictive interventions used first?

_____

_____

_____

_____ **18-006.16B1** Record Entries: Dated, legible and verified

_____ **18-006.16B2** Confidentiality: Medical Records storage assures confidentiality

_____ **18-006.16B3** Retention: Client records are retained 2 years from date of discharge

_____ **18-006.16B4** Access: Client information and records are released only with consent of client/designee

Staff Interview for SATC

Facility: _____ Surveyor: _____
Client/Designee: _____ Admission Date: _____
ID: _____ Date: _____ Time: _____

18-006.03D and D1 (pg22)
How long have you been working here?
What is in your job description?

What type of orientation did you receive upon hire?

- Where you trained on client rights?
- Emergency procedures? **(18-006.13A pg 31) Tag 145**
  - Do you know what the plan is to access emergency services in an emergency situation?
- Special medical/mental needs of the population you care for?
- What to do in cases of abuse/neglect/misappropriation of money or property?
- What would you do if someone were ------ another client?

18-006.03C (pg 22) Tag 106
Did you receive a health screen upon hire?

18-006.03D2 (pg22-23) Tag 107-109
What type of ongoing training have you received and how often do you receive this?

18-006.02 (pg21) Tag 102
Whom do you report to? Are they always available?

In your opinion, is the administrator at the facility enough time to ensure that things run smoothly?

Can you always get a hold of the administrator/or other? *If no, what do you do or whom do you call?*

Do you feel there is enough staffing? *If no, why not, has problems occurred?*

Are there any issues that you feel are problematic?

18-006.05 (pg24) Tag 114
Does the facility have a policy on complaints/grievances for employees/clients/others?

Have you made any complaints or filed a grievance? *If yes, how was it handled?*

How do Clients report complaints?

Is the phone number and address posted for those who want to lodge a complaint(can also be provided)? *If so where?*

18-006.07 and 18-006.07A (pg 25) Tag 119 & 120

Who is responsible for the QI process?
What is the QI process?
Are clients involved in this process? *If so how?*
Do you have access to the results of the QI or where you ever informed of the results?

18-006.04C (pg24) Tag 113

Inpatient setting:

Can clients write or receive mail, visitors, and phone calls and use their own property/belongings? *If no, which one and in what situations?*

18-006.13D1b (pg32) Tag 150

Medication Provisions

Are you licensed to pass meds? *If yes, what license do you hold?*

18-006.13D1c (pg32) Tag 151-152

Medication Provisions

Do you administer medications or provide other procedures and treatments?

Are you a Medication Aid?
If not, what training have you had providing the above procedures and tx?

Do you have P & P that specify who is providing you direction and overseeing medications administration for routine medications by unlicensed staff?

Do you provide PRN medication? *If yes, give examples.*

18-006.13D3 thru D7 (pg34) Tag 153

Medication Provisions

What is a medication error? (5 R's)
How is this reported?

Where is medication kept?
Who has access to the medication?
What do you do with Expired medication?

18-006.14 thru 14C2 (pg35-36) Tag 159-164

Restraint, Seclusion and Time Out

What do you in cases that clients are out of control?

Are you allowed to use any type of Restraint /Seclusion or Time Out?

What type of restraint maybe used at your facility?

(*Ensure they are aware of the different types: Manual/Physical, Mechanical, and Chemical. If yes, which ones and what is the process?*

Is seclusion used at your facility? *If yes, describe when it would be used & the process.*

What type of time out is used at your facility? *If yes, describe when it would be used & process.*

18-006.09A (pg27) Tag 126

What is your admission criteria?

Is it written?

Does the admission criteria identify the level of care necessary based on the clients presenting problems?

18-006.09C thru 09C3 (pg 27) Tag 128, 129, 130

What assessments are used to identify the effects of substance abuse on the client?

When must all assessments be completed for the client?

18-006.10 (pg 27) Tag 132

When is the initial ISP developed?

When is the final ISP completed?

When is the ISP implemented?

18-006.10B (pg 28) Tag 134

When is the ISP reviewed?

18-006.12 (pg 30) Tag 143

Do you develop discharge plans? *If not who does?*

When are discharge plans developed?

Can you show me a discharge plan?

Does the dc plan include a relapse prevention plan, which includes triggers and interventions for the client to use?

Does it include the plan for FU, or other care services needed?

Does it include referrals?

When is it completed?

18-006.13A (pg 31) Tag 145

What is the plan to access emergency services if an emergency occurs?

Do you have any questions or is there anything I have not asked that you feel is important for me to know?

MHSU Survey checklist Facility:

Survey Dates:

_____ Client Audits

_____ Discharge Plan

_____ Discharge Summary

_____ Accident Reports

_____ Incident Reports

_____ Serious Occurrences

_____ Death Records

_____ Personnel Records

_____ Environment/Water Temps

_____ Medication Rooms

_____ Client Rights

_____ Pictures of Outside of Facility and potential deficiencies

Interviews related to:

Interviews of:

_____ Clients

_____ Therapist

_____ Direct Care Staff

_____ Case Management

_____ Nursing

_____ Administration

Survey Hours: Travel Hours _____

Monday _____

Tuesday _____

Wednesday_____

Thursday_____

Friday_____

MHSU Survey – Client Rights Audit Tool

The client must have the right:

_____ 1. To be informed in advance about care and treatment and of any changes in care and treatment that may affect the client's well-being

_____ 2. To self-direct activities and participate in decisions regarding care and treatment

_____ 3. To confidentiality of all records, communications, and personal information

_____ 4. To voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed

_____ 5. To examine the results of the most recent survey of the facility conducted by representatives of the Department

_____ 6. To privacy in written communication including send and receiving mail consistent with Individualized service plans

_____ 7. To receive visitors as long as this does not infringe upon the rights and safety of other clients

_____ 8. To have access to a telephone where calls can be made without being overheard when consistent with individualized service plans

_____ 9. To retain and use personal possessions, including furnishing and clothing as space permits, unless to do so would infringe upon the rights and safety of other clients

_____ 10. To be free of restraints

_____ 11. To be free of seclusion in a locked room

_____ 12. To be free of physical punishment

_____ 13. To exercise his or her rights as a client of the facility and as a citizen of the United States

_____ 14. To be free from arbitrary transfer or discharge

_____ 15. To be free of involuntary treatment, unless the client has been involuntarily committed by Inappropriate

_____ 16. To be free from abuse and neglect and misappropriation of their money and personal property

_____ 17. To be informed prior to or at the time of admission and during stay at the facility of charges for care, treatment, or related charges

Discharge Summary Audit

Facility:_____ Survey Dates:_____ Reviewer:_____

Client Identifier	Date of Discharge	Date of Summary	Description of Client Progress under ISP	Reason for Discharge or Transfer from facility

Make 3 copies per facility

Residence Address: _____

Surveyor Name: _____ Name of staff providing meds: _____

Observation & Record Review/Record Review only Are they an approved med aid? YES NO

Date & time of surveyor observation: _____

Name of Individual	Med. Dosage, route, frequency (review)	Reason prescribed (review)	Current-Physician Order (P.O.) & date (review)	Label, P.O & MAR correspond (review)	Provided correctly & proper technique used (observe)	MAR completed properly (observe/ review)	Comments/Notes

Make 3 copies per facility

Document evidence of the following:

1. Person Responsible for Direction and Monitoring: (95-004.03)

Name: _____ Are they (circle one): Licensed Health Care Practitioner
Recipient; Caretaker

2. Is this person responsible for Direction and Monitoring for additional activities: YES NO (95-004.03)

If no, then who is _____Are they (circle one): Licensed Health Care Practitioner
Recipient; Caretaker

Verify the following: (If any are marked NO then follow up with the Nurse for verification)

a. Acceptance, in writing, for responsibility of Direction and Monitoring of med aides: YES NO (95.004.03 & 03B &95-004.03C1 & 03C2)
b. Med Aides are approved to provide additional activities: YES NO (95.006, &02A)
c. There are written directions for the additional activities: YES NO (95.006.02B)
    1. Are they available to staff: YES NO
    2. Are they used by staff: YES NO
    3. Are they adequate to give direction: YES NO
d. There is written documentation, by a licensed health care professional, that it is safe for the recipient to receive the additional activity by a medication aide: YES NO (95-007.03A &03B)
e. Secure and proper storage: Accessible to Med Aides only: YES NO (95.011.01, 01A & 01B)
    1. Are the medications stored per manufacturer's instructions: YES NO
f. Verify self-administration if applicable:
    1. At least 19 years old: YES NO
    2. Have cognitive capacity to make an informed decision about taking medications: YES NO
    3. Physically able to take or apply a dose of medication: YES NO
    4. Have capability and capacity to take or apply a dose of medication according to specific directions for prescribed medication or according to a recommended protocol for nonprescription medication: YES NO
    5. Have capability and capacity to observe and take appropriate action regarding any desired effects, side effects, interactions, and contraindications associated with a dose of medication: YES NO
g. Verify facility policy and procedures for reporting to the Medication Aide Registry: YES NO (96.003)

Questions for the nurse:

1. Are you the person responsible for Direction and Monitoring for routine and additional activities?: YES NO
2. How do you keep the agency informed on any concerns with the medication aides and the medication administration for clients that is being provided?
3. What are the additional activities provided at the home?
4. Who determines the competency of the medication aides?
5. Do any clients self-administer medications? If yes, who? How did you determine the client was capable and competent?
6. What is the policy/procedure for reporting of medication errors? Is the Doctor notified of errors?
7. What is the policy/procedure for reporting a medication aide to the med aide registry?

INDIVIDUAL INTERVIEW **DDBH-Centers for Person with Developmental Disabilities** **CDD-13**

Make 3 copies per facility

Facility Address:_____ Provider:_____ Date:_____ Surveyor initials: _____

Individual's Name:_____

1. What do you like to do?
2. How long have you lived here
3. Do you have roommates?
4. How do you like the food?
5. What is your favorite thing to do when you are at home?
6. Where do you go on your outings? Do you go to church, club, movies, library, swimming, out to eat?
7. Do you have your own spending money? Do you keep it or does the staff keep it for you?
8. If there was a fire or a tornado what would you do? Do you practice what to do at your house?
9. Do you help around your house? Do you have chores? Do you cook? Or go to the grocery store, or set the table or do the dishes?
10. What time is dinner? Do you ever go out to eat? Do you go in and sit down or do you go through the drive through?
11. How are you treated by your roommates? How are you treated by the staff?
12. Do you feel safe in your house? (Why/why not? Do you feel safe with your room mates?)
13. What do you do when you feel afraid?
14. Does the staff assist you with eating, or showering, or with your laundry?
15. Have you ever stayed home alone, without any staff? How long were you alone at your house before staff came?

*****Please see side 2 for client specific questions that might be asked*****

These questions should be specific enough to help the surveyor determine the impact of the situation on the individual.

Examples of client specific questions

If you have found a client is "self-administering" their medications--
Who keeps your medications; where are they stored?
Does a staff help you with your medications? Do they watch you while you take your medications? Do they assist with your medication set-up?

If you find restrictions at the residence—
Locked cabinets
Are there any drawers or doors locked in the house? Where are they? Do you know why they are locked? Are they locked for you or for another client? How do you get something out if the door/drawer is locked? Do staff assist?
Door alarms, bed alarms, window alarms
Are there any alarms at your house? Do you know why they are there?
Monitors
Are there any monitors in your house? Do you know why they are there?
Restraints
Have you ever been restrained by staff? Do you know why the staff would restrain you?
How do you feel when you are restrained?
Food/menu restrictions
Can you get food or snacks whenever you want them? Do you know why you cannot get food or snacks whenever you want? Are you on a special diet? Do you know what that means?

If there are highly volatile individual's in the home--
How do you feel when _____ is angry or yelling? What do you do when _____ is angry or trying to hurt others?

GUARDIAN/FAMILY INTERVIEW

DDBH-Centers for Person with Developmental Disabilities

CDD-14

Make 1 copy per facility

Facility Address: _____ Provider:_____ Date: _____ Surveyor initials: ____

Name: _____ Relationship to the Individual_____

If the guardian? Full, partial

FOLLOW-UPwith the family or guardian should only take place
If you have found questionable incidents have occurred with their individual and cannot find resolution or conclusions with the facility
If issues arose during the course of the survey that only the family or guardian could answer
For an ex-if a family member has taken responsibility for direction and monitoring of the individuals medications.

Please see Surveyor Guidance Procedures for more information on when to contact the family or guardian

*If you contact the family or guardian, document date and time contact was made, whether in person or by phone, the reason contact was made and the questions that the guardian was asked with their responses.

STAFF INTERVIEW **DDBH-Centers for Persons with Developmental Disabilities** **CDD-15**

Make 3 copies per facility

Facility Address:_____ Provider:_____ Surveyor initials: _____

General Staff Interview Questions: (Identify if in person over by phone)

Name:_____ Title:_____ Date:_____

1. How long have you worked for the provider? How long at this house?
2. What are your hours?
3. Are you a Medication Aide?
    a. Who is responsible for the direction and monitoring of the medications aides?

    b. Who do contact for questions about medications?

    c. When/How would contact the person responsible for direction and monitoring

    d. How are the medications stored? Are there keys? If there are keys or a lock, who has access?

4. Are there menus used at this house?
    a. Do any of the individuals have special diets?

    b. Who prepares the meals? How are the dietary needs addressed within the menus?

    c. Do you know if a dietician has reviewed the menus?

    d. Do you know if a doctor has authorized the special diets?

5. Do any of the clients have special medical needs (seizures, bowel issues); Who are those individual's?

    a. Do any of the individuals have protocols for those special medical needs?

    b. Who trained you on those protocols?

    c. Are there written directions for the protocols?

6. Do any of the individuals have a Behavioral Support Plan? A safety Plan?
    a. Can you tell me why the individual would have a behavioral support or safety plan?

    b. Have you been trained on how and when to use a restraint?

    c. When would you use a restraint?

    d. Do any of the individuals have any restrictions?

    e. Can you tell me why the individuals have these restrictions?

*****CONTINUE ON THE BACK*****

7. Did you feel prepared to work and interact with the individuals at this residence upon completion of your training?
    a. What do you do during a fire/tornado drill?
    b. What do you do if a client refuses to participate?
    c. What training have you received on the Individual Program Plan process?
    d. Who trained you?
8. Tell me your understanding of abuse and neglect?
    a. When you witness abuse or neglect who do you report to?
    b. What is the procedure for reporting abuse or neglect?
    c. Have you ever witnessed abuse, neglect or mistreatment of an individual at this residence?
    d. What would consider mistreatment of an individual?

*****These are individual specific questions for the staff and should be asked to clarify information found during an observation or during record review.*****

- Tell me about staff objectives for (one of the sampled individuals)?
- Tell me about a goals and objectives for (one of the sampled individuals)?
- Tell me what is in the BSP for (one of the sampled individuals)?
- Any additional questions, the reason for the question and staff responses should be noted here:

Pre-CDD survey check list

Provider	**Corporation** **Administrator:** **Executive Director:**		**Date Checked by (initials):**
	Notify DDBH Supervisor if discrepancies with Administrator identified.		
Office Address			
Office Phone			
MHSU Name			
Address			
Phone			
LICENSED BED COUNT	Public File	ACO	
PICTURE FOR FILE			
History of Survey and Complaint Investigations			
Complaint Dated:			
Survey Dated:			
Complaint Dated:			
Survey dated:			
Review ACO & Complaint Tracker for open Complaints			
High			
Medium			
Low			
No Action Needed			

CDD LOCATION: SURVEY DATES

PROVIDER NAME: SURVEY TEAM

Survey Team Assignment	Assigned To	Completed	Notes
Pre-Survey Preparation			
Calculate travel & onsite time			Vehicle check out. Update Outlook Calendar
Addresses & phone numbers of Facility & Office			Print maps/directions
Key facility contact names/persons			Verify in public record & ACO
Hotel reservations-Direct bills			
Complete Pre-Survey Checklist Form			Review ACO & public record: previous surveys, POC's, waivers
Copy Survey Forms			
Surveyor Equipment			
Are there complaints to investigate in conjunction with the survey?			Refer to Complaint Protocol
On site-Survey Tasks			**ONLY REVIEW INFORMATION RELATED TO THE CDD, NOT DAY SERVICES OUTSIDE CDD**.
Entrance			Request list of information on Entrance form and Information request form
Sample Selection			Sample Size is 3 per facility. Use the Sample Form to gather client information
Review Policy and Procedures			See Entrance Form for list for needed copies (ex. Rights, Abuse/Neglect, Medical)
Review of Client Protection System; Abuse, Neglect & Exploitation; Reporting; Incidents & Investigations; Review Grievances			Interview of staff on abuse neglect system,
Review all Restrictions			Review IPP and BSP documentation for the sampled clients who have restrictions. Are there house rules that may be restrictive?
Observation(s)			Use the Observation Form to document interactions/activities, staff skills and knowledge; provision of services
Environment Review			Use Environmental form to audit the facility for health and safety issues. Use Licensed Bed Count form to identify occupied & set-up beds.
Interviews			Clients, Staff, Administration, Guardians; Use appropriate interview question forms
Review all aspects of Medication Aid			Observe medication pass if opportunity arises. Use Med Provision Worksheet.
Review of Health Care Systems			Are appropriate medical supports provided? Emergency medical provision?
Client Finances (personal funds only)			Use the Financial Audit form to identify how the client record is kept; If there is a payee? Who manages individual's funds?
Review Evacuation Drills			Use the Quarterly drill form
Audit of Client Record			Use the Individual Cover sheet & Habilitation form and the Individual Health Audit to document findings
Audit of Rights System			Review HLRC documents, review the system and interview person(s) responsible
Review of Staffing and Staff Records			Use Personnel Audit form
Assessment of Compliance			Utilize the CDD Survey Inspection form & Medication Aide Inspection form for team decision analysis of findings. Team may meet with Supervisor for questions.
Exit Conference			Use the Exit Conference Sign-In. Record Exit. Provide a copies of the Client List and the Facility Initial Inspection (Exit) Report (identifies preliminary findings).
POST SURVEY			
Write up & Letter			
ACO entry			

PRE SURVEY		
ASSIGNMENT	SURVEY PREP	NOTES
Team Composition	As assigned by the team	Surveyors address personal availability prior to survey; investigation
Team Schedule/Calendar	As planned by the team on yearly team survey calendar	If outside the required 2 per survey; team should consider the number of surveyors needed to accomplish the tasks; amount of time to complete and submit to the Supervisor.
Prep Meeting	Survey team should meet prior to the survey to review and previous survey or investigation information.	All team members attend.
Team Assignments	Survey Team decides survey assignments & responsibilities.	Team should ensure equal distribution based on survey workload.
Hotel reservations & Direct Bill	Completed prior to survey.	Survey team identifies location of overnights; gathers information for direct bill and each member submits DB to the Supervisor; an approved copy of the direct bill is taken to hotel.
Vehicle check out	Survey Team will decide who will check out the car for use on the survey	
Survey Documents	All survey forms will need to be copied for the team	In additional, all regulations, note pads, office supplies, etc. should all be gathered for the survey
Survey Equipment	Cell phone, charger, water thermometer, camera, tape recorder, light meter, scanner, ambient air thermometer, etc.	The items listed are essential pieces of survey equipment; EACH SURVEY TEAM MEMBER must have their work cell phones available at all times
SURVEY PROCESS		
Entrance	Will meet with the Administrator or designee to announce survey and review initial paperwork and information requests.	All surveyors should be present. If complaints done in conjunction with the survey, follow the Complaint Protocol process.
Daily Team Meetings	The Survey Team should have on-going communication to review information and status updates.	If there are issues, concerns, or a problem arises that the team needs to address a phone call to the Supervisor is required.
Observations	Completed as soon as possible after the Entrance conference.	Client, Environmental, Staff and General.
Interviews	All Survey Team members should complete interviews.	Clients, Staff, Managers, Family-only as necessary, Administration, and Nurses
Record Reviews	Reviews are completed while on site. Information not on site should be identified.	Documents to review: Client IPP's, Incident Reports, Medical Records, Investigations, Personnel Records, Evacuation Drills, Safety Reviews, Rights Reviews, etc.
Policy and Procedures	A request for provider's policies and procedures should take place during the Entrance.	Copies of policies or procedures requested as necessary.
Assessment of Compliance	Team Decision Making and Analysis are documented and reasons	Team consensus should be reached for decisions during and throughout the survey.
Exit:	Team reviews preliminary findings with the Facility. Exit is recorded and sign-in sheet completed	May add specifics if agreed upon during the team decision making prior to the Exit.
POST SURVEY		
Enter the Survey in ACO	Enter Survey Properties; Copy over any deficiencies/tags; the letter; a survey checklist;	All team members participate in the completion of the report.
Complete the Packet	Enter Checklist in ACO; Ensure all items are in folders and easily accessible	The deficiency statement and letter should be turned in within the 10 day due time frame
ERD	Completed upon return for incurred expenses. Submit all receipts.	
POC	Submitted by the Facility and reviewed by department compliance.	Survey Team does not review but is made aware when POC has been accepted and dates

DDBH-Survey Protocol for Centers for Persons with Developmental Disabilities CDD-24

Survey Protocol	Surveyor Guidance
Pre-Survey Procedures: • Check Public File for previous surveys, complaint investigations and deficiencies related to both. • Copy current Bed Count information to take on survey. • Check for up to date picture of the front of the facility- if not present note that a picture needs to be taken. • Check public file for any waivers given to the facility (common ones are hallways, windows, door widths, etc.). • Check with Suzette regarding a CLIA certificate for the provider. • Determine hours of travel, work, and the plan for the survey to get completed in 12 hours.	**Red Flags:** • Are there any Notice of Disciplinary Actions to be considered? – review with Sheryl. • Are there any letters regarding bed changes in numbers or locations at the facility? • Are there any letters of change in the Administrator?
*****Survey Schedule:***** • Schedule entrance for approximately 1:00pm on Day One. • After entrance go to the house for the environmental audit and to start review of IPP and Habilitation/Medical books. • When clients arrive home begin observations and interviews. • Observe a medication pass. • Observe the evening meal. • If recreational activities occur after supper and at the home observe those. (Rec calendar/activity schedule should outline what will happen.) • At the end of the evening let staff know what still needs to be reviewed (habilitation/medical books) so this can be accomplished on Day Two at the provider's office. • On Day Two work on any client audits that were not completed **(if applicable)**, complete the personnel audit **(Form DDBH-CDD-15A)**, assess fire/tornado drills quarterly, and prepare for the exit and exit by the end of day two.	**Guidance:** • Total Survey time onsite will be 12 hours per facility. • Total onsite time for two facilities completed concurrently will be 20 hours. • IPP and habilitation/medical book reviews can occur concurrently with observations. • Complete as much of the habilitation and medical audits at the house as the most current information NEEDS to be at the house. • Approximately half of the survey time should be spent at the house. • Observations and interviews should be approximately half of the time spent at the house. • Interview all clients in the sample and as many staff as possible and available. • During observations look for programming from IPPs to ensure occurring as written. • Do the staff encourage and promote independence. • Complete all personnel, evacuation audits, human rights audits, etc. on day two at the office. • Prepare for and ensure exit is completed by end of Day Two or by noon on Day Three if completing two surveys at one time.

DDBH-Survey Protocol for Centers for Persons with Developmental Disabilities CDD-24

Entrance Conference:	Guidance:
• Complete the entrance **(Form DDBH-CDD-2)** with the Administrator or administrator's designee if not present in the facility. • Explain the survey process and ask the questions on the survey entrance form to gather initial information. • Set up a tentative exit conference. • Review list of documents on the Information Request **(Form DDBH-CDD-3)**, the surveyor and administrator or designee sign and date the form, and obtain a copy of the form for the survey packet.	• First Impressions are everything – introduce yourself. • Establish professional rapport. • This entrance sets the tone for the entire survey. • Give the Administrator your tentative schedule. • Make sure to inquire about current respite placements at the CDD. • Ask for the Table of Contents for ALL Policies and Procedures if they are online only. • Pick staff who have been employed less than a year – if no staff fit that criteria pick staff that have only been there 2-3 years. • Remember there is no specific tag to cite investigations or that the facility completed a thorough investigation – focus on safety and rights. **Red Flags:** • The administrator is not present, no one knows where they are, and no one knows who is in charge in their absence.
Environmental Audit:	**Guidance:**
• Arrange to complete the environmental audit prior to clients arriving home for the day. • Do the bed count **(Form DDBH-CDD-11)** during the audit utilizing the copy of the last bed count from the public file and note any discrepancies. • Is the house clean? Are there any obvious odors, pest issues, or maintenance issues that need to be addressed immediately? • Do they have disaster plans and evacuation routes? • Is the house free of hazards? • What are the water, dishwasher (if applicable) and fridge/freezer temps? Document the temperatures right on the Survey Inspection Report **(Form DDBH-CDD-1)**. • What medical equipment is present (i.e., CPAP, Oxygen concentrators, lifts, etc.) and is it clean and safe? Are oxygen hoses strung throughout the house? • Does the home have a first aid kit? • Is there any reason to suspect the safety and health of the clients are at risk?	• The environmental check should not take more than 30 to 45 minutes to complete. The purpose is to look for safety and health risks, not go through the home with a white glove. • Remember that the CDD regulations do not address pets. • If a pet is present interview clients to see if everyone enjoys the pet or if the majority don't like the pet and wish it was not there – this then becomes a rights issue. • Make sure to ask if the van or facility transportation is in working order. • If someone is available this could be completed just prior to the individuals arriving home for the day and record reviews at the house. **Red Flags:** • Locked doors or cupboards, locked bedrooms, door or window alarms, any areas that are not accessible by clients and should be. • Bed Rails – Take pictures and ask for assessments. • Vail beds! Take pictures and measurements. • Too many extension cords or too many cords plugged into one extension cord. • Loose stair rails, deck steps, deck rails, etc. that could be a fall risk. • Basement bedrooms with no egress windows.

	• If the overnight staff is asleep staff and the staff bedroom is not near the clients' bedrooms – what is the plan for clients to notify staff they need assistance?
Observations: • Utilize **Form DDBH-CDD-4** (client screening) during observations to gather some basic information regarding clients residing in the facility in order to pick the sample – the sample should be selected after approximately 30-45 minutes of observation. • Tag #s 666 and 668 on page 36 of the CDD Regulations require the facility to provide leisure time activities that help keep the clients alert and active both physically and mentally (666) and services should be provided in settings that are appropriate and encourage relationships with non-disabled persons in community activities (668) – THUS are the individuals living a full life or do they come home from work sit in their chair and never go anywhere or do anything? • Three main questions to ask: 1) Is the facility meeting clients' needs? 2) Is the facility providing appropriate services and supports? And 3) Do the staff understand and **promote** independence and intervene in negative behaviors? • Observations are the key component of the survey – the survey needs to be outcome based so observations will drive the survey. • The majority of the survey time should occur onsite at the residence – you can still hear and see (depending on your location) what is happening while reviewing client records – have your observation sheet accessible while reviewing records. • Record all observations and include date and times (beginning time, end time, and events occurring in between) on the appropriate form **(Form DDBH-CDD-5)** or notebook paper. **Also ensure your name is on every page of notes (including the back side of paper if you utilize both sides of the paper.** • Record what your senses key in on (see, hear, smell, touch) – describe with accuracy what you observe. • Record facts only not your assumptions or your judgments or opinions. • Record behaviors and what staff did to intervene. • Document the number of staff and clients present. • What do the interactions between staff and clients look and sound like – what words are used? • Medication pass - observe this and document on the med pass observation sheet **(Form DDBH-CDD-7)**.	**Red Flags:** • Medication errors occurring during the med pass. • Bruises and injuries on clients. • Are medications left unattended? • Are all staff Med Aides and if not do non-med aide staff have access to the med cupboard/closet or keys? • Clients that cringe when certain staff approach them. • Clients that cringe when certain clients approach them. • Clients that stay in their bedroom and do not come out. • Inadequate storage space for clients' belongings. • Clients asking repeatedly for assistance with no response from staff. • Staff does not intervene in self-injurious behavior. • Staff does not intervene in peer to peer altercations/disagreements. • Staff prepare and serve the meal with no assistance from clients or even asking them to assist.

This should be at least one or two clients requiring medications around the supper meal time. • Are staff knowledgeable and confident in working with the clients? Are they the normal staff that work this home consistently? • What is the routine? What do the clients want to do? • What does the daily schedule of activities say is supposed to be occurring?	
Sample Selection: • Sample size is three. • Utilize the client screening **(Form DDBH-CDD-4)** to pick a representative sample based on what you observed during the first 30-45 minutes after the clients arrived home. • Focus on clients with bruises or injuries, clients exhibiting challenging behaviors, clients that withdraw and do not join the group, clients that may have been part of an investigation (if you have that information at this point), etc. • Consider the age of the clients, obvious medical needs, and communication styles.	**Red Flags:** • Clients with obvious bruises or injuries (casts, walking boots, stitches, etc.) become part of the sample. • Are staff engaging and intervening (as needed) with clients – this will cause the surveyor to question what is occurring and lead to further follow up.

Record Review: Request copies of IPPs, BSPs, Safety Plans, and current MARs for the sampled clients only	Guidance:
• Review 3 months of GERs/incident reports for sampled clients only. (GERs /incident reports should be at the home for all clients unless the facility is completely electronic.) Utilize the Abuse/Neglect Tracker **(Form DDBH-CDD-8)** to organize the information gathered. • Assess the culpability of the facility utilizing the Culpability Worksheet **(Form DDBH-CDD-9)**. • Does the facility take action in regards to injury/accident reports (i.e., fix the loose step, replace the snagged carpet, put nonskid stickers in the tub or shower, etc.). • Review rights restrictions, look for any restraints or physical holds, are the clients free from abuse and neglect. **(Form DDBH-CDD-10)** • Are IPPs current, are programs current and being documented, are the medications and MARs current and match physician's orders at the CDD (most current orders need to be at the residence not kept at the main office). **(Form DDBH-CDD-10)** • What appointments did the clients attend in the past year? Are physical, dental, visual and auditory evaluations/screenings up to date? **(Form DDBH-CDD-10)** • Does the facility have the correct contact information for team members including guardians? • If clients have medical equipment or adaptive equipment requiring special instructions, are those protocols posted at the house? Are staff trained on those protocols? **(Form DDBH-CDD-7)** • Is it clear who has accepted responsibility for direction and monitoring? **(Form DDBH-CDD-7)** • Is the documentation in place for recipient safety and the competency determination for medication aides? **(Form DDBH-CDD-7)** • Are there written directions for all additional activities? **(Form DDBH-CDD-7)** • Utilize the Habilitation Health **(Form DDBH-CDD-10)** to document information regarding the needs and services provided gathered above and use this as follow up to answer any questions pertaining to record review.	• Review medical records and habilitative records – most facilities have them separated into two books/binders. • Do the facility staff have access to the most current IPP and/or addendums? • Refer to tags 534, 535, and 536 for guidance. • Refer to Tag 665 when the IPP contains inaccurate information which adversely affects the client (more than just the wrong service coordinator listed on the face sheet). **Red Flags:** • Staff do not have the most current IPP or addendums and are not aware of the required services and supports. • Training plans have not been updated (i.e., objective was met months ago and the next objective not implemented or there is no progress for months and months).

Interviews:

- Interviews (along with observations) are the key component of the survey.
- Interviews need to focus on clients **(Form DDBH-CDD-13)** and direct care staff **(Form DDBH-CDD-15)** first. If additional clarification is needed on behalf of the client, then the guardian should be interviewed next **(Form DDBH-CDD-14)**.
- For Med Aid interview questions and nurse questions refer to the Medication Provision **(Form DDBH-CDD-7)**.
- Interviews with managers and administrative staff should be limited and should focus only on administrative issues such as investigations, maintenance of the home, etc.
- Start interviews by building rapport with the client or staff. Put them at ease and ensure them there is no right or wrong answer.
- Ask clients about safety, abuse/neglect issues, meals, meal prep, recreational or leisure activities, medications, doctor visits, team meetings, friends, family, likes and dislikes, etc.
- Are the clients happy with their life? Do they want to go out and do more or be involved in more? Do they feel like they have the opportunities they deserve? Do they help with the shopping and housekeeping? Do they do their own laundry? Are they members of any clubs or organizations? Do they have friends? Do they feel safe? Do they have a job in the community?
- Do staff understand the policies and procedures of the facility? Do they know how to provide for clients' safety during fire, tornado, and inclement weather?
- Do staff know and understand all medical protocols? Who trained them? How often is it reviewed with them?
- Do the staff participate in the IPP process? Do they understand how goals are generated? Are changes implemented in a timely fashion? What services and supports do the clients require?
- How well do the staff know the clients? Are they comfortable working with them? How long have they been at the facility or are they filling in and why are they filling in?
- How do the staff ensure the safety of all clients?
- What training opportunities do staff provide to clients?
- How do staff promote independence?
- How do staff encourage clients to explore new activities or "expand their horizons"?
- Utilize Financial Audit **(Form DDBH-CDD-12)** to assess the facility's handling of client funds.

Guidance:

- Ensure privacy – avoid interviewing in front of the other clients and staff (only exception is when doing observations and asking a clarifying question at the time of the observation – "I see you gave Robert a plastic spoon and everyone else regular, is there a reason why?").
- Explain what you are doing. Build rapport.
- Ask open-ended questions.
- Allow time for the interviewee to ask questions.
- Always thank the interviewee for their time!
- Check the clients' and staffs' understanding of terms – make sure you are all on the same page (i.e. Does mechanical soft mean running it through a food processor or just cutting soft food up into little bite sized pieces?).
- Base your questions on the level of understanding – concrete versus abstract questions (i.e. Does anyone hurt you? Versus: Are you safe?).
- Do the staff understand what each client needs for their health and safety.
- What is the clients' level of involvement in their community?
- Do the clients seem satisfied with that level of involvement?
- **Always** ask the follow up question "Why?"!

Red Flags:

- Is there a certain staff that repeatedly showed up on GERs or incident reports? If so, interview them and find out why.
- Guardians (if interviewed) that say they are not informed or they never hear from the facility staff
- Staff want to attend the interview of clients that are verbal and able to communicate
- Clients show fear when approached about an interview- fear of saying the wrong thing

Assessment of Compliance:	Guidance:
• Utilize the "Centers for the Developmentally Disabled Survey Inspection Report" to determine compliance with each tag. **(Form DDBH-CDD-1)** • Utilize the Title 72 Professional and Occupational Licensure checklist **(Form DDBH-CDD-6)** to determine compliance with each tag. • Once compliance or noncompliance is determined utilize the goldenrod Inspection Report **(Form DDBH-CDD-16)** to list the preliminary findings. The surveyor and the administrator then need to sign and date this form. A Copy is given to the administrator for their records and the original stays with the surveyor.	• When reviewing the checklist for each set of regulations ensure that each box for "Met/Not Met" is documented as to whether that particular regulation is met or not met. **Do not** mark in the first box and draw a line down the page. Each box **must** be documented. • Each regulation on this form has an additional section to assess Yes/No the regulation was met and where applicable three client sections and five staff sections with yes/no and where applicable N/A. All sections of this document must be filled out completely. This is the surveyor's proof that each tag was adequately assessed during the compliance survey. • When assessing compliance or noncompliance determine if there is enough evidence to cite the deficiency. • Assess the universe to ensure you have all of the appropriate information to determine a proper universe. • Look for trends and negative outcomes when assessing compliance. • The surveyor must have the administrator sign the preliminary inspection results form and leave a copy with the administrator.
Exit Conference:	**Guidance:**
• Record all exit conferences! • Ensure all participants sign the Exit Sign In Sheet. • Summarize the findings of the survey ensuring you explain these are preliminary findings. • Leave the Client List with the administrator.	• Ensure proper preparation for the exit so all preliminary findings can be discussed. • Make an outline of the issues that need to be mentioned/discussed. • Have everyone introduce themselves on tape. • Give the name of the provider and the location surveyed. • State the date and time of the exit. • Staff lists are NEVER given to the provider.

General Medication Aide Interview

Administrator or Other:
Name:_____ Date:_____ Time:_____

1) How does the provision of medication occur at the facility?

2) Does the facility utilize medication aides to provide medications? (if not who give the medications)?

3) Who provides “direction and monitoring” to the medication aides.

4) Who can I get a copy of the facility’s policies and procedures on the use of medication aides?

Medication Aide:
Name:_____ Date:_____ Time:_____

1) As a medication aide, what do you do when a medication error occurs?

2) How do you know when to give a PRN medication?

3) What written instruction are you given regarding PRN's?

4) Do you call a Licensed Health Care Professional before giving PRN's? Who is that LHCP?

5) Who is responsible for the "direction and monitoring" for those medications that you provide to the client?

6) As a medication aide, what additional activities have you been deemed competent to perform? Is that true for all other MA's?

7) As a medication aide, how do you know how to give (name) … a suppository, medications via their g-tube, or an injection of insulin? Are their directions for you to follow?

8) When would you call (the name of LHCP ****)?

LHCP (Licensed Health Care Professional)
(Questions for both the person who has taken responsible for D&M and the facility's other LHCPs)

Name:_____ Date:_____ Time:_____

1) Who has taken written responsibility for the direction and monitoring of medication provided by the Medication Aides?

2) How is "written responsibility" documented (job description, written statement, contract/agreement)?

3) What is your understanding of your responsibilities when providing "direction and monitoring to the medication aides?

4) What types of situations would you expect the medication aides to call you?

5) Who determines the medication aides competent to perform additional activities?

6) How is this done?

7) Who determines that it is safe for the recipient to have the medication aide provide /participate in the provision of additional activities?

8) How is this done?

INITIAL LICENSURE
INFORMATION REQUEST

1. Policy and Procedures specific to the ICFID
    a. Protocols-Standard operating procedures-Guidelines
    b. Nursing procedures: direction/monitoring; Med Aide; Delegation of Interventions or Treatments

2. Organizational Chart

3. Contracts and/or Agreements with Outside Resources

4. CLIA Certificate

5. Staff List (job titles, shifts)

6. Personnel records HR Info.
    a. Job Descriptions (signed): Nurses, Administrator, Manager, QMRP,
    b. Verified evidence of degrees and qualifications for Administrator, QMRPs,
    c. Access to Training Records

7. Schedules

8. Individual Records
    a. Copies of IPP's
    b. Case Conferences
    c. Health Information sheet

9. List of Client Rights

10. Abuse/Neglect System
    a. List of AOC on-call: schedule=Interview Administrator and/or Supervisors
    b. Copy of a blank IR

Mental Health Center
Medication Error Work Sheet

Facility Name:_____ Date Reviewed:_____ Surveyor:_____

CLIENT	Time/ Date Med Error Discovered	TYPE OF MED ERROR						Reported to Direction & Monitoring Person (Tag 150)	Reported Immediately Y/N (Tag 150)	Doc. in Client Record Y/N (Tag 150)	Report to Lic. Practitioner; timely; written report (Tag 152)	Surveyor Comments:
		Violations of 5 Rights					Other: Doc. Pharmacy					
		WRONG MED	WRONG PERSON	WRONG TIME (Med not Given)	WRONG DOSE	WRONG ROUTE						

Mental Health Center
Medication Error Work Sheet

Facility Name:_____ Date Reviewed:_____ Surveyor:_____

CLIENT	Time/ Date Med Error Discovered	TYPE OF MED ERROR						Reported to Direction & Monitoring Person (Tag 150)	Reported Immediately Y/N (Tag 150)	Doc. in Client Record Y/N (Tag 150)	Report to Lic. Practitioner; timely; written report (Tag 152)	Surveyor Comments:
		Violations of 5 Rights					Other: Doc. Pharmacy					
		WRONG MED	WRONG PERSON	WRONG TIME (Med not Given)	WRONG DOSE	WRONG ROUTE						

MHSU SURVEY NEEDS LIST

Please provide the following immediately:

1. Provide a List of Current Clients and a List of Clients that accurately reflects the current census population and indicate those clients admitted over the past year, including:
   a. First/Last name, gender, date of birth, date of admission and discharge, and primary diagnosis.
   b. Identify those clients bedroom number
   c. Please indicate if these clients receive behavior modifying medication or if restraint, seclusion or time out was utilized.
   d. Identify those clients with language or communication needs/barriers.

2. Please provide a list/log or reports of serious occurrences, client injuries, client accidents, suicide attempts, elopements in the past 6 months.

3. Please provide a list of any clients transferred to a hospital for acute psychiatric care in the past 6 months.

4. A current phone list to include professional staff and office location

5. Copy of the cumulative log of restraint and seclusion

6. Provide information investigations. How many investigation has the facility completed in the last year?

7. Tour of the facility

8. A secure place to work

During the course of the survey it will be necessary for the surveyors to have the following information available for review. Where can these records be found:

1. If applicable, a list including client deaths or hospitalizations in the past 6 months as a result of restraint or seclusion. Identify if there were any Sentinel Events.

2. Schedule Copies:
   a. Staff work schedule for the current and previous month/pay period.
   b. Client daily routine including activities program and therapeutic group schedules. How are clients accounted for throughout the day?
   c. Meal times (where do clients eat meals?)
      - Copy of menus for current week and previous week.
   d. Medication pass times.
      - Does the facility utilize medication aides? Who provides the oversight, direction, and monitoring?

3. List of current staff by first and last name, hire date, job title, and shift. Include direct care staff and professional staff.

4. Copy of any contracts or agreements with outside providers, such as hospitals.

5. Organizational chart to include the administrative and medical staff.

6. Access to facility complaint and grievances. How many complaints or grievances have been filed with the facility in the last year?

7. Copy of the facility's Program Description

8. Death Reports

9. Client Records including treatment plans (we will need a copy of the sampled youths' treatment plans), records of incident and accident reports (could be a log) while in the facility, screening transfers and/or emergency hospitalizations, safety plans, assessment, and other documents as identified by the survey team.

10. Staff Personnel records to include information regarding staff orientation, training, and ongoing training.

11. Copies of the current policies related to:

Crisis Management and De-Escalation	Use of Restraint, Seclusion, and Time-Out	Active Treatment
Staff Training	Verbal/Telephone Orders	Supervision of Clients
Individual Service/Treatment Plan	Assessments	Emergency Medical Care
Investigations	Abuse/Neglect Systems	Incident/Injury Reporting
Client Rights	House Rules	Quality Assurance
Admission/Discharge/Transfer Criteria	Complaints and Grievances	Nursing and Medical
Infection Control	Hazardous/Poisonous	Record Keeping
Medical and Medication Provision	Emergency, Disaster, and Safety Plans	Detox

Information Needed for Sampled Clients

(MHCSU)

Clients in the core sample:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Information needed for Sampled Clients:

- Client Individual Treatment Plan
- Discharge plan
- Treatment Schedule (daily activity schedule)
- Medication Administration Record – Current month
- Incident and accident reports
- Safety plans
- Assessments
- Client rights
- Restraint and seclusion orders (monitoring, face to face assessments, debriefing notes)
- Health screens/allergies and medical conditions
-
-
-

Information needed for additional Clients:

-

-

Mental Health Center
Medication Error Work Sheet

Facility Name:_____ Date Reviewed:_____ Surveyor:_____

CLIENT	Time/ Date Med Error Discovered	TYPE OF MED ERROR						Reported to Direction & Monitoring Person (Tag 150)	Reported Immediately Y/N (Tag 150)	Doc. in Client Record Y/N (Tag 150)	Report to Lic. Practitioner; timely; written report (Tag 152)	Surveyor Comments:
		Violations of 5 Rights					Other: Doc. Pharmacy					
		WRONG MED	WRONG PERSON	WRONG TIME (Med not Given)	WRONG DOSE	WRONG ROUTE						

Mental Health Center
Medication Error Work Sheet

Facility Name:_____ Date Reviewed:_____ Surveyor:_____

CLIENT	Time/ Date Med Error Discovered	TYPE OF MED ERROR						Reported to Direction & Monitoring Person (Tag 150)	Reported Immediately Y/N (Tag 150)	Doc. in Client Record Y/N (Tag 150)	Report to Lic. Practitioner; timely; written report (Tag 152)	Surveyor Comments:
		Violations of 5 Rights					Other: Doc. Pharmacy					
		WRONG MED	WRONG PERSON	WRONG TIME (Med not Given)	WRONG DOSE	WRONG ROUTE						

Provider:_____ **Date:_____/Time:_____**

Address:_____ **Surveyor:_____**

Use Y/N to answer the followings

_____Is this a locked facility?

_____Are there video cameras present?

_____Are there door alarms?

_____Are there window alarms?

_____Are there audio/visual monitors?

_____Are there additional safety features—ex-generator

_____Are there elevators?

_____Are there partitions?

_____Are there issues with neighbors or surrounding properties?

_____Are there major streets/hwys within eyeshot of the residence?

_____Other

Program Description Audit Tool MHSU Survey

_____ Mission statement

_____ Program Philosophy

_____ Goals and Objectives developed by the Governing Body

_____ Levels of Care or Treatment provided, including inpatient components

_____ Client population served including age groups, other relevant characteristics

_____ Hours and days of operation; care and treatment provided

_____ Staff composition & staffing qualification requirements to provide care or treatment to meet goals or objectives

_____ Staff job responsibilities for meeting care and treatment facility goals and objectives

_____ Admission and discharge processes

_____ Criteria for admission and discharge

_____ Plan for providing emergency care and treatment including use of facility approved Interventions to be used by staff in an emergency situation

_____ Quality assurance/Improvement process – who will be responsible for the program and how results will be utilized to improve care and or treatment

_____ System governing reporting, investigation and resolution of allegations of abuse, neglect and Exploitation

_____ Client Rights and the system for ensuring client rights will be protected and promoted.

Areas not addressed:

_____

_____

_____

_____

_____

PRTF/MHCSU SAMPLE SELECTION

Facility Name		**License Number**	
Facility Address		**Survey Date**	
Facility Census			

Client Identifier	Client Name		Gender (M-Male, F-Female)	Admit Date	Age Group			Restraint & Seclusion	Core Sample	Added to Sample	Living Unit	Comments
	First Name	Last Name			18-21	9-17	Under 9					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

FACILITY CAPACITY	RESIDENTS IN SAMPLE	R/S AND TO IN SAMPLE
4-8	4	2
9-16	6	3
17-50	8	4
51 or more	10	5

Exclude from the sample: Any resident who is over 21 years old; resident that was admitted to the PRTF within 7 days of the survey date; and any resident that will be discharged within 2 days of the survey date.

PRTF/MHC STAFF TRAINING RECORD REVIEW

Facility Name		**Surveyor Name**	
Review Date			

Record completion dates, identify if training is current or expired, and if staff demonstrated competency. Ensure the facility documentation identified: training date, name of trainer, competency demonstrated, and if the training was ongoing.

	BACKGROUND CHECKS								TRAINING													
Tag #		X104	X104	X105					X109	X107	X107	X107	X107	X107	X107	N-0218	N-0215	N-0216	N-0217	N-0217	N-0217	N-0217 X107
Staff Name	Hire Date	Verification of Cert./ License #	Medication Aide #	Health Screen	APS	CPS	Criminal Background	Sex Offender Registry	Initial Orientation	Job responsibilities related to client care and treatment	Abuse, Neglect, & Misappropriation	Emergency Safety Interventions (First Aide, Fire, etc)	Medical/Physical Health care needs	Rights	Mental Health Emergencies	CPR	Resident Behaviors & Environmental Factors that trigger Behaviors.	Non-physical Behavior Intervention	Use of Restraint (including signs of clients in physical distress)	Use of Seclusion (including signs of clients in physical distress)	Use of Time-Out (including signs of clients in physical distress)	Mental Health (Specific to client needs/diagnosis)
On-Going Training																						
On-Going Training																						
On-Going Training																						
On-Going Training																						
On-Going Training																						

	BACKGROUND CHECKS								TRAINING													
Tag #		X104	X104	X105					X109	X107	X107	X107	X107	X107	X107	N-0218	N-0215	N-0216	N-0217	N-0217	N-0217	N-0217 X107
Staff Name	Hire Date	Verification of Cert./ License #	Medication Aide #	Health Screen	APS	CPS	Criminal Background	Sex Offender Registry	Initial Orientation	Job responsibilities related to client care and treatment	Abuse, Neglect, & Misappropriation	Emergency Safety Interventions (First Aide, Fire, etc)	Medical/Physical Health care needs	Rights	Mental Health Emergencies	CPR	Resident Behaviors & Environmental Factors that trigger Behaviors.	Non-physical Behavior Intervention	Use of Restraint (including signs of clients in physical distress)	Use of Seclusion (including signs of clients in physical distress)	Use of Time-Out (including signs of clients in physical distress)	Mental Health (Specific to client needs/diagnosis)
On-Going Training																						
On-Going Training																						
On-Going Training																						
On-Going Training																						
On-Going Training																						

Surveyor Comments/Notes:

Information Needed for Sampled Clients

(PRTF/MHCSU)

Clients in the core sample:

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Information needed for Sampled Clients:

- Client Individual Treatment Plan
- Discharge plan
- Active Treatment Schedule (daily activity schedule)
- Medication Administration Record – Current month
- Incident and accident reports
- Safety plans
- Assessments
- Client rights
- Restraint and seclusion orders (monitoring, face to face assessments, debriefing notes)
- Health screens/allergies and medical conditions
-
-
-
-

Additional Clients:

1. _____ 3. _____
2. _____ 4. _____

Information needed for additional Clients:

-
-

PRTF Client Interview

Facility	**Surveyor**	
Client/Resident Name	**Date/Time**	

1. When were you admitted to the facility? Can you tell me why you are in this facility?

2. Do you have the opportunity to talk to members of your treatment team on regular basis? How responsive is your team or others to your interaction?

3. Tell me about your treatment goals. What goals are identified in your treatment plan? Were you involved the development of your treatment plan? What services are being provided to you at this facility?

4. Do you think you are making progress toward your treatment goals? What services do you feel you need to be successful?

5. Can you tell me what medications you are taking and why?

6. Have you ever been restrained or placed into time out or seclusion? Describe to me your experience with the last time you were restrained or secluded or in time-out. What circumstances or incident that led to the restraint, seclusion, or time-out?

7. Where was staff located during your restraint, seclusion, or time-out? What did they do to help you de-escalate?

8. After the incident, did the treatment team discuss/review the incident with you? Did you and the treatment team agree on a plan to reduce the frequency of incidents? Please describe the plan to me.

PRTF Family/Guardian Interview

Facility		**Surveyor**	
Family/Guardian Name		**Date/Time**	
How was this interview conducted? Face to face or Telephone?			

1. At the time of (insert child's name) admission, were you provided information or documents regarding the facility's policy for the use of restraint and seclusion? Policy/procedure regarding treatment plans and clients rights? And information regarding the State Protection and Advocacy organization?

2. Has the facility communication been presented in a manner in which you understand?

3. Have you been made aware of your child's treatment diagnosis and do you understand what that means?

4. Who are the members of your child's treatment plan team?

5. What is your level of involvement in the creation and implementation of (insert child's name) their treatment plan? Discharge plan?

6. How do you and have you been able to communicate with your child's treatment team? What has been the facility's response to your input, concerns/issues, and suggestions?

7. Does the facility communicate with you regarding (insert child's name) care, treatment, and activities? How are changes in the treatment and/or discharge plan communicated to you? Do you have input in these decisions? How does the facility provide you this information (written, phone, meetings, etc)?

8. Are you aware of the psychiatric medication your child is taking and/or being prescribed while in treatment? Has the facility provided information regarding changes in these medications?

9. Were you contacted after incidents a restraint, seclusion, or time-out interventions?

10. Were you given the opportunity to participate in the debriefing following a restraint, seclusion, or time-out?

11. Do you have any concerns you have not expressed to the facility or the treatment team? Or other information that you feel is important for the survey team to know?

PRTF Staff Interview

Facility	**Surveyor**	
Staff Name	**Date/Time**	

1. What type of training and orientation did you receive upon hire? What training have you received in regards to client rights, emergency procedures, care and treatment for client special medical or mental health needs? What have you been trained to do regarding abuse/neglect/mistreatment?

2. What type of ongoing training have you received? How often are these provided?

3. Do you participate in the interdisciplinary treatment team? If yes, what role do you play?

4. Did you contribute to the treatment plan objectives/goals and updates/revisions for the clients/residents in the sample?

5. How often is each client/residents treatment plan reviewed?

6. Can you describe the discharge plans for sample residents?

7. What training have you received regarding restraint, seclusion, and time-out? Give examples of de-escalation techniques you were taught and how you utilize them when dealing with clients/residents. What type of restraint maybe used at your facility?

8. How do you integrate treatment plan goals and objectives that have been developed as a result of seclusion or restraint episodes?

9. How do you manage a resident's emergency safety situation, and how do you determine when to utilize a restraint or seclusion?

10. What behaviors typically warrant restraint, seclusion, and time-out?

11. How/when are clients involved in determining whether or not to utilize time-out? Who makes the decision?

12. Do you feel you are adequately prepared (through education and training) to handle emergency/behavioral safety situations relate to clients' care?

13. Do you have any questions or is there anything I have not asked that you feel is important for me to know? Are there any issues that you feel are problematic?

Review of Restraint, Seclusion, and Time-Out

Facility Name: Date Review Surveyor Name:

									DATE AND TIME FOR:								
Client Name	Time-Out, Restraint, Seclusion (TO, R, S)	Date	Time Initiated	Time Ended	Reason (What was cause, precursor)	T.O. Freedom to Eggress	Injury Y/N (Result of R/S, client beh. etc.?)	Staff Involved	Physician Notified	RN Notified	Guardian Notified	Face to Face Assessment within 1-Hr of EIS	Immediately assessed after Restraint	Approved Verbal Order (Includes length of time)	V.O. signed by Physician	Client Debrief (Staff attend?)	Staff Debrief

PRTF SAMPLE SELECTION

Facility Name		**License Number**	
Facility Address		**Survey Date**	
Facility Census			

Client Identifier	Client Name		Gender (M-Male, F-Female)	Admit Date	Age Group			Restraint & Seclusion	Core Sample	Added to Sample	Living Unit	Comments
	First Name	Last Name			18-21	9-17	Under 9					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

FACILITY CAPACITY	RESIDENTS IN SAMPLE	R/S AND TO IN SAMPLE
4-8	4	2
9-16	6	3
17-50	8	4
51 or more	10	5

Exclude from the sample: Any resident who is over 21 years old; resident that was admitted to the PRTF within 7 days of the survey date; and any resident that will be discharged within 2 days of the survey date.

PRTF/MHC TREATMENT TEAM COMPOSITION AND CONTRACT REVIEW

Facility Name _____ **Surveyor Name** _____

Survey Date _____

Type of Contract	Name of Licensed Person	Employed or Contracted	License Current & Copy Present	Date of Contract and is it Current	Surveyor Comments
PSYCHIATRIST					
PHYSICIAN LICENSED TO PRACTICE MEDICINE OR OSTEOPATHY					
PSYCHOLOGIST					
PSYCHIATRIC SOCIAL WORKER					
LICENSED MENTAL HEALTH PRACTIONER					
REGISTERED NURSE					
OCCUPATIONAL THERAPY					

SPEECH/LANGUAGE THERAPY					
PHYSICAL THERAPY					
NURSING					
SCHOOL/DAY SERVICES					
DIETETIC					
DENTAL					
OTHER:					
OTHER:					
FOLLOW-UP INFORMATION:					

Emergency Preparedness Program

To be completed with person responsible.

Provide copies of the following information to the survey team by_____

a) Copy of Emergency Plan
b) Copy Policies and Procedures
c) Copy of Communication Plan
d) Evidence of Training and Testing System (Don't need individual Training Records)
e) Information related to the facility's participation within an Integrated Health Care System as applicable

Key questions to keep in mind:

How was the emergency preparedness plan developed?

Who is responsible for annual review?

How are staff being trained and informed of updates/changes to the emergency preparedness plan?

Additional questions based on facility policies:

PRTF SURVEY NEEDS LIST

Please provide the following immediately:

1. Provide a List of Current Clients and a List of Clients that accurately reflects the current census population and indicate those clients admitted over the past year, including:
   a. First/Last name, gender, date of birth, date of admission and discharge, attending physician and primary diagnosis.
   b. Identify those clients living in the PRTF and MHC licensed beds.
   c. Please indicate (Yes or No) if these clients received behavior modifying medication or if restraint, seclusion or time out was utilized.
   d. Identify those clients with language or communication needs/barriers.

2. Please provide a list/log of Serious Occurrences (client injuries, suicide attempts) in the past 12 months.

3. Please provide a list of any clients transferred to a hospital for acute psychiatric care in the past 12 months.

4. A current phone list to include professional staff and office location

5. Copy of the cumulative log of restraint and seclusion for _____.

6. Access to copies and/or originals of restraint and seclusion incidents/packets/electronic records.

7. Access to facility incident reports and investigations for _____. How many investigation has the facility completed in the last year?

During the course of the survey it will be necessary for the surveyors to have the following information available for review. Where can these records be found:

1. If applicable, a list including client deaths or hospitalizations in the past 12 months as a result of restraint or seclusion. Identify if there were any Sentinel Events.

2. Schedule Copies:
   a. Staff work schedule for the current and previous month/pay period.
   b. Client daily routine including activities program and therapeutic group schedules. How are clients accounted for throughout the day?
   c. Meal times (where do clients eat meals?)
      - Copy of menus for current week and previous week.
   d. Medication pass times.
      - Does the facility utilize medication aides? Who provides the oversight, direction, and monitoring?

3. List of current staff by first and last name, hire date, job title, and shift. Include direct care staff and professional staff.

4. Copy of any contracts or agreements with outside providers, such as hospitals.

5. Organizational chart to include the administrative and medical staff.

6. Access to facility complaint and grievances for _____. How many complaints or grievances have been filed with the facility in the last year?

7. Copies of the current policies related to:

Crisis Management and De-Escalation	Use of Restraint, Seclusion, and Time-Out	Active Treatment
Staff Training	Verbal/Telephone Orders	Supervision of Clients
Individual Service/Treatment Plan	Assessments	Emergency Medical Care
Investigations	Abuse/Neglect Systems	Incident/Injury Reporting
Client Rights	House Rules	Quality Assurance
Admission/Discharge/Transfer Criteria	Complaints and Grievances	Nursing and Medical
Infection Control	Hazardous/Poisonous	Record Keeping

8. Copy of the facility's Program Description

9. Copy of the facility's Emergency Preparedness Plan

10. Client Records including treatment plans (we will need a copy of the sampled youths' treatment plans), records of incident and accident reports (could be a log) while in the facility, screening transfers and/or emergency hospitalizations, safety plans, assessment, and other documents as identified by the survey team.

11. Staff Personnel records to include information regarding staff orientation, training, and ongoing training.

PRTF/MHC Client Interview

Facility	**Surveyor**	
Client/Resident Name	**Date/Time**	

1. When were you admitted to the facility? Can you tell me why you are in this facility?

2. Who is your parent/guardian/legal representative that helps make your decisions? How do you contact them?

3. What is your diagnosis?

4. Who are the persons that make up your treatment team? Does your family/guardian participate in meetings, appointments, etc.? Do you have the opportunity to talk to members of your treatment team on regular basis? How responsive is your team or others to your interaction?

5. Tell me about your treatment goals. What goals are identified in your treatment plan? Were you involved the development of your treatment plan? What services are being provided to you at this facility?

6. Do you think you are making progress toward your treatment goals? What services do you feel you need to be successful?

7. Tell me about your discharge plan. What is you criteria to successfully discharge?

8. Can you tell me what medications you are taking and why? Do you self-administer medications? Explain the process and identified where they are stored?

9. Do you have any health/medical concerns/problems? What physician do you see for these? Does the facility take you to appointments? Does facility provide medical/health cares and treatments for you?

10. Do you receive individual therapy with a Psychiatrist, mental health counselor? If yes, who and when.

11. Does the facility have group sessions/activities? Do you participate? What types of groups are offered? Who conducts? When? What happens if you don't attend these?

12. What is the criteria for use of restraint, seclusion, or time-out? Are you allowed to go to time-out freely or are you escorted by staff?

13. Have you ever been restrained or placed into time out or seclusion? Describe your last experience. What circumstances led to the restraint, seclusion, or time-out? Do you feel that your behaviors warranted this to occur? How long were you in restraint, seclusion, or time-out? Were you or staff injured? What was the injury?

14. Where was staff located during your restraint, seclusion, or time-out? What did they do to help you de-escalate?

15. After the incident, did the treatment team discuss/review the incident with you? Did you and the treatment team agree on a plan to reduce the frequency of incidents? Please describe the plan to me.

16. Do you get along with the other clients? Has anyone ever hurt you? If so, when/whom? Did you report?

17. How does staff treat you? Has staff ever physically hurt, yelled, cursed at you? Whom & when? Did you report?

18. What would you do if you're upset about something? Who tell/report? Can you freely voice your concerns? Have you filed a complaint or grievance? How was it handled and did the facility find resolution?

19. Tell me about staff supervision of clients. Are client left unattended/alone? How many staff are usually on each shift? Are you allowed to leave the facility on your own without staff supervision? Do you have access to staff and therapists as needed?

20. Does the facility help you meet your hygiene, clothing, and laundry needs?

21. Are you on a special diet? (Ordered?) Does the facility provide adequate food? Are meals hot when they are supposed to be hot/cold when supposed to be cold? Is the dining room comfortable for meal times?

22. Were you informed of your client rights and "house rules" upon admission? Are these posted? *(Consistent?)*

23. Do you have chores or duties you are expected to do? What are these? What happens if you do not complete these? Are you paid for them?

24. Are you able to write or receive mail, visitors, and phone calls and use your own property/belongings? Any personal property been removed, destroyed/damaged, or gone missing? Does the facility provide you privacy as needed? If no, which one and in what situations?

25. Do you have any questions or is there anything I have not asked that you feel is important for me to know?

PRTF/MHC Family/Guardian Interview

Facility		**Surveyor**	
Family/Guardian Name		**Date/Time**	
How was this interview conducted? Face to face or Telephone?			

1. At the time of (insert child's name) admission, were you provided information or documents regarding the facility's policy for the use of restraint and seclusion? Policy/procedure regarding treatment plans and clients rights? And information regarding the State Protection and Advocacy organization?

2. Has the facility communication been presented in a manner in which you understand?

3. Have you been made aware of your child's treatment diagnosis and do you understand what that means?

4. Who are the members of your child's treatment plan team?

5. What is your level of involvement in the creation and implementation of (insert child's name) their treatment plan? Discharge plan?

6. How do you and have you been able to communicate with your child's treatment team? What has been the facility's response to your input, concerns/issues, and suggestions?

7. Does the facility communicate with you regarding (insert child's name) care, treatment, and activities? How are changes in the treatment and/or discharge plan communicated to you? Do you have input in these decisions? How does the facility provide you this information (written, phone, meetings, etc)?

8. Are you aware of the psychiatric medication your child is taking and/or being prescribed while in treatment? Has the facility provided information regarding changes in these medications?

9. Were you contacted after incidents a restraint, seclusion, or time-out interventions?

10. Were you given the opportunity to participate in the debriefing following a restraint, seclusion, or time-out?

11. Do you have any concerns you have not expressed to the facility or the treatment team? Or other information that you feel is important for the survey team to know?

PRTF/MHC Staff Interview

Facility	**Surveyor**	
Staff Name	**Date/Time**	

1. How long have you been working here? What is in your job title? Job description?

2. Did you receive a health screen upon hire?

3. What type of training and orientation did you receive upon hire? What training have you received in regards to client rights, emergency procedures, care and treatment for client special medical or mental health needs? What have you been trained to do regarding abuse/neglect/mistreatment?

4. What type of ongoing training have you received? How often are these provided?

5. Whom do you report to? Are they always available?

6. Who is the facility Administrator? Are you able to contact Administrator/their designee as needed? How often is the Administrator at the facility? In your opinion is this sufficient time to ensure things run smoothly?

7. What is the facility's policy for complaints/grievances for clients/employees/others? How do Clients report complaints? What contact information (phone numbers/addresses) is posted and provided for those wanting to lodge a complaint? Have you or are you aware if clients have filed a complaint/grievance? What was the result?

8. Can or do clients send or receive mail unopened, have visitors or make phone calls? Are facility or personal devices used? *(Assess-do client have access to phones and their rights provided.)*

9. Do you participate in the interdisciplinary treatment team? If yes, what role do you play?

10. Did you contribute to the treatment plan objectives/goals and updates/revisions for the clients/residents in the sample?

11. How often is each client/residents treatment plan reviewed?

12. Can you describe the discharge plans for sample residents?

13. What is the facility's policy/procedure for restraint and seclusion and time-out? Are these used at this facility? What intervention system does the facility use?

14. What training have you received regarding restraint, seclusion, and time-out? Give examples of de-escalation techniques you were taught and how you utilize them when dealing with clients/residents. What type of restraint maybe used at your facility? (*Ensure they are aware of the different types: Manual/Physical, Mechanical, and Chemical. If yes, which ones and what is the process?*

15. Describe when restraint, seclusion, time-out would be used. What is that process? What did you do in these incidents in which emergency safety intervention were used? Are you allowed to use any type of restraint or seclusion?

16. Have you ever used or seen other staff use unapproved restraint, seclusion, or time-out? Has there ever been a time in which you observed other staff be aggressive or mistreat clients during restraint and seclusion? What did you do?

17. How do you integrate treatment plan goals and objectives that have been developed as a result of seclusion or restraint episodes?

18. How do you manage a resident's emergency safety situation, and how do you determine when to utilize a restraint or seclusion intervention? Describe how staff implement, manage, and discontinue restraint, seclusion, or time-out.

19. What behaviors typically warrant restraint, seclusion, and time-out?

20. How/when are clients involved in determining whether or not to utilize time-out? Who makes the decision?

21. Do you feel you are adequately prepared (through education and training) to handle emergency/behavioral safety situations relate to clients' care?

22. Do you feel there is enough staffing? *If no, why not, has problems occurred?*

23. Do you have any questions or is there anything I have not asked that you feel is important for me to know? Are there any issues that you feel are problematic?

Mental Health Center
Medication Error Work Sheet

Facility Name:_____ Date Reviewed:_____ Surveyor:_____

CLIENT	Time/ Date Med Error Discovered	TYPE OF MED ERROR						Reported to Direction & Monitoring Person (Tag 150)	Reported Immediately Y/N (Tag 150)	Doc. in Client Record Y/N (Tag 150)	Report to Lic. Practitioner; timely; written report (Tag 152)	Surveyor Comments:
		Violations of 5 Rights					Other: Doc. Pharmacy					
		WRONG MED	WRONG PERSON	WRONG TIME (Med not Given)	WRONG DOSE	WRONG ROUTE						

Mental Health Center
Medication Error Work Sheet

Facility Name:_____ Date Reviewed:_____ Surveyor:_____

CLIENT	Time/ Date Med Error Discovered	TYPE OF MED ERROR						Reported to Direction & Monitoring Person (Tag 150)	Reported Immediately Y/N (Tag 150)	Doc. in Client Record Y/N (Tag 150)	Report to Lic. Practitioner; timely; written report (Tag 152)	Surveyor Comments:
		Violations of 5 Rights					Other: Doc. Pharmacy					
		WRONG MED	WRONG PERSON	WRONG TIME (Med not Given)	WRONG DOSE	WRONG ROUTE						

New ICFsID Information

1. **Set up initial licensure inspection:**
    - Call administrator
    - What date is convenient for the facility? It is their choices when we come in and do the inspection=If cannot on per our scheduled time then need to get in writing per Sheryl when they want it to be.
    - Need to ensure you are ready; not come if still have question or if plans are potential and not finalized.
    - Need to be on-site at the entity.
        - Need to have a locked space available for us to work in-Key preferred as will be working on the ICFID units that were applied for.

2. **REQUEST ON-SITE**
    - Staff List (job titles) and Schedules
    - P/P: Specific to ICFID
        - Protocols-Standard operating procedures
        - Guidelines
        - Nursing procedures: direction/monitoring; Med Aide; Delegation of Interventions or Treatments
        - Background Checks (DHHS)
    - Review Individual Health Status
        - Copies of IPP's, Case Conferences, and Health Information sheet
    - List of Client Rights
    - Abuse/Neglect System
        - Interview Administrator regarding the system and how implement it
        - List of AOC on-call: schedule=Interview Administrator and/or Supervisors
        - How will this ICFID submit any abuse/neglect complaints to the central office? Need to ensure the ICFID is identified and distinguished on any submitted info.
    - HR Info.
        - HR files: pull Admin, Q's, Mgr, and random staff on each shift
        - Job Descriptions: Nurses, Administrator, Mgr., QMRP
    - Verified evidence of degrees and qualifications for all supervisory and admin staff

3. **INTERVIEWS:**
    - Administrator
    - Nursing staff
    - Medication Aides
    - QMRP's
    - Home Manager as needed

4. **Physical Environment:**
    - Request someone accompany so see what we see
    - Water temps: How track? Evaluate issues?
    - Pictures: front of buildings
    - Medication rooms=who has keys accessible to them?
    - Kitchens=fridge/freezer temps; food storage
    - Bed counts
    - Dishwasher tapes
    - Bedrooms, living space, etc.
    - Laundry: items sorted?
    - Copy of CLIA

Questions:

- How is this entity truly independent? Are there processed? Are services there and being met?
    - Does Administrator have clear control over medical, day and personnel services provided?
    - Does the facility have the capacity to provide services?
    - Do have authority to make changes to p/p?

- How do evacuations work? Explain the emergency system.

- Explain the Abuse/Neglect System

- Explain Investigation system

- How are complaints and grievances handled? What the system?

- Personnel: Who makes the decision to hire employees? Who makes decision to hire with adverse criminal background? Does AOC know system?

- What system is in place to address admissions and discharges?

- QA/QI: What data is available specific to the ICFID? How assure confidentiality from ICFID to another?

- How are cosmetology and barber services assures? Where?

- Client Finances: What is the system? Where are they stored? Is it accessible? Who has access?

- Client Rights: How ensure these? What is the constituted committee?

- Record Keeping System:
    - Where records kept?
    - Are they the appropriate records for the ICFID?
    - How available is the information to the ICFID?

SURVEY TASK ASSIGNMENT SHEET

SURVEY DATES	FACILITY NAME	PROVIDER #	LICENSED BEDS	CURRENT CENSUS	SURVEY TEAM

	Assigned to	Completed	Comments
Off-Site Prep			
Complaints/Intakes			
State Fire Marshall Notified			
Count of Licensed and approved beds			
Entrance			
Admin. Conference			
ICF/MR Survey Info. & Questionnaire Forms			
Admin. Survey Demographic Form			
Unit Demographic Information Form			
Request Admissions/Discharges/Death Info.			
Request Policy/Procedure Manual			
CLIA Waiver			
Request List of Guardians			
Task 1			
Request List of Client Names/Living Units			
Sample Selection			
Complete Sample Summary			
Task 2 System to Prevent Abuse, Neglect			
Abuse and Neglect Incidents			
Abuse and Neglect Investigations			
Review Unknown Injuries			(log of injuries)
Incident/Accident Reports Review			
Facility Complaints/Grievances			
Incident/injury Reporting Policy & Procedure			Included in Task 7
Abuse & Neglect Policy and Procedure			
Interview with person responsible for abuse/neglect prevention system			

Client Observations	Living Unit	Morning	Afternoon	Evening	*Day Service=School or Vocational Settings

Task 4 Interviews			
Resident OR Family	4 required		Clients first, then guardians
Direct Care Staff	As need		
Task 5 Drug Pass Observation			See medication pass form
Preparations/Administration			12 doses over two shifts

SURVEY TASK ASSIGNMENT SHEET

Review of MAR's and PO's			
Task 6: Facility Observation Physical Environment			
General Facility Observations		General Observations (not "white glove treatment"	Kitchen/Dining, Living-room/Commons Area, Bathrooms, Bedrooms, Laundry Facility, Medication Rooms, Recreation room, Day/Voc.
Water Temps(Sinks, tubs, showers)			
Dishwasher Temps			
Task 7 Records Review			
CLIENT REVIEW			
IPP and Program Audits			See Forms: Programs, Health, BSP, Rights,
Assessments			Per Client=CFA-get copies
List of Clients with Behavior Plans			As applicable for clients; request the list
Nurse Quarterly review OR Care Plan			
90-day Drug Regimen Review			Will request last quarterly review
Rights restrictions all approved			In client IPP's
FACILITY SYSTEM REVIEW & AUDITS			
HLRC Meeting Minutes and Documents			Review your clients info.
Contract agreements with Outside Professionals			Dr., Dentist, Dietician, Speech, OT, PT, Psych
Personnel Records, New Staff in last 6m-1yr			Verify QIDP and Administrator qualifications, complete a summary for packet
Fire and Evacuation Drills			
Client Funds			Interview on process/look at system
Medication Errors			Assess system and review errors
Med-Aide: Direction & Monitoring; Delegation			PRN's & additional routes
List of Pyscho-tropic Med.'s & Reviews			Assess Annual reduction for all clients
QA/QI			
Facility Vaccinations (LB177)			Policy and Process
Task 8: Decision Making			
Team Assessment/Analysis of Compliance			Daily team meetings and final decision of deficiencies
Survey Report 3070H			On-site
Exit Conference			
Attendance Sheet for Exit			On-Site
Record Exit			

OTHER INFORMATION AND/OR FOLLOW-UP: Deficiencies at last survey and complaints

Revised: 8/17/12

SURVEY TASK ASSIGNMENT SHEET – FUNDAMENTAL SURVEY

SURVEY DATES	FACILITY NAME	PROVIDER #	LICENSED BEDS	CURRENT CENSUS	SURVEY TEAM

			TAG (if applicable)	Assigned to	Completed	Comments
Off-Site Prep						
Complaints/Intakes						
State Fire Marshall Notified						
Count of Licensed and approved beds						
Entrance						
Admin. Conference						
ICF/MR Survey Info. & Questionnaire Forms						
Admin. Survey Demographic Form						
Unit Demographic Information Form						
Request Admissions/Discharges/Death Info.						
Request Policy/Procedure Manual						
CLIA Waiver						
Task 1						
Request List of Client Names/Living Units						
Sample Selection						
Complete Sample Summary						
Task 2 System to Prevent Abuse, Neglect						
Abuse and Neglect Incidents			W127/153			
Abuse and Neglect Investigations			W154-157			
Review Unknown Injuries			W153			(log of injuries)
Incident/Accident Reports Review						
Facility Complaints/Grievances						
Incident/injury Reporting Policy & Procedure			W149			Included in Task 7
Abuse & Neglect Policy and Procedure			W149			
Interview with person responsible for abuse/neglect prevention system						
Client Observations	Living Unit	Morning				**Day Service=School or Vocational Settings*
Task 4 Interviews						
Resident OR Family				6 required		See interview form
Direct Care Staff						
Task 5 Drug Pass Observation						See medication pass form
Preparations/Administration			W369			See requirements at W369=16 doses or 100% of
Review of MAR's and PO's			W369			

				sampled clients; Are there any individuals that self-administer?
Task 6: Facility Observation Physical Environment				
General Facility Observations				Kitchen/Dining, Living-room/Commons Area, Bathrooms, Bedrooms, Laundry Facility, Medication Rooms, Recreation room, Day/Voc.
Task 7 Records Review				
CLIENT REVIEW				
IPP and Program Audits	W227/240/242/249/255-257			See Forms: Programs, Health, BSP, Rights,
Assessments				Per Client=CFA-get copies
List of Clients with Behavior Plans	W285-288			As applicable for clients; request the list
Nurse Quarterly review OR Care Plan	W331/338			
90-day Drug Regimen Review (psych meds only)	W314			Look at client med. books; review your clients
Rights restrictions all approved	W262/263			In client IPP's
FACILITY SYSTEM REVIEW & AUDITS				
HLRC Meeting Minutes and Documents	W262/263			Review your client's info.
Personnel Records, New Staff in last 6m-1yr	W186 W149			Verify QIDP and Administrator qualifications (for new people), complete a summary for packet
Fire and Evacuation Drills	W448/449			
Client Funds	W126/153			Interview on process/look at system
List of Pyschotropic Med.'s & Reviews	W313/314			Assess Annual reduction for all clients
Task 8: Decision Making				
Team Assessment/Analysis of Compliance				Meet with Sheryl about tags/findings
Survey Report 3070H				On-site
Exit Conference				
Attendance Sheet for Exit				On-Site
Record Exit				

OTHER INFORMATION AND/OR FOLLOW-UP:

-
-
-

Revised: 6/4/14

ICFMR PROGRAM AUDIT

Client Name & Identifier _____
Living Unit _____
Date of Admission _____
QMRP _____
Annual IPP Date _____

Audit Date(s) _____
Date of Birth/Age _____
Legal Rep. _____
Diagnosis _____ W212

IPP ATTENDANCE	Present	Not-Present	Input Obtained	Is there a rationale why not attend?	Additional Team Meetings		W208
Client							W209
Legal Rep./ Family							W209
Appropriate Staff							W207

Required Training Skills	Need Yes(Y) or No (No)	Proven Incapable	Formal(F) or Informal(I) Training Strategies &/or Interventions	Implementation Date	**Formal/Informal TRAINING GOAL** or Rationale why client was proven incapable or were needs identified but has no training	W227
Toileting						W242
Self Feeding						W242
Communication						W242
Dental Hygiene						W242
Personal Hygiene						W242
Bathing						W242
Grooming						W242
Dressing						W242
Medication						W371
Financial						W126
Vocational						
Behavior						
Other						
Adaptive Equipment &/or Mechanical Supports (Circle Type; Is it in working order? Plan if not?)	▪Wheelchair ▪AFO's/Braces/ Splints	▪Hearing Aides ▪Glasses/Visual Aides	▪Communication Device ▪Dentures/ Partial	▪Other		W436 W436
Client Interventions; Staff Objectives; Service Needs						W227
Opportunities for choice/self management						W247

ICFMR HEALTH AUDIT

Client Name _____ **Audit Date(s)** _____
QMRP _____ **Annual IPP Date** _____

Medical/Physical Condition(s) and/or Diagnosis:

APPOINTMENTS	Annual/Initial Date	Follow-Up Date(s)	Adaptive Devices	Recommendations, Results & Team Review(s)	
Physical					W323-W324
Dental					W351-W354 W356
Vision					W323
Auditory					W221 W323
Consults PT/OT					W322
Psychiatric					W356
Speech/Language					
Labs					W325-W326
Other:					

Medical Care Plan (24-hr.nursing) W320-W321	**Nursing Quarterly Exam** W334, W335, W336, W337, W338

Non-Complex Nursing Interventions performed by Unlicensed Staff

Additional Activities performed by Medication Aides

Request copy of Individuals MAR's.

Review routine and PRN medications. Note time, dose, route and reason individual is taking the medication

Drug Regimen reviews completed	Yes	No		W463
Self Administration of Medication			Comments:	
Administers own medications with IDT approval	Yes	No		
Self Administration Abilities Assessed?	Yes	No		
Diet Order/Specialized Diet?			IPP Review Date/Comments	W464
(List diet order and date implemented)				W465

Adaptive Equipment (Indicate/Describe type; Is it in working order?; Need assessed and met?) W436

▪Silverware ▪Plate ▪Bowl ▪Cup ▪Other:

ICFID COMPREHENSIVE FUNCTIONAL ASSESSMENT AUDIT

Client Name _____ Audit Date(s) _____

QMRP _____ Annual IPP Date _____

What does the facility identify as their CFA? _____

	Date Assessed	Identified Needs	Identified Strengths	Recommendations	
Physical Devel. & Health					W216
Dietary/Nutrition					W217
PT/OT/ Sensorimotor					W218
Behavioral/ Affective					W219
Speech & Language					W220
Cognitive/ Psychology					W222
Social/ Recreation					W223
Adaptive/ILS					W224
Vocational					W225

Based on the assessment of the areas listed above does the CFA:	Yes or No	
1. Identify presenting problems, disabilities, and their causes?		W212
2. Specify developmental strengths?		W213
3. Specify developmental and behavioral needs?		W214
4. Identify needs for services regardless of availability?		W215
5. Contains accurate, current, relevant, & valid information?		W210-W211

Comments:

ICFID RIGHTS AUDIT

Client Name _____ **Audit Date(s)** _____
Legal Rep. _____ **Annual IPP Date** _____

Individual Rights are Protected:

Y or N Has the facility ensured confidentiality (records, discussions, etc.)
Y or N Are individuals treated with Dignity and Respect
Y or N Do individuals have opportunities to exercise their rights?
Y or N Do individuals understand their rights?

Restrictions:

Y or N or NA Informed client of rules of facility? W123
Y or N or NA Informed client of the their medical condition, developmental & behavioral status, risk of treatment & W124
Y or N or NA Allow and encourage clients to exercise their rights as clients of facility and the right to due process? W125
Y or N or NA Allow clients to manage their financial affairs and teach them to do so to their capabilities? W126
Y or N or NA Ensure clients are not subjected to physical, verbal, sexual/psychological abuse or punishment? W127
Y or N or NA Ensure clients are free of unnecessary drugs/physical restraints & are provided active treatment? W128
Y or N or NA Provide client with opportunity for personal privacy? W129
Y or N or NA Ensures client privacy during treatment and care of personal needs? W130
Y or N or NA Ensure clients are not compelled to perform services for the facility? W131
Y or N or NA Ensure that clients who do work are paid prevailing wages commensurate with abilities? W132
Y or N or NA Ensure client opportunity to communicate with individuals of choice? W133

Record all rights restrictions (e.g. Locks, Meds, Restraints) (If have medications list name/dose)	**Restriction**	**Restriction**	**Restriction**	**Restriction**	**Restriction**
Date of implementation					
Date Family/Guardian written consent; Prior to implementation? W263					
Date IDT Approval/Identified in IPP W263, W311					
Date HLRC Approval; Prior to Implementation? W262					
Purpose/Reason for Restriction					
Integral part of the IPP; Guardian aware of program?					
What is the intended outcome, including anticipated benefits? Easily understood?					
Risk of use outweighs Risk of behavior &/or side-effects					
Plan for reduction, time limited					
How does facility monitor client desired responses, adverse consequences & side effects?					
Last Med. reduction/attempt date					
Physician regularly evaluates client & meets with facility staff?					

ICFID RIGHTS AUDIT

Record all rights restrictions (e.g. Locks, Meds, Restraints) (If have medications list name/dose)	**Restriction**	**Restriction**	**Restriction**	**Restriction**	**Restriction**
Date of implementation					
Date Family/Guardian written consent; Prior to implementation? W263					
Date IDT Approval/Identified in IPP W263, W311					
Date HLRC Approval; Prior to Implementation? W262					
Purpose/Reason for Restriction					
Integral part of the IPP; Guardian aware of program?					
What is the intended outcome, including anticipated benefits? Easily understood?					
Risk of use outweighs Risk of behavior &/or side-effects					
Plan for reduction, time limited					
How does facility monitor client desired responses, adverse consequences & side effects?					
Last Med. reduction/attempt date					
Physician regularly evaluates client & meets with facility staff?					

Note tags W310-W317 regarding use of medications in relation to behavior supports.

Target/Inappropriate Behaviors	**How Addressed?** Describe interventions used: Time out (W291-W295); Drugs for behaviors W310; Physical Restraints W295; Mechanical Restraint W295

Comments (Any restrictions used but not approved by the IDT or HLRC? locks, house rules, phone restrictions)

DDBH-Centers for Person with Developmental Disabilities

Provider: _____
Address: _____

Identify the source--Investigation/Incident report/Med Error/Accident report-should include any significant issues-ex.falls, injuries, allegations of a/n, missap

Client Name	Date of Incident	Description of Incident	Immediate actions taken (ex. interventions; notificattions)	Investigation? Findings? (date completed) Preventative actions?

(3-005.05E-Freedom from
Restraints and Abuse)-Tag 556
(3-005.04C17-Tag 546;
95.005.02C-MA; Tag 543-
Doc of accidents seizures

DDBH-Centers for Person with Developmental Disabilities

Client Name	Date of Incident	Description of Incident	Immediate actions taken (ex. interventions; notificattions)	Investigation? Findings? (date completed) Preventative actions?

(3-005.05E-Freedom from
Restraints and Abuse)-Tag 556
(3-005.04C17-Tag 546;
95.005.02C-MA; Tag 543-
Doc of accidents seizures

Surveyor Initials: _____

propriation of property, med errors

Surveyor Notes

Surveyor Notes

(3-005.05E-Freedom from
Restraints and Abuse)-Tag 556
(3-005.04C17-Tag 546;
95.005.02C-MA; Tag 543-
Doc of accidents seizures

DDBH-Centers for Person with Developmental Disabilities

(3-005.05E-Freedom from
Restraints and Abuse)-Tag 556
(3-005.04C17-Tag 546;
95.005.02C-MA; Tag 543-
Doc of accidents seizures

BED COUNT **DDBH-Centers for Persons with Developmental Disabilities** **CDD-11**

Licensed/Approved Beds **Make 1 copy per facility**

Provider Name:	Address of L.U.:	Licensed Capacity:
Building/Living Unit:		ICFID / CDD / MHC / SATC
Surveyor:	Date Reviewed:	

Room #	Licensed Beds	Beds Set Up	Beds Occupied	Remarks

Directions:

1. Licensed capacity is the number of beds approved to be set up based on the license.
2. When differences appear in licensed capacity and beds set up, explain in remarks.
3. Explain any over capacity, citing bed location.
4. Do a separate sheet for each building or living unit.
5. If there is sleep staff, specify where staff sleep in remarks column.
6. Specify in remarks column if clients are sleeping in non approved sleep areas.
7. Specify in remarks column if rooms are on different levels, i.e. second floor, basement.
8. Specify restrictive/intrusive devices used. i.e., mirrors, videos, locked doors, audio monitors etc. in any part.

DDBH-Title 175 Chapter 3

Regulations and Standards Governing Centers for Persons with Developmental

Citation	Regulation Text	Surveyor Guidan regulations apply
3-003	**Physical Plant Requirements for Group Residences**	
	Centers for Persons with Developmental Disabilities shall comply with these regulations and standards.	Review for all ind not review day se
3-003.02	Resident Bedrooms	
3-003.02A Tag-313	Single bedrooms for ambulatory residents shall provide at least 80 square feet of usable floor area with a side dimension of not less than 7 feet - 0 inches. The amount of usable floor space in a resident bedroom is determined by taking adjustments into account as stated in 003.02E. Space for closets, toilet areas, bath areas, or entrance vestibules shall not be counted as usable floor area.	Review for all clie During PREP for tl widths, egress wi number of persor
3-003.02B Tag-314	Multi-bedrooms for ambulatory residents shall provide at least 60 square feet of usable floor space for each resident. There shall be at least 3 feet -0 inches between beds placed side-to-side and not less than 3 feet - 0 inches between the heads of the beds. The amount of the usable floor space in a resident bedroom is determined after taking adjustments into acount as stated in 003.02E. Space for closets, toilet areas, bath areas, or entrance vestibules shall not be counted as usable floor area.	Review floor plan you have a questi
3-003.02C Tag 315	Windows. Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. The minimum total area of the window or windows measured between stops-clear width when opened, shall be at least 10 percent of the usable floor area. All windows shall be provided with screens which are maintained in good repair. Combination storm window screens are acceptable. Full length storm windows screens may be used during the winter months. Window ceils not be more than 36 inches above the finished floor. All exterior windows and doors shall have serviceable screens except for doors with panic hardware.	This should have window from insi the window. Ask
3-003.02D Tag-316	Closets. There shall be accessible private and adequate storage space for clothing and personal belongings in the bedroom area for each resident. Built-in closets or wardrobes with doors or curtains are acceptable.	Is there reasonab individuals? Whe
3-003.02E Tag-317	Ceiling Heights. Level ceilings in sleeping rooms shall not be less than 7 feet - 0 inches high. In sleeping rooms with sloped ceilings, only the areas with vertical wall heights of 5 feet or more shall be included in the required usable floor area. At least half of the usable floor space must have a ceiling not less than 7 feet - 0 inches.	This should have
3-003.02F Tag-318	Partitions. Partitions defining each bedroom shall run from floor to ceiling.	
3-003.02G Tag-319	All resident bedrooms shall be located at or above natural grade level.	If bedrooms are i window space an
3-003.02H	Doors	
3-003.02H1 Tag-320	Interior doors excluding the time-out room doors shall not have vision panels.	If you see vision p This does not incl
3-003.02H2 Tag-321	Door locks installed on sleeping room doors shall be lockable from the corridor side only, except where such doors lead directly to the outside of the buildings. Sleeping room doors leading directly to the outside of the building may be lockable on the room side. All locks shall permit exit from a room by a simple operation without the use of a key. Doors in homes may be lockable by the occupant if they can be unlocked by a master key from the opposite side. Master keys are to be carried by staff at all times.	Individuals may c be locked in the r did they go throu may be locked fro
3-003.02H3 Tag-322	Door widths shall not be less than 3 feet wide to allow a minimum clear opening of 32 inches in the fully opened position.	This should have Are doorways suf mechanical lifts.
3-003.02H4 Tag-323	Door alarms shall be provided for exterior doors when residents requiring such provision is established by the Individual Program Plan.	We do not requir What purpose? A restrictive/instrus
3-003.02I Tag-324	Corridors. Corridor widths shall not be less than 3 feet - 0 inches.	This should have sufficient for the i

Citation	Regulation Text	Surveyor Guidan regulations apply
3-003.02J Tag-325	Beds. Each resident shall have an individual bed. Adult beds shall be at least 36 inches wide. Adult size beds shall be provided for individuals 14 years of age and older. Each bed shall have good springs and a clean, comfortable mattress. Beds shall be of suitable construction and dimensions to accomodate persons using them. Bunk beds, roll aways and trundles are not permitted.	Is the bed reason interview as to th being able to affo
3-003.02K	Bedding and Linen.	
3-003.02K1 Tag-326	All beds provided for residents shall be supplied with suitable pillowcases and bottom and top sheets. All bedding, including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads, and all bath linen shall be kept clean. Bedding, including mattresses, mattress pads, quilts, blankets, pillows, and bed and bath linen which is worn out or unfit for further use shall not be used. Bedding shall be appropriate to the season. Pillowcases, sheets, and bath linen, after being used by one resident, shall be washed before they are used by other residents.	You don't need to or during intervie or the facility?
3-003.02K2 Tag-327	Clean bed linen shall be furnished ~~at least once a week, or more frequently,~~ to maintain cleanliness and a clean washcloth, towel or appropriate paper service shall be available to each resident.	Review to see tha
3-003.02L Tag-328	Room Furnishings. All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains, and carpets shall be kept clean and free of dust, dirt, vermin, and other contaminants and shall be maintained in good order and repair. Each resident shall be provided with appropriate individual furniture. ~~including as a minimum, a chest of drawers, an individual wardrobe with clothes racks and shelves unless built-in closet space is provided, and a mirror, and at least one chair per bedroom will be provided. Tilted mirrors or mirrors located at a height for wheelchair use shall be provided for residents where appropriate. There shall be accessible private storage space for clothing in the bedroom area for each resident. Each resident shall have individual racks or other drying space for washcloths and towels.~~	During observatio reasonable to the ask what happens walls, floors and f they report this to prompt do proble a safety issue, is it furnishings specif maintaining it?
3-003.02M Tag-329	Non-ambulatory residents shall not be housed in bedrooms located above the first floor level.	Are there persons other than the ma
3-003.02N Tag-330	No bedroom shall have no more than four beds.	
3-003.02O Tag-331	Every resident bedroom shall be so located that it is unnecessary to pass through another residents bedroom for access to the bedroom or a toilet or bath area.	
3-003.02P	Every resident's bedroom shall be so located that it is unnecessary to pass through another resident's bedroom for access to a bedroom or a toilet or bath area used by residents other than the resident occupying the bedroom.	Are there alarms/ share rooms? Is th equipment? Do ro a window? Are be
3-003.03	Toilets and Bathing Facilities	
3-003.03A Tag-332	Resident toilet facilities shall be provided as follows: one lavatory and one water closet for each six residents or fraction thereof.	
3-003.03B Tag-333	Bathing facilities shall be provided as follows: One bathing facility (tub or shower) for each eight residents. Bathtubs and showers shall be provided with stable grab bars to assist residents.	Grab bars based o
3-003.03C Tag-334	No toilet room shall open directly into a food preparation area.	
3-003.03D Tag-335	Toilet and bathing areas and fixtures shall approximate normal patterns found in residential construction. If there are wheelchair residents in the home, the toilet and bath areas shall be large enough for wheelchair use and also to include appropriate fixtures and appurtenances for the wheelchair residents' use. ~~Shower curbs shall be omitted to permit access by wheelchairs. An accessible restroom shall provide at least the following fixtures and appurenances for the wheelchair resident's use:~~	Look at general ac individual be able
~~3-003.03D1~~	~~One lavatory which when mounted, allows 29 inches clearance from the floor to the of the apron and a maximum rim height of 34 inches;~~	
~~3-003.03D2~~	~~One water closet with the seat 110 inches to 20 inches from the floor, or 13 inches to 15 inches for children;~~	

Citation	Regulation Text	Surveyor Guidan regulations apply
3-003.03D3 Tag-338	Grab bars ~~near each side or one side attached and the back of the toilet stool securely attached 32 inches to 34 inches above the parallel to the floor. Grab bars at the side shall not be less than 24 inches in front of the water closet stool. Grab bars shall have an outside diameter of not less than 1 1/2 inches between grab bars and adjacent surface. For children's restrooms grab bars shall be securely attached 15 inches above the floor and be positioned to extend 16 inches beyond the water closet seat;~~ based on need.	
3-003.03D4 Tag-339	Towels or warm air hand dryers shall be provided ~~with the operating mechanism no higher than 48 inches from the floor and not mounted directly above the lavatories;~~	Are there clean to
3-003.03D5 Tag-340	Toilets shall provide bar soap or a soap dispenser. ~~to be located no higher than 48 inches from the floor;~~	
3-003.03D6 Tag-341	Toilet tissue shall be provided within reach of the water closet seat ~~and at a height of no more than 48 inches from the floor.~~	Is it available? If r
3-003.03E Tag-342	All toilet and bathing area facilities and fixtures shall be kept clean and in good repair.	
3-003.03F Tag-343	Each bathroom and toilet area shall be well-lighted (Ref: Artificial Lighting 003.04I1) with a mirror over each lavatory.	Is lighting sufficie
3-003.03G Tag-344	Wherever there is a water closet, there shall be an easily accessible lavatory.	
3-003.04	Physical Requirements	
3-003.04A Tag-345	~~Dining and Recreation. All facilities shall have minimum areas for residents' dining and recreation which shall be at least 10 and 20 sq. ft. respectively per resident, or 30 square feet total per resident when the area is used for a combination thereof. Space for non-ambulatory mobile residents shall be increased by 50 percent. Under no circumstances shall the combined recreation and dining space be less than 150 square feet. In residential units that have eight beds or less, space in the kitchen may be used for dining if the kitchen was laid out to accommodate table space for eating purposes; the space must be located apart from the food preparation area, and 10 square feet per resident must be allocated for dining purposes.~~ Furnishings in the dining recreation room shall include a couch, chair(s), end tables, dining table and chairs or similar furniture to provide a comfortable setting.	Look at appropria
3-003.04B	Food Service. The kitchen may be residential in nature in both layout and equipment except for the following requirements:	
3-003.04B1 NO TAG	Dishwashing utilizing an automatic dishwasher or a three compartment sink is adequate if it meets following requirements:	Does the CDD hav temperature strip responsible, ask t the meal, then ob
3-003.04B1a Tag-346	When automatic dishwashers used the final rinse cycle must not be less 150❍ F.;	Dishwasher not le
3-003.04B1b NO TAG	For chemical sanitization of dishes in a three compartment sink the following procedure is followed:	
3-003.04B1b(1) Tag-347	Immersion for a minimum of one minute in sanitizing solutions containing: at least 50 parts per million of available chlorine in water at temperature not less than 75❍ F. (one-half tablespoon of laundry bleach or similar product containing 5 1/4 percent of available chlorine to each gallon of water provides minimum concentration.)	
3-003.04B1b(2) Tag-348	Use another commercial chemical sanitizer which has the equivalent bacterial effect at this level of chlorine. The quantity required will need to be determined on an individual basis. For some, quantity will depend on the hardness or mineral content of the local water supply.	
3-003.04B1b(3) Tag-349	At least a two compartment sink shall be available in each kitchen. *It is recommended that, when made up, the strength of sanitizing solutions be at least twice the minimum strength required for the particualr sanitizing solution used. One tablespoon of laundry bleach or other solution containing 5 1/4 percent available chlorine to each gallon of water provides 100 parts per million.*	

Citation	Regulation Text	Surveyor Guidan regulations apply
3-003.04B2 Tag-350	Food Storage. Dry or staple foods stored at least 4 inches above the floor in a ventilated room not subject to sewage or waste water backflow, contamination leakage, water overflow, rodents, or vermin. This requirement does not preclude the use of dry or staple food stored in cabinets in the kitchen if these requirements are met.	
3-003.04B3 Tag-351	There is a conveniently located hand washing facility in the kitchen.	
3-003.04B4 Tag-352	There is a cleanable work counter space for the preparation of meals. Formica, vinyl, or resilient type work counter coverings which are free of crevices or cracks are adequate.	
3-003.04B5 Tag-353	Refrigerators are provided for perishable foods and are kept clean and in good working order, and maintain refrigerated foods from 33❍ F to 45❍ F.	Check for cleanlin
3-003.04B6 Tag-354	Laundry equipment shall not be located in the kitchen, but in the laundry room only.	Check the public l
3-003.04C Tag-355	Administration. A room shall be provided for the house manager or house parents. If the house manager or family live in, their numbers shall be counted in determining the number of toilets and baths, and space allocated for dining and recreation, unless a separate apartment is provided.	Staff should have overnight or awal throughout the ni emergencies thro
3-003.04D Tag-356	~~Outside Recreation Area. The lot shall be large enough for an outside recreation area emmensurable with the number and type of residents in order to effectively promote normalization. In areas where public recreation is not available within one cisty block of the facility location, at least 25 square feet of outdoor recreation area per resident shall be provided.~~	Don't look at this
3-003.04E Tag-357	General Storage. General storage in addition to linen closets and resident's room closets.~~ shall be provided at the ratio of 60 cubic feet per cubic feet per bed.~~	Is sufficient? Acce to these belongin
3-003.04F Tag-358	Ventilation. If areas used as kitchens, bathrooms, toilet areas, or laundries are located in rooms without windows, these areas shall be provided with mechanical ventilation with vents leading directly to the outside. If these areas have windows that can be opened to the outside air, mechanical ventiliation is not required.	If using a window
3-003.04G Tag-359	Plumbing. Hot and cold water shall be piped to all fixtures in the building except cold water shall be piped to the water closet. Hot water at fixtures used by residents for bathing and lavatories shall at a minimum be 110 F. and shall not exceed 115F. In order to prevent a hazard to the residents mixing valves shall be utilized in cases where a resident's Individual Program Plan specifies training in temperature adjustment, water temperature may exceed 115 F.	Take temperature time for hot wate individuals ability water temps are l use? Ask to see w Do any clients hav the water temps?
3-003.04H	Heating and Cooling	
3-003.04H1 Tag-360	The building shall be equipped with a heating system and have a radiator, convertor or register in each room used by residents that does not constitute a burn hazard. The heating system must be capable of maintaining a temperature of 70-75 degrees Fahrenheit during severe cold weather conditions at an elevation of 30 inches above the floor in all areas used by residents. For all facilities a cooling system is required which is capable of maintaining an indoor temperature of a range of 68❍ F. to 78❍ F. during hot weather conditions at an elevation of 30 inches above the floor in all areas used by residents. Indoor relative humidity must be maintained within the 30-70% range throughout the year. If no water or steam radiators are used, they shall be provided with covers to prevent inadvertent burns.	Is the air tempera temperature to b comfortable thro
3-003.04H2 Tag-361	Mechanical equipment rooms housing gas-fired heating and hot water equipment shall have positive outside combustion air supplied for the equipment.	Should have been
3-003.04H3 Tag-362	Every gas-fired or oil-fired heating appliance and hot water and other heating applicance shall be vented to the outside air.	Should have been

Citation	Regulation Text	Surveyor Guidan regulations apply
3-003.04I1 Tag-363	Artificial Lighting. ~~Each room or area, including store rooms shall be provided with adequate lighting. Each room or area, including store rooms shall be provided with fixtures to provide the following minimum foot candles or lumen per square foot rating at an elevation of 30 inches above the floor: (Area Name /General Illumination [foot candles]) Recreation and dining/10; Corridors and halls/5; Storage room/3; Resident room (reading)/20; Resident room (general)/10; Bath and toilet area/10; Medicine area/10; Kitchen area/10; Laundry/8; Mechanical room/5.~~	Is lighting sufficie
3-003.04I2 Tag-364	Extension cords or temporary outlets are prohibited. Bare, incandescent bulbs are prohibited in resident areas.	
~~3-003.04J~~	~~Building Codes. Each center for the developmentally disabled must conform to at least the following codes and standards:~~	You do not need t
~~3-00304J1~~	~~"Nebraska Electrical Code:, National Electrical Code, except for tables 310-20 through 310-30 and figure 310-1, issued and adopted by the National Fire Protection Associateion in 1984, Publication Number 70-1984, and filed by the State Electrical Board with the Secretary of State and the Revisor of Regulations.~~	
~~3-003.04J2~~	~~American Standards Plumbing Code (ASA A40.8-1955) published by the Amercian Society of Mechanical Engineers, and filed by the State Fire Marshsal with the Revisor of Regulations.~~	
~~3-003.04J3~~	~~Safety Code for Elevators, latest edition published by the Nebraska State Department of Labor prior to the adoption of these regulations and filed by same with the Revisor of Regulations as 223 NAC 1.~~	
3-003.04J4 Tag-368	~~Regulations promulgated by the Nebraska State Fire Marshall Governing Safety to Life from Fire and Like Emergencies Buildings and Structures; And General Fire Preention, effective October 18, 1973, as amended (Nebraska Life Safety Code), Rule 1 of the State Fire Marshal, and Appendix "B", Rule 2 of (Nebraska Life Safety Code), Rule 1 of the State Fire Marshal, and Appendix the State Fire Marshal, both in the latest edition filed by the State Fire Marshal with the Revisor of Regulations prior to the adoption of these regulations. The codes and standards mentioned in the proceeding subparts 003.04J1 through 003.04J4 are hereby adopted and incorporated by reference; they have the same force and effect as if set out verbatim in this part.~~ Each CDD must follow Fire Code regulations.	Each CDD must pa extension cord ar tanks. What direc allowed? Is this sa
3-003.4K	Laundry	
3-003.04K1 Tag-369	Laundry services or facilities for residents shall be provided in accordance with the developmental needs of the residents.	How are laundry s
3-003.04K2 Tag-370	Separate storage space for soiled and clean laundry shall be located in the residence. All damp soiled linen such as bed linen, towels, and washcloths shall be maintained in covered waterproof containers.	Individual hampe
3-003.04K3 Tag 372	Domestic type equipment shall be provided for the laundry. Under no circumstance can the laundry operation be located in the food service area.	Check DDBH Publ
3-004	**Health and Safely Requirements-General**	
3-004.01	Location and Zoning.	
~~3-004.01A~~	~~A center for the developmentally disabled shall be so located as to promote at all times the health, comfort, safety, and well-being of the residents. An official statement as to complaince with applicable local zoning codes and the requirements of Sections 18-1744 to 181747, R.S. Supp., 1982, allow group homes housing up to eight residents to be located within 1200 fee of another existing group home or within one half mile in a city of the metropolitan class (Omaha), can be licensed unless the municipality grants it an exemption. These statutes also limit the number of group homes that can be established in a minicipality, based on population in the municipality.~~	You don't need to
3-004.01B Tag-401	A center for the developmentally disabled shall be located in an area free of excessive dust, smoke, fumes, or obnoxious odors from refuse dumps, stockyards, and areas of heavy industry, or sources of excessive noise.	
3-004.01C Tag 402	All resident rooms shall have windows which provide an unobstructed view of not less than 15 feet - 0 inches in at least one horizontal direction.	This is particularly

Citation	Regulation Text	Surveyor Guidan regulations apply
3-004.02 Tag 403	~~Drug Storage and Handling. The licensee or designated employees of a Center for the Developmentally disabled may assist a resident in taking routine oral or external medications prescribed for the resident by a licensed physician and dispensed by a licensed pharmacist and may provide storage and handling of such medications if procedures for storage and handling comply with the specific regulations of the Department of Health rule Title 175 NAC 5.~~	This section is nov
3-004.03 Tag 404	Elevators. All elevators in a Center for the Developmentally Disabled shall be inspected for safety at least once a year by the Nebraska Department of Labor.	If an elevator is lo
3-004.04	Floors, Walls and Ceilings.	
3-004.04A Tag-405	Floors: The floors of all rooms, hallways, bathrooms, storerooms and all other spaces used or traversed by residents and staff shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. Cleaning of floors shall be done so as to minimize the raising of dust and exposure of residents thereto. The safe use of rugs, carpets, or natural stone which can be kept clean is permitted. Abrasive strips to reduce or prevent slipping shall be used where slippery surfaces present a hazard.	Reasonable wear
3-004.04B Tag 406	Dirt floors in a basement area are prohibited. Basement floors must be concrete with proper drainage	Crawl spaces do r
3-004.04C Tag 407	Walls: Walls in bathrooms, utility rooms, kitchens, and other wet areas shall have a smooth, washable surface. They shall be free from spaces which may harbor insects. Walls in other areas of facility shall have a cleanable finish. Lead-based paints are not permitted in any areas of the facility.	Reasonably clean products if applic
3-004.04D Tag 408	Ceilings: Ceilings in areas where food is stored or prepared and in which dishes and utensils are washed shall have a washable surface. Enamel-painted plaster, gypsum board, concrete and vinyl- coated suspended panels, or equally washable surfaces are adequate.	Also look at ceilin
3-004.05 Tag 409	Housekeeping. All parts of the premises shall be kept clean and free of litter and rubbish.	Who is responsibl
3-004.06 Tag 410	Maintenance. All parts of the facility and all equipment must be maintained in proper working order and routine maintenance functions must be performed on a timely and appropriate basis.	How are mainten process to reques facilities.
3-004.07 Tag 411	Garbage and Rubbish Disposal. All garbage and rubbish containing food wastes shall, prior to disposal, be kept in leak-proof, nonabsorbent containers with disposable liners which shall be covered with tight-fitting lids when filled or stored, or not in continuous use. All other rubbish shall be stored in containers. The rooms, enclosures, areas, and containers used shall provide adquate space for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided containers and each container, room, or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food-waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of in a manner so as to prevent the attraction of insects, rodents and vermin.	Observe the area
3-004.08	Health of Personnel.	
3-004.08A Tag 412	~~All employees shall have a pre-employment medical examination which shall consist of a physical examination by a physician. All persons shall have an annual tuberculin skin test for those who have a positive reaction and are with x-ray evidence of active disease shall be required to have either chemoprophylaxis against tuberculosis infection or a chest x-ray every three years.~~ Results of such examinations and test shall be retained as part of the person's employment record.	Do not require a p infectious disease
3-004.08B Tag 413	Any person (including any volunteer) who is afflicted with a disease in a communicable stage, or who is a carrier of a communicable disease, or who has an open wound or sore, is not permitted to work in a capacity (including food service) where there is a likelihood of transmitting the disease or infection to a resident or to other personnel.	Observation of st

Citation	Regulation Text	Surveyor Guidan regulations apply
3-004.09 Tag 414	Food Service. Each facility shall comply with the provisions of the Pure Food Act, Neb. Rev. Stat. §§ 81-216.01 to 81-216.37 (Reissue 1981) as they pertain to the Food Service Code, which means the 1976 Recommendations of the Food and Drug Administration entitled Food Service Sanitation Manual including A Model Food Service Sanitation Ordinance as it exists on August 1, 1981, except sections 10-601 and 10-602 of such code [Neb. Rev. Stat. §§ 81-216.03 (1981)]. This code, in the format published by the Nebraska Department of Agriculture, Bureau of Dairies and Foods, is hereby adopted and incorporated by reference and shall have the same force and effects as if set out verbatim in this subsection (Attachment 2).	**Food Code from**
3-004.09A	Menu Planning	
3-004.09A1 Tag 415	Menus shall be planned at least a week in advance.	Ask for document
3-004.09A2 Tag 416	Menus shall be reviewed and approved by a dietitian before service.	Who develops me the menus? Does
3-004.09A3 Tag 417	~~Records of substitutions shall be made.~~ Substitutions shall be of equal nutritional value.	
3-004.09A4 Tag 418	Records of menus shall be filed for six months in the center.	
3-004.09B NO TAG	Modified or Therapeutic Diets.	Find out who is o to see if modified diets followed?
3-004.09B1 Tag 419	Menus specifying portion sizes shall be planned at least two weeks in advance.	Review menus to
3-004.09B2 Tag 420	Modified or therapeutic diets shall be developed by a dietitian and approved by the attending physician.	Is there a physicia
3-004.09C	Dining Rooms:	
3-004.09C1 Tag 421	All residents, including the mobile and the non-ambulatory shall eat or be fed in the dining areas except when contraindicated for health reasons.	Dining area shoul
3-004.09C2 Tag 422	Table service shall be provided for all who can and will eat at a table.	Adequate table se
3-004.09C3 Tag 423	Dining areas shall be equipped with tables, chairs, eating utensils and dishes to meet the developmental needs of the residents.	All equipment an
3-004.09C4 Tag 424	Dining areas shall be adequately supervised and staffed for the direction of self-help eating procedures and to assure that each resident receives an adequate amount and variety of food.	Observation of m
3-004.09D	Food Purchasing:	
3-004.09D1 Tag 425	Food shall be free from spoilage, filth, and other contamination.	
3-004.09D2 Tag 426	Food shall be obtained from approved sources that comply with all laws relating to food and food labeling.	Basically if they b such as staff bring
3-004.09D2a Tag 427	All meat and meat products shall be U.S.D.A. approved or obtained from a meat processing plant that is approved by U.S.D.A.	
3-004.09D2b Tag 428	Only clean whole eggs with shell intact and without cracks shall be used. Pasteurized liquid, frozen or dry egg products may be used. Commercially prepared and packaged peeled hard boiled eggs may also be used.	
3-004.09D2c Tag 429	Fresh garden vegetables may be used.	
3-004.09D2d Tag 430	The use of food in hermetically sealed containers that were not prepared in U.S.D.A. approved food processing establishments are prohibited unless canned by residents of the facility.	
3-004.09D3 Tag 431	Pasteurized Grade A milk and milk products shall be used.	
3-004.10 Tag 432	Sewage Disposal. The sewage shall discharge into a sewage system which complies with the rules and regulations of the Department of Environmental Control of the State of Nebraska.	Reviewed as part

Citation	Regulation Text	Surveyor Guidan regulations apply
~~3-004.11 Tag-433~~	State Fire Marshal Safety Code. ~~As a prerequisite to and condition of continued licensure, each building or structure in which a Center for the Developmentally Disabled is housed, shall comply with the Regulations Promulgated by the Nebraska State Fire Marshal Governing Safety to life from Fire and like Emergencies in Buildings and Structures; and General Fire Prevention effective October 18, 1973 as amended (Nebraska Life Safety Code), Rule 1 of the State Fire Marshal and Appendix "B", Rule 2 of the State Fire Marshal, both in the latest edition filed by the State Fire Marshal with the Revisor of Regulations prior to the adoption of these regulations. Any building or structure within this scope used or intended to be used for the housing of non-ambulatory, or of four (4) or more persons, shall have installed or maintained proper operating conditions and an approved automatic fire alarm system. Any building or structure within this scope or subdivision used or intended to be used for the housing of less than four (4) ambulatory persons shall have a minimum of a single station smoke detection system. Every person, firm, corporation or other entity maintaining or operating any facility for the care of the mentally handicapped, developmentally disabled, or physically disabled, shall maintain documentation in each resident's record, on the annual physical, within fifteen (15)days of admission, or readmission of a person, stating whether or not the resident is ambulatory or non-ambulatory person and enumerating the reasons for such classification. Such statement shall also be filed for each resident residing within the facility within thirty (30) days of the effective date of these regulations. It shall be a violation of these regulations for any person, firm, or corporation required to file a statement pursuant to this section to include false statements therein. The ambulatory or non-ambulatory status of any mentally handicapped, developmentally disabled, or physically disabled person within this scope shall be determined by a physician.~~	The state Fire Ma current within 18
3-004.12 Tag-434	Insect and Rodent Control. Every facility shall be constructed or equipped so as to prevent entrance harborage or breeding of flies, roaches, bedbugs, rats, mice, and all other insects and vermin. Cleaning, renovation, or fumigation by licensed pest control operator for the elimination of such pests shall be used when necessary.	Is there an issue?
3-004.13 Tag-435	Water Supply. Every facility shall have a safe, sanitary, and potable water supply, connected to a municipal system when available, which complies with the provisions of Title 179, Nebraska Administrative Code, Chapter 2, Regulations Governing Public Water Supply Systems, adopted and promulgated by the State Department of Health. ~~No plumbing fixture or other device shall be installed which provides a connection between a drinking water supply and a drainage, soil, waste, or sewer pipe so as to make possible the backflow of sewage or waste water into the water supply supply system.~~	Is there an issue?
~~3-004.13A~~	~~Any center for the developmentally disabled with a private well or wells as the source of the water supply must have this water supply tested for coliform bacteria quarterly and a chemical analysis every three years by the State Health Department Laboratory or laboratory approved by the same.~~	
~~3-004.13B~~	~~Bacteriological. The maximum permissible contaminant level for coliform bacteria is four per one hundred milliliters of sample examined. Any sample submitted which exceeds the four coliform per one hundred millileters a second sample shall be immediately collected and submitted for examination. If two consecutive samples have greater than four coliform per one hundred millileters, the well and wells shall be disinfected immediately.~~	
~~3-004.13C~~	~~Chemical. A water sample shall be submitted every three years for a chemical analysis. The maximum contaminate levels shall not exceed those contained in the Department regulation 179 NAC 2-2002.01 and 179 NAC 2-002.02.~~	
~~3-004.13D~~	~~Copies of the water supply test reports must be retained in the center for the developmentally disabled for the period of one year and a copy of each report for the previous year must be submitted to the Department with the licensure application.~~	
3-004.14 Tag-440	Clothing. Each resident shall have an adequate allowance of neat, clean, fashionable and seasonable clothing.	How do individua
3-004.14A Tag-441 3-004.14B Tag-442	Each resident shall have her or his own clothing, properly marked with her or his name and he or she shall use this clothing. Such clothing shall make it possible for clients to go out of doors in inclement weather, to go on trips or visits, appropriately dressed and to make normal appearance in the community.	Don't require to r there issues of mi

Citation	Regulation Text	Surveyor Guidan regulations apply
3-004.14C Tag-443	Non-ambulatory clients shall be dressed daily in their own clothing, including shoes, unless contraindicated in a written, medical order which is reviewed periodically.	

Citation	Regulation Text	Surveyor Guidan regulations apply
3-004.14D Tag-444	An ongoing wardrobe check should be kept on each resident's personal and clothing items to assure proper maintenance.	
3-004.15 Tag-445	Emergency Procedures. Facility shall have written policies and procedures providing for quarterly fire and inclement weather drills.	Is there a policy/p drills. If there wer discussed/addres
3-005	**General Operational Requirements**	
3-005.01	**Center Staff**	
3-005.01A Tag-500	Personnel. One individual must be identified as having primary authority and responsibility for the overall operation of each center for the developmentally disabled in accordance with the written policies of the center; such a person shall be the Administrator. The Administrator shall be the contact person for the facility. This individual's name must appear on the licensure application.	As part of Prep: C regulation. They
3-005.01B	Personnel Polices.	
3-005.01B1 Tag-501	Written personnel policies and procedures shall be established and made available to each employee. Personnel policies and procedures must be read by each employee upon employment and as revisions are made. Documentation of this shall be maintained in the employee's personnel file. Personnel policies must address hiring, assignment, and promotion of employees; grievance procedures; suspension or dismissal of an employee; and insure that employees with symptoms or signs of communicable disease are not permitted to work.	Ask where to find it accessible to all address issues in
3-005.01B2 Tag-502	A job description for each consultant and staff position shall be established and made available to each consultant and staff person upon employment. Each job description shall include but not necessarily be limited to a description of the person's duties and responsibilities and the person's role, if any, in implementing the individual program, plan job descriptions for consultants must be included as part of the contract.	Per this regulatio for various positic
3-005.01B3 Tag-503	Policies and procedures shall be available which specify the training and supervision given to volunteers. A volunteer shall never be left in charge of the facility.	Does the CDD use volunteers?
3-005.01C	Training	
3-005.01C1 Tag-504	Staff orientation for new employees must take place during the first three (3) months of employment and must begin on the first day of employment. Orientation during the first three months (3) must be consistent with the job description for the individual and the needs of the individuals served. Training during the first three months shall include: (1) basic first aid and cardiopulmonary resuscitation, (2) drug administration, (in-service must be completed prior to administration of drugs), (3) Individual Program Plan development and implementation, (4) resident rights, (5) agency/facility policies and procedures, and (6) on-the-job- training.	Review P&P. Rev records could be information need hire, educate and to emergencies.
3-005.01C2 Tag-505	Policies and procedures shall be available which specify the training to be received during the three (3) months orientation period and provide for inservice training and staff development on a regular basis thereafter.	
3-005.01C3 Tag-506	Inservice training and staff development must be available to and attended by all staff on a regular basis. Training must be consistent with the job description for the individual and the needs of individuals to be served. A plan of inservice training and staff development shall be established for a three (3) month period and shall provide for ongoing inservice training and staff development.	Review in-service
3-005.001C4 Tag-507	Documentation of all staff training and inservices attended shall be kept in each employee's personnel record. Inservice records shall include topic and content, actual training time and date of training.	Request on-going
3-005.01D Tag-508	Staffing. Enough staff to meet resident needs. ~~Regardless of the organization or design of resident living units, the staff-resident ratios, unless program needs justify otherwise, shall be, morning (awake & present), afternoon and evening (awake & present) and overnight (sleeping):~~	Don't look at staf
~~3-005.01D1~~	~~For units including either children under the age of 6 years, severely and profoundly retarded, severely physically handicapped; or residents who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, or other residents who require considerable adult guidance and supervision, the staff-resident ratios shall be not less than: morning 1:4; afternoon and evening 1:4; overnight 1:8~~	

Citation	Regulation Text	Surveyor Guidan regulations apply
~~3-005.01D2~~	~~For units serving residents requiring training in basic independent living skills and who do not attend vocational training programs but may attend prevocational training programs, the staff resident ratios shall not be less than: morning 1:8; afternoon and evening 1:8; overnight 1:10~~	
~~3-005.01D3~~	~~For units serving residents in vocational training programs and adults who work in sheltered employment situations, the staff resident ratios shall not be less than: morning 1:8; afternoon and evening 1:8; overnight 1:10. For time periods when residents are awake and not present in the facility, the staff resident ratio need not be maintained. Additional staff coverage shall be provided on call for the center as necessary during emergencies, including illness of a resident or residents. Additional staff coverage shall be provided on call during emergencies in accordance with the previously stated ratios. These individuals and their phone numbers must be listed near the Center's main telephone. Volunteers cannot be included in the staff-resident ratios. These individuals and their phone numbers must be listed near the Center's main telephone. Volunteers cannot be included in the staff-resident ratios. Those facilities that accept residents whose needs require awake overnight care must provide awake and present staff in the prescribed ratios.~~	
3-005.02	Emergency Medical Services	
3-005.02A Tag-511	There shall be written procedures for the handling of emergency situations. All employees and volunteers must have immediate access to such information along with the names, telephone numbers, location, and type of medical services available. Emergency information must be maintained in the Center at a location known to all Center employees.	Review written pr person) Ask staff
3-005.02B Tag-512	All staff shall have immediate access to residents' medical information including name of physician(s), person to notify in case of emergency, current medications and known allergies. Medical information must be maintained in the Center at a location known to all Center employees.	Does staff have kı person. Emergen of for each client?
3-005.02C Tag-513	The Center shall maintain a first aid kit adequate to deal with possible emergency situations. ~~This kit shall be checked on at least an annual basis and restocked as needed. Documentation of annual check must be maintained in the Center for two years.~~ The first aid kit shall contain the following items: band-aids; adhesive tape; gauze bandages; sterile gauze pads; antiseptic such as Merthiolate; triangular bandages; sterile eye pads; scissors; tweezers; ointment, cream or spray; paper tape; First Aid handbook.	Ask staff for locat know if any of the given to use or to
3-005.02D Tag-514	All employees shall be trained during their first three months of employment in administration of first aid and cardiopulmonary resuscitation. ~~Documentation of training must be kept in each employee's personnel file.~~	Review facility do
3-005.03 Tag-515	Personnel Files. Personnel files shall be maintained in a centralized system and shall be subject to inspection by authorized representatives of the Department at any time. Personnel files shall be maintained for all personnel and shall include, but need not be limited to:	Review to see the
3-005.03A Tag-516	Job description;	
3-005.03B Tag-517	Documentation of completed training and inservice attended;	
3-005.03C Tag-518	~~Documentation of annual performance evaluation;~~	
3-005.03D Tag-519	~~Pre-employment physical;~~	
3-005.03E Tag-520	~~Documentation on an annual basis of tuberculin skin tests, or chemoprophylaxis or x-ray (every three years);~~	Not required
3-005.03F Tag-521	~~Job application;~~	
3-005.03G Tag-522	Credential verification;	Does the agency h
3-005.03H Tag-523	Date of hiring; and	Date of hire with
3-005.03I Tag-524	Disciplinary actions, if any.	If disciplinary acti
3-005.04	Resident Records	

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.04A Tag-525	Residents' records shall be retained for the period of time specified by the Center but no less than the period of time the individual is a resident of the Center and at least three years following the individual's discharge from the Center. In cases in which a CDD ceases operation all records of residents shall be transferred to the facility to which the resident moves; all other records of such Center for Developmentally Disabled if not specifically governed by the provisions of these regulations, shall be disposed of in accordance with Center policy so long as the residents rights of confidentiality are not violated. Resident records shall be subject to inspection by an authorized representative of the Department~~. and may not be removed except by court order.~~ Resident records may be destroyed only when they are in excess of three years of age, following resident discharge.~~ and destruction has been authorized in writing by the Department of Health.~~ In order to insure the resident's right of confidentiality, whenever the records of a resident of a Center for the Developmentally Disabled are destroyed or disposed of it shall be shredding, mutilation, burning or similar protective measure.	Clarification was s destruction.
3-005.04B Tag-526	The record of each resident of a Center shall be maintained and retained in the Center. A centralized system may be kept to maintain duplicate information.	At entrance ask w community.
3-005.04C Tag-527	A record containing information pertinent to the resident and the resident's program plan shall be maintained for each resident on the licensed premises and shall be available for inspection by any authorized representative of the Department of Health. All entries into the resident's record shall be legible, dated and authenticated by signature of the person making the entry. Records in the Center shall include:	
3-005.04C1 Tag-528	At the time of admission a preliminary program plan and within 30 calendar days after admission a post-admission Individual Program Plan. Thereafter an Individual Program Plan designed at least annually by an interdisciplinary team;	Have they had an
3-005.04C2 Tag-529	Documentation of observation of the resident's response to programs implemented in the Center and recorded as specified on the program plan;	Do they collect da
3-005.04C3 Tag-530	Periodic, ~~but at least quarterly,~~ review of the resident's Individual Program Plan by a member or members of the individual's interdisciplinary team, as determined by the team;	**Don't require qua**
3-005.04C4 Tag-531	Documentation of a medical examination. Upon admittance, a dated physical examination must have been completed by a physician in the past 3 months, or within 15 days following admittance;	For new admissio
3-005.04C5 Tag-532	Documentation of a dated dental examination.	
3-005.04C6 Tag-533	Height and weight records must be maintained.	
3-005.04C6a NO TAG	For adults 18 years and older according to the Individual Program Plan,	
3-005.04C6b Tag-534	For children who shall be weighed once a month,	
3-005.04C6c Tag-535	For children whose height shall be measured quarterly,	
3-005.04C7 Tag-536	Documentation of immunizations and dates of immunizations for children;	
3-005.04C8 Tag-537	A written physician's order for all current medications administered and all current treatments;	
3-005.04C9 Tag-538	Documentation of all current medications as administered;	Review the MAR's surveyor or anno
3-005.04C10 Tag-539	Documentation of visits to physician within the last 12 months;	
3-005.04C11 Tag-540	Documentation of dental visits within the last 12 months;	
3-005.04C12 Tag-541	Documentation of hospitalization within the last 12 months.	
3-005.04C13 Tag-542	Documentation of illnesses within the last 12 months;	

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.04C14 Tag-543	Documentation of accidents and seizures for the last 12 months;	
3-005.04C15 Tag-544	Documentation of monitoring of restraints and time-out rooms which includes extent of time in time-out, reason for use, 15 minute checks of the restraint, release from restraints and exercise every 2 hours, and signature of the individual documenting monitoring of restraints. If a time-out room is used for behavior modification programs the room must provide a minimum of 60 square feet of floor space and have a ceiling height of 9 feet. There must be a means of observing the resident while in the time-out room. Appropriate furniture, at least a bed or chair and light must be provided. The door must be lockable from only the outside.	Review issues for restraints in the C used. Do they use
3-005.04C16 Tag-545	Documentation of all current evaluations.	
3-005.04C17 Tag-546	Documentation of incident reports.	
3-005.04C18 Tag 547	Documentation of clothing and personal possession profiles inventory.	What is agency sy
3-005.04C19 Tag-548	~~Documentation of medication histories and response profiles.~~	
3-005.04C20 Tag 549	Documentation of resident consent forms.	Are there any rest restriction. Has th
3-005.04D NO TAG	If vocational services are offered to the residents of the Center for the Developmentally Disabled, ~~the records of the Center shall indicate whether or not such services have been approved by the state.~~	Do not review day you can review th
3-005.05 Tag-551	Rights of Residents. The Center shall have policies and procedures assuring that all residents of the Center for the Developmentally Disabled person have the same constitutional rights as all other citizens unless specific rights have been removed: (1) by court of law after the resident has been afforded his or full due process rights, or (2) for the particular circumstances and with specific safeguards outlines. The Center shall have a Human Rights Committee. Policies and procedures regarding Resident's Rights should be reviewed by Human Rights Committee at least annually. Any compromise of these rights must be documented with justification. Residents shall have a right to treatment, services and habilitation designed to maximize developmental potential of the person and provided in a setting that is least restrictive of the resident's personal liberty. A Human Rights Committee must be established for each Center. Reports of the Committee meetings must be available in each facility served or locale and must specify what occurred during the Committee meetings.	Review related P& applicable to indi resident of this CD
3-005.05A Tag-552	Protective Safeguards of Residents Rights. The Center's Human Rights Committee shall review and take action and in accordance with written policies and procedures, with respect to alleged instances of mistreatment, neglect, abuse, exploitation, and situations in which restraints, psychotropic medication or aversive conditioning are used. Documentation of reviews and actions by the Human Rights Committee must be maintained in the Center for the residents of the Center. Composition of the Human Rights Committee shall be as follows: (1) Administrative staff representative; (2) Residential and service staff; (3) Direct consumer, i.e., resident, (4) Indirect consumer, i.e., the parents or guardian of a resident; (5) Representatives from community concerned with rights of individuals with developmental disabilities	Review all instanc transfer from anc was in this CDD.
3-005.05B Tag-553	Information Regarding Rights. Each resident must be informed, by an appropriate communication system of his or her rights and responsibilities as a resident, and of all rules and regulations governing resident conduct and responsibilities. Receipt of such information must be acknowledged in writing by the resident or his or her family, guardian, or representative where applicable, and maintained in the resident's record in the Center. If written acknowledgement cannot be obtained, information regarding resident's rights should be sent to his or her family, guardian or representative by certified mail.	What does P&P sa
3-005.05C Tag-554	Recognition of Human Dignity. Each resident shall be treated with consideration, respect, truthfulness and full recognition of his or her dignity and individuality, including privacy, in treatment and in care of his or her personal needs. Resident's individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs and entertainment shall be elicited and respected by the facility. Privacy of a resident's body shall be maintained during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.	There are no regu whose pet is it? W

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.05D Tag-555	Input into Decisions Making. There shall be documentation that each resident is afforded maximum opportunity to participate in any decisions concerning his or her person, including those decisions involving medical care and treatment, residency and the development and implementation of the IPP. If it is determined that informing residents of their condition is medically contraindicated, this decision and reasons for it shall be documented in the Center in the resident's record by the physician.	How do individua decisions for all ir
3-005.05E Tag-556	Freedom from Restraints and Abuse. Mistreatment, neglect, physical, mental or verbal abuse, or exploitation of residents in any form is prohibited. The Center must have a written policy that defines use of behavior modification programs, the staff members who may authorize their use, and a mechanism for monitoring and controlling their use. Seclusion (defined as the placement of a resident alone in locked room) is also prohibited. Physical restraints, psychotropic medication or aversive conditioning techniques shall be employed only in accordance with policies and procedures approved by the Human Rights Committee and shall be employed only after approval by the same. Physical restraints, psychotropic medication and aversive conditioning techniques (defined as using noxious or aversive stimuli) shall never be used as a punishment, for the convenience of staff, or as a substitute for programs, and shall be applied only after other means of controlling behavior have been tried and have failed. Documentation of the failure of these alternative techniques shall be included in the resident's record and reviewed by the Human Rights Committee. Prior to the incorporation of physical restraints, psychotropic medications, or adversive conditioning techniques in a resident's habilitation plan, except when absolutely necessary if an emergency situation to prevent a resident from seriously injuring himself or others: (1) It must be documented in the resident's record in the Center that physical restraints, psychotropic medications or aversive conditioning techniques, or any or all of them, are essential for the resident's habilitation and that less restrictive techniques have been attempted and have failed; and (2) incorporation of aversive conditioning techniques, physical restraints, or psychotropic medications in the resident's habilitation plans has been with the informed consent of the resident, or his or her family, guardian, or representative when applicable, and documented in the resident's record in the Center. The written policies and procedures of the facility governing the use of restraints must delineate the following:	Review P&P relat techniques. Revie staff on implemer Are restrictions in Are they knowled restrictions may i there policy and p they give clear de sexual abuse and mechanism or est checks are done p negative hit on a l neglect (at time o agency)? Are all a necessary to facili action or follow-u
3-005.05E1 Tag-557	Physician's orders must indicate the specific reason for the use of restraints and must specify the type of restraints used;	Does anyone use
3-005.05E2 Tag-558	The use of restraints must be temporary and the resident shall not be restrained for an indefinite amount of time;	Review P&P relat
3-005.05E3 Tag-559	Orders for restraints shall not be enforced for longer than 12 hours, unless the resident's condition warrants and must be reordered every 12 hours by the physician;	There can be no s
3-005.05E4 Tag-560	A resident placed in the restraint shall be checked at least every 15 minutes by appropriately trained staff and an account must be kept of this surveillance;	
3-005.05E5 Tag-561	Reorders shall be issued only after a review of the resident's condition;	
3-005.05E6 Tag-562	The use of restraints must not be employed as punishment, for the convenience of the staff, or as a substitute for supervision;	
3-005.05E7 Tag-563	Mechanical restraints must avoid physical injury to the resident and provide a minimum of discomfort;	Does P&P prohibi
3-005.05E8 Tag 564	The opportunity for motion and exercise must be provided for a period of not less than 10 minutes during each 2 hours in which restraints are employed, except at night, if the client is asleep. The following documentation is required before incorporation in the resident's habilitation plan of more restrictive methods of managing behavior, i.e., psychotropic medication, restraint, or adversive conditioning:	
3-005.05E8a **No tag**	A complete description of the maladaptive behavior.	
3-005.05E8a(1) Tag 565	The form of the behavior.	
3-005.05E8a(2) Tag 566	Where and when the behavior occurred.	

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.05E8a(3) Tag 567	The frequency of occurrence of the behavior.	
3-005.05Ea(4) Tag 568	The results of this occurrence.	
3-005.05E8b Tag 569	The previous intervention approaches tried.	
3-005.05E8b(1) **No tag**	The description of the teaching procedures.	
3-005.05E8b(2) Tag 570	The persons responsible.	
3-005.05E8b(3) Tag 571	The setting.	
3-005.05E8b(4) Tag 572	The time spent per day and week.	
3-005.05E8b(6) Tag 573	The results of the alternative approaches.	
3-005.05E8c Tag 574	The proposed procedure.	
3-005.05E8c(1) Tag 575	The description of the proposed procedure.	
3-005.05E8c(2) Tag 576	The persons responsible.	
3-005.05E8c(3) Tag 577	The setting.	
3-005.05E8c(4) Tag 578	The rationale for choosing this specific procedure.	
3-005.05E8c(5) Tag 579	The evaluation of the program (data collection).	
3-005-05E8c(6) Tag 580	Who will review it.	
3-005.05E8c(7) Tag 581	The proposed length of the implementation.	
3-005.05E8c(8) Tag 582	Who can terminate the procedure.	
3-005.05E8c(9) Tag 583	Who will monitor and how frequently will they monitor.	
3-005.05E8d Tag 584	Consent Form. ~~For discontinuation of a behavior management program associated with the use of psychotropic medication(s), the resident record shall contain documentation that the cessation of psychotropic medication does not nterfere with a resident's is documentation of no problematic behavior. Once a maintenance dose for psychotropic habilitation program and that there medication has been established, there must be provision in the resident's Individual Program Plan for quarterly review of the resident's status and documentation of the review maintained in the Center's records for the resident.~~	
3-005.05F Tag-585	Discipline of Residents. Residents shall not discipline other residents, except as part of an organized self-government program which is conducted in accordance with written policy of the Center.	Do individuals dis

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.05G Tag-586	Freedom of Association and Communication**.** Each resident shall be afforded the right to communicate, associate, and meet privately with persons of his or her own choice; to send and receive his or her personal mail unopened; and to participate in activities of social, religious and community groups at his or her discretion. There will be documentation of the rationale for the restriction of any of these rights. A decision to restrict a visitor is reviewed and re-evaluated each time the resident's Individual Program Plan is reviewed by the Interdisciplinary Team and medical orders are reviewed by the physician or at the resident's request. Close relatives shall be permitted to visit residents at reasonable hours without prior notice.	Check IPP for any
3-005.05H Tag-587	Confidential Treatment of Resident Information. Each resident shall be assured of confidential treatment of all information contained in his or her records and his or her written, informed consent, or the written, informed consent of his or her family, guardian, or representative, if applicable, shall be required for the release of the information to persons not authorized under law to receive it.	Review confident
3-005.05I Tag-588	Freedom from Interference with Personal Financial Affairs. Each resident shall be afforded the right to manage his or her personal financial affairs. In the event a resident has had a conservator appointed by a court of law, the conservator shall be free to manage the resident's personal financial affairs within the bounds of the court order appointing the conservator. Each resident and his or her parent(s), or conservator, if applicable, shall be informed orally and in writing of all financial responsibilities involved in being a resident of a Center for Developmentally Disabled persons. Written authorization from the resident or his or her conservator, if applicable, shall be obtained when the Center is handling the resident's funds and documented in the resident's record in the Center.	Ask at entrance h individual. Intervi decisions on purc access to their pe it based on?
3-005.05I1 Tag-589	The Center must maintain a written account of all resident's funds received by or deposited with the facility.	
3-005.05I2 Tag-590	The Center may, at the resident's request, keep on deposit personal funds over which the resident has control. Should the resident or conservator, where applicable, request these funds, they shall be given to him on request with receipts maintained by the facility and a copy to the resident.	
3-005.05I3 Tag-591	If the Center makes financial transactions on a resident's behalf of the resident or his representative must receive, or acknowledge that he has seen, an itemized accounting of disbursements and current balances at least quarterly. A copy of this statement must be maintained in the resident's financial or business record.	Does the agency r
3-005.05J Tag-592	Freedom from Involuntary Servitude. No resident shall ever be required to perform labor which involves the operation and maintenance of the program or facility or the regular care, treatment, or supervision of other residents. Residents may voluntarily perform any work available to them. Residents may be required however, to perform tasks of a housekeeping nature (such as the making of their own beds) without compensation. ~~The agency provides documentation for clients who are involved in the workshop that it complies with current state and federal wage and hour laws, and that there is documentary evidence of each resident's production level and each resident's earning rate.~~	Interview staff an
3-005.05K Tag-593	Transfer or Discharge of Residents. When the resident is transferred or discharged, the reason for the transfer or discharge and a summary of findings, progress and plans must be recorded and made available to both the transferring facility and the facility transferred to. Except in an emergency, the resident, his or her parent(s), guardian, or representative, if applicable, must be informed in writing at least 30 days in advance of transfer and at least 60 days in advance of discharge, and his or her written consent obtained. The Interdisciplinary Team must convene prior to transfer or discharge of a resident and must review the move.	Has anyone been basis of decision?
3-005.05L Tag-594	Fee Schedule. The agency provides each resident a fee schedule of its charges for services to the resident.	Review P&P on ho CDD including the
3-005.06	Services to Residents	
3-005.06A Tag-600	A Center may not admit anyone whose current identified needs it cannot meet. Evaluations by at least a physician, a psychologist, a social worker and residential staff must be completed prior to admission.	An individual fron was made that th admission.
3-005.06B Tag-601	The Interdisciplinary Team is responsible for development of a preliminary program plan at the time of admission, an Individual Program Plan within 30 days, and at least annual review of the Individual Program Plan. The interdisciplinary team shall consist of at least:	Review IPP

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.06B1 Tag-602	The individual's case manager,	
3-005.06B2 Tag-603	The individual's parent or guardian, if applicable,	
3-005.06B3 Tag-604	The individual to be served, or reason for nonattendance,	
3-005.06B4 Tag-605	A representative from the Center's residential programmatic staff,	
3-005.06B5 NO TAG	Professionals from those disciplines for which there are currently identified needs including vocational staff, if applicable and school system representative, if applicable. If any member(s) of the previous team are not involved in this determination, the reasons for their nonparticipation shall be documented in the minutes of the Interdisciplinary Team meeting. Program Plans shall include signatures of the individuals participation, in the Interdisciplinary Team meeting. Professionals who participate on the Interdisciplinary Team must meet the following requirements:	
3-005.06B5a Tag-606	Psychologists must be licensed to practice in the State and certified by the Department as qualified to practice clinical psychology.	
3-005.06B5b Tag-607	Social Service Workers must have a minimum of a baccalaureate degree from an accredited college or university, in social work, mental retardation, or a related field.	
3-005.06B5c Tag-608	Physicians must be licensed to practice in the State.	
3-005.06B5d Tag-609	Dentists must be licensed to practice in the State.	
3-005.06B5e Tag-610	Dieticians must be eligible for registration by the American Dietetic Association under its requirements in effect on January 17, 1974 or have a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, have one year of supervisory experience in the dietetic service of a health care institution, and also participate annually in continuing dietetic education.	
3-005.06B5f Tag-611	Speech pathologists or audiologists must be licensed to practice in the State.	
3-005.06B5g Tag-612	Physical Therapists must be licensed to practice in the State.	
3-005.06.B5h Tag-613	Occupational Therapists must be:	
3-005.06B5h(1) Tag-614	Graduates of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or	
3-005.06B5h(2) Tag-615	Eligible for certification by the American Occupational Therapy Association under its requirements in effect on the effective date of these regulations; or	
3-005.06B5h(3) Tag-616	Have 2 years of competent experience as an occupational therapist.	
3-005.06C	The individual evaluations conducted by the disciplinary areas shall include:	Review resident r
3-005.06C1 Tag-617	Summary of progress towards meeting the current Individual Program Plan's goal and objectives and assessments of continuing need for care,	
3-005.06C2 Tag-618	Identification of the tools or methods used for assessment,	
3-005.06C3 Tag-619	Needs, strengths and weaknesses (barriers),	
3-005.06C4 Tag-620	Recommendations if the resident has habilitative needs (shall be stated behaviorally),	
3-005.06C5 Tag 621	Written in language clearly understandable by all,	

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.06D	The Individual Program Plan shall include:	
3-005.06D1 Tag-622	Behaviorally stated long term goals and short term objectives, that are	
3-005.06D1a Tag-623	Stated separately, (that is that each objective is stated in terms of a single behavioral outcome),	
3-005.06D1b Tag 624	Assigned projected completion dates	
3-005.06D1c Tag-625	Expressed in behavioral terms that provide measurable indices of progress (inclusive of a pass and a fail criteria)	
3-005.06D1d Tag-626	Sequenced within a developmental progression appropriate to the individual, and	
3-005.06D1e Tag-627	Assigned priorities.	
3-005.05D2 Tag-628	A description of the manner in which objectives will be achieved and possible barriers to the achievement of them in common language understandable by all concerned; a training plan shall be written for the implementation of each objective specifying:	
3-005.06D2a Tag-629	Data collection procedures	
3-005.06D2b Tag-630	Training procedures	
3-005.06D2c Tag-631	Staff responsible for training	
3-005.06D2e Tag-632	Conditions (environment) and materials needed	
3-005.06D2f Tag-633	Method by which effectiveness of program will be evaluated.	
3-005.06D3 Tag-634	A statement (in readily understandable form) of specific habilitation services to be provided, containing the identity of the individual (by name and title) or agency which will deliver each service, and specifying the date of the initiation of each service to be provided and proposed duration of each service.	
3-005.06D4	Activity schedules that are in active extension of the Individual Program Plan. The schedule shall be recorded and shall include:	
3-005.06D4a Tag-635	Resident's schedules on a weekly basis.	
3-005.06D4b Tag-636	Time periods in which staff are working with residents on their Individual Program Plans.	
3-005.06D4c Tag-637	Time periods residents are working alone or together on skill attainment.	
3-005.06D4d Tag-638	Times for the individual to choose activities that interest him or her.	
3-005.06D5 Tag-639	Ongoing staff services (responsible persons)	Could be written

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.06D6 Tag-640	Restrictions of resident rights	Review IPP docun
3-005.06D7 Tag-641	Barriers to programming, i.e. blind, non-ambulatory	Behaviors could b
3-005.06D8 Tag-642	Guardianship status	Review IPP docun
3-005.06D9 Tag-643	Admission date	Review IPP docun
3-005.06D10 Tag-644	Primary relative, guardian or advocate	Review IPP docun
3-005.06E Tag-645	At the time of admission, a preliminary program plan shall be developed by an Interdisciplinary Team which may provide for the continuation of existing programs from previous facility, but shall for all individuals include comprehensive evaluations of individual's developmental needs to be completed within 30 calendar days following admission. Reassessments must be provided annually or more frequently if needed as determined by resident need. Comprehensive evaluations must include:	Have there been a
3-005.06E1 Tag-646	Medical (upon admission and thereafter as needed) evaluations shall address physical and mental health and include a medication history.	
3-005.06E2 Tag-647	Dental (upon admission and thereafter as needed) evaluations shall include complete extra and intra-oral examinations.	
3-005.06E3 Tag-648	Sensorimotor Development.	
3-005.06E4 Tag-649	Communicative Development.	
3-005.06E5 Tag-650	Social Development. (Upon admission and thereafter as needed.)	
3-005.06E6 Tag-651	Affective Development.	
3-005.06E7 Tag-652	Cognitive Development.	
3-005.06E8 Tag-653	Adaptive behaviors or independent living skills.	
3-005.06E9 Tag-654	Dietary, if applicable. Dietary evaluations shall address eating skills; adaptive equipment; modified diets; and edible reinforcers, and nutritional inducements.	
3-005.06E10 Tag-655	Speech, if applicable. Speech evaluations shall include appraisal of articulation, voice rhythm, and language.	
3-005.06E11 Tag-656	Audiology, if applicable. Audiology evaluations shall include tests of pure tone air and bone conduction, speech audiometry and other procedures as necessary and include assessment of the use of visual cues, and use of amplification.	
3-005.06E12 Tag-657	Physical therapy if applicable. Physical therapy evaluations shall address the preservation and improvement of abilities for independent function such as range of motion, strength tolerance, coordination, and activities of daily living; and prevention, insofar as possible of irreducible or progressive disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptions, and sensory stimulation.	If clients have ada
3-005.06E13 Tag-658	Occupational therapy, if applicable. Occupational therapy evaluations shall address the preservation and improvement of abilities for independent function such as range of motion, strength, tolerance, coordination, and activities of daily living; and prevention, insofar as possible of irreducible or progressive disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations, and sensory stimulation.	
3-005.06E14 Tag-659	Psychological (an initial evaluation upon admission and thereafter as needed). Psychological evaluations shall address perceptual skills, social skills, self-direction, emotional stability, and effective use of time (including leisure time). Full-scale shall include NA (IQ) and adaptive behavior scales.	Note date of last

Citation	Regulation Text	Surveyor Guidan regulations apply
3-005.06E15 Tag-660	Vocational, if applicable. Vocational evaluations shall address resident aptitudes, abilities, interests, work attitudes, work habits, work tolerance, community and social skills.	
3-005.06F1 Tag-661	The post-admission Individual Program Plan, which shall include measurable goals and objectives, is developed and implemented within 30 calendar days after admission by the Interdisciplinary Team.	
3-005.06F2 Tag-662	Continued placement and programs must be determined in accordance with developmental needs as identified by comprehensive assessments and not be contingent on age or time restrictions.	
3-005.06G Tag-663	All programs must be implemented as specified on the program plan. Programming frequency must be according to normal life activities.	
3-005.06H Tag-664	The ongoing implementation and continuing appropriateness of the Individual Program Plan must be reviewed at least quarterly by the individual's Interdisciplinary Team.	
3-005.06I Tag-665	The Individual Program Plan itself must also be reviewed and modified as necessary by the individual's Interdisciplinary Team at intervals determined by the team, and at least annually.	
3-005.06J Tag-666	Residents must be provided with leisure time activities by the Center which shall be directed at keeping the resident both physically and mentally alert and active.	Interview staff an CDD for those act
3-005.06K Tag-667	The Center shall utilize, as extensively as possible, generic services and resources appropriate to the needs of the individuals served, including introducing individuals into the environments available in the community that are most appropriate to addressing their needs. There must be written policies and procedures to utilize these resources within the scope of availability.	generic services v dentists…
3-005.06L Tag-668	Services must be provided in settings that are appropriate for and that encourage disabled individuals to experience relationships with non-disabled persons in community activities.	
3-005.06M Tag-669	The Interdisciplinary Team shall identify one staff person as responsible for coordinating all services provided to the resident by the Center. This person shall be designated on the resident's Individual Program Plan.	
	ADDITIONAL ISSUES/CITATIONS TO ADDRESS:	
	CLIA:	
Statutes relating to Medication Aide Act 2013	**MED AIDE:**	Review facility po residents
Chapter 99 Regulations Governing Nursing Care-2007	**NURSE DELEGATION:**	Review provider p Review specific in
	OTHER: Quality Assurance	

Disabilities with surveyor guidence
ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
ividuals served in the CDD. Regulations will be evaluated based on tour of the CDD and interviews. Do ervices. Take a picture of the outside of the CDD for the Public file.
nts in the CDD, not just sample. Bedroom sizes were determined at the time of the initial licensure. he survey; review the public file for waiver information (e.g. window sill heights, door and corridor ndows. You don't need to measure unless you are questioning the amount of usable floor space for the ns. Complete and update as necessary a bed count form for this facility.
s during prep. Review public file for waiver information. Take pictures and do measurements whenever on.
been determined at the time of initial licensure. If the bedroom is in a lower level; then measure the de to inside. Take a picture from the outside looking into the room and a picture looking outside through clients and staff if the egress is used as an escape in the case of an emergency?
le storage space for an individual's personal belongings? Are personal items accessible to the re are other personal items stored when not in use? (e.g. out of season clothing?)
been determined at the time of initial licensure. If questionable, measure.
n a lower level such as a walk out basement, or partial basement, the issue is whether there is sufficient d an unobstructed view.
panels, interview staff to determine how it is used. Can you see through the window into the room? ude exterior doors.
hoose to lock their bedrooms and maintain a key. Do staff have access in an emergency? Can individuals ooms? Did you see any door locking mechanisms? Interview as to use. Are they restrictive? If restrictive, gh the approval process? Some bedrooms may open directly to the outside such as a patio door, these om the inside.
been determined at the time of initial licensure. Is there a waiver in the DDBH Public File for this issue? ficient for the individuals served and any equipment they may have such as wheelchairs, walkers,
e door alarms. If you see door alarms, interview to determine use. When are they used and for whom? sk staff to turn on the alarm? If it is not activated ask when they stopped using it. Is the alarm sive? Follow-up on who it used for, and look for proper approval and notifications, if needed?
been determined at the time of initial licensure. Does the CDD have a waiver for this issue? Are corridors individuals and any wheelchairs, walkers, or mechanical lifts?

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These
to all individuals regardless of funding source including respite services.

able for the individual? Who provided the bed? CDD or individual. Is the mattress on the floor? If so
e reason? Is it a safety, or behavioral issue? Are approvals needed? Were they obtained? A person not
rd a bed or a reasonable bed is not acceptable.

pull back covers to look at bedding. You may see this as an issue on your tour through the environment
ws. Does there seem to be sufficient supply of clean bedding? Who supplies the bedding - the individuals

t it is reasonable and available. Don't focus on the frequency.

on of CDD, look for reasonable/general cleanliness. **This does not mean white glove clean.** But
situation. If not clean, ask who is responsible for the cleaning? How often? If individuals are responsible,
s if indivdiual does not get it clean or keep it clean? General maintenance of the environment such as
furniture is expected. If a problem, find out how long it has been like that (e.g. holes in the walls.) Did
maintenance? When? Do they have documentation of the report or maintenance request? How
ems get fixed? If there is a request and incident is recent (e.g. individual just kicked in a wall) and it is not
t reasonable that it has not been fixed yet? Are furnishings suitable for each individual? Don't need the
fied in regulations if not suitable to the individual. Who owns the furniture? Who is responsible for

s who do not independently ambulate or are unsteady on their feet in bedrooms on levels of the house
ain floor? Is there an access issue?

locks or monitors in the rooms or on the beds - purpose? Where do each of the clients sleep? Do clients
here adequate storage in each room for each clients personal belongings and personal/adaptive
ooms reflect client likes and interests? Are floors and windows free from hazards? Does each room have
eds and bedding based on individual likes/needs?

on need. All grab bars in the bathing and toilet areas should be checked for stability and security.

ccessibility for the individuals served. Does the individual need these accomodations? Would the
to use them? Do staff provide individuals assistance in bathing and/or toileting?

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
owels? Is the situation sanitary? Are they accessible to the individual as needed?
not, why? Where is it? How do individual access?
nt for situation?
iteness of furnishings specific to individuals served Are they functional, clean and in good repair?
ve a dishwasher? If yes, take dishwasher temperature. The staff can run a load of wash with the o if they choose. If they do not have a dishwasher, ask staff who is responsible for doing dishes. If staff is hem to explain the procedure they use. If you have the opportunity to see dishes being washed after bserve procedure. If individuals are responsible ask the individuals to explain how they do it.
ess than 150❍F

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
ıess.If questionable on temperature, you can take temp.
DDBH file for this issue.
space other than individual's bedrooms for their space for work and sleep. Ask staff if shift is asleep ke. Where do they sleep? Are there any needs the clients may have that staff need to check on ight? (i.e. check and change, health conditions, behaviors). Can staff respond in a timely manner to ıughout the residence? Interview staff on what is expected of them when responding during the night.
issue.
ɜssible? Protected?Are client personal belongings stored in basements, garages? Do clients have access gs at all times?
, do they open easily, properly are they secure? If mechanical, does it work sufficiently?
ɜs at all bathing and hand washing areas including the kitchen sink. Let water run a sufficient amount of r to arrive at the faucet, especially when the faucets may be on second floor. If not hot, ask staff about to adjust water. Check documentation (e.g. IPP) for capabilities of each individual to adjust water. If high take them again at a later time. Ask staff if they periodically take water temps? If so, what do they what they use. Ask staff to put it under the water at the same time as you and compare temperatures. ve health or skin conditions that make them extra sensitive to hot water? A regular schedule to monitor Is it documented?
ıture reasonably comfortable for the individuals served? While some individuals may want the e higher or lower as a personal preference, we need to look at reasonableness. Is the temperature ıughout the house? Do any individuals have health issues that may require a certain temperature?
ı looked at for initial licensing.
ı looked at for initial licensing.

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
nt for the area or the task.
to look at this.
ass a fire inspection code at least every 18 months. Special attention paid to blocked entrances/exits, nd power strip usage; use of oxygen tanks and smokers at the residence, storage of tanks, stability of tions have staff been given to use or to ensure they are maintained in working order. Where is smoking afe?
services provided? Who does the laundry? Who pays?
rs or baskets in a residents room are permissible.
ic file for any waivers concerning this issue.
review as done at time of initial licensing.
y an issue when bedroom in lower level of house.

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
w covered in the Medication Aide regulations at 175 NAC 95.
ɔcated, check for inspection date on posted documentation.
and tear on flooring is acceptable. Is there a hazard, e.g. Trip hazard?
ıot qualify as basements.
and free of grime, mold, dust. Also look at wall and floor vents. Consider asking about lead based paint able.
g fans and vents.
le for cleaning? Sanitary conditions are maintained throughout the residence at all times.
ance issues handled? How responsive is the system? Who is responsible for maintenance? What is the st issues of maintenance? Is it completed in a timely manner? Should include all appliances & laundry
where rubbish and other garbage is disposed of and how rubbish or other garbage is stored until pickup.
ɔhysical. Draft regulations specifies that staff must have a health screening to prevent transmission of es. The agency defines what this consists of.
aff during survey. Review policy.

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
1981 applies Use reasonableness. In draft regs most of the CDD's will not need to follow.
tation; ask staff about menu planning and how they look at nutritional needs of individuals.
enus? Does a dietitian approve? Ask for documentation. Review menus. Are modified diets identified on s it leave it up to staff judgment?
n modified diets (IPP's, interview). Review all individuals on a modified-therapeutic diet. Observe meal diets are prepared and served correctly. Do staff know who is on modified/therapeutic diets? Are the
see that they include modified diets with portion sizes. **Not critical the two weeks in advance.**
an order? Is it addressed on IPP?
d be functional to accommodate staff assistance when needed;
ervice as well as serving utensils should be available
d furniture should be found clean and in good repair.
eal (most likely the evening meal. Do not go to the CDD early in the morning).
uy foods from the grocery store they meet the reg. Issue would be if they accept food elsewhere (e.g. ging in deer meat they had processed or canned themselves).
of initial licensing.

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
rshal or local jurisdiction reviews at the time they do an occupancy certification which is required to be months at the time of licensure renewal.
ls look? Consider individual preferences.
nark clothing. What is system in place to ensure individuals have and maintain their own clothes. Are issing clothing?

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These
to all individuals regardless of funding source including respite services.

procedure for evac drills? However, only cite at this tag if have not done QUARTERLY DRILLS. Review the
re problems noted (i.e. refusal to evacuate, behaviors during evac drills etc… These should be
sed in the clients IPP.) Interview staff on procedure.

heck our Public file for the administrator of record. This is who the agency has identified to meet this
have primary authority.

the most current policies and procedures at the entrance. Is there a current P&P manual at the CDD? Is
staff? Ask how staff are kept current of policy changes. Review policies/procedures to see how they
the regulation.

n, the facility is required to have a job description for each position. Review job descriptions as needed
ons to understand what the expectations are in these positions. Don't need to focus on these.

volunteers? If yes, are they trained and how are they supervised? What is the agency P&P on use of

iew regular staff and substitute staff. Ask at entrance where information will be located. Training
in each staff persons personnel file or in separate training records. (We don't tell the agency where this
s to be.) Training includes facility policy and procedures. Does the facility demonstrate the ability to
retain qualified staff? Does the training prepare staff to meet the needs of each individual and respond
Expectations are communicated to all staff in a clear and timely manner?

s attended by staff

in-service documentation for staff at the facility

f client ratios. Are there sufficient numbers of trained staff given the needs of the individuals served?

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
rocedures for emergency situations. Are staff knowledgable on the procedures (fire, weather, missing where emergency information is located. Review information.
nowledge of procedures for: illness, injury, existing medical condition, inclement weather, fire, missing cy numbers immediately available for each client? Do staff know of any special precautions to be aware ?
ion of first aid kit prior to review. Review content of the first aid kit. Do staff know how to use? Do they clients have any known allergies? Are the supplies kept fully stocked? What directions have staff been ensure they are maintained in working order?
cumentation of employee trainings for a sample of employees.
y have information for each staff. We do not tell them how to keep/file the information.
have evidence of verification of credentials e.g.-Med Aides, nurse
agency, what is date started at this CDD.
ons are in conjunction with abuse, neglect or client rights, pursue with Administrator

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
sent to providers in past on record retention. Review the facility policy on record retention and record
where the most complete record is maintained. It may be at the CDD or at the office in the same
y new admission in last year? Review issue for any new admissions. Do they have annual Program plans?
ata on programs? Does the data correlate to measure programs?
arterly.
n. Moving from house to house in a CDD in same agency is not a new admission.
s. Observe medication pass if opportunity arises. Never ask them to change time to accommodate unce your intention to observe the medication provision.

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These
to all individuals regardless of funding source including respite services.

all individuals who use restraints or timeout. Review P&P on restraints and timeout. Do they use
CDD? As part of the program? In an emergency only? What constitutes an emergency? Review to see if
time out? For who? Where? Review to see if used.

ystem to ensure protection of personal items.

trictions? Who signs the informed consents? Is the facility clear in explaining intent and purpose of
he Human Rights Committee reviewed and signed off on each consent?

y services provided in another location or by another provider. If they provide day services at the CDD,
hem. E.g. senior services where person stays at the CDD for the day.

&P. Review role of Human Rights Committee, composition of committee. Review committee minutes if
viduals at the CDD. Only include information related to the individuals that occurred while they were a
DD.

ces of alleged abuse/neglect and all grievances as it applies to individuals in this CDD. If an individual is a
other CDD within the agency you can only review information occurring during the time the individual

ay about rights? Is there evidence that each individual was informed of their rights?

ulations concerning pets in the facility-However all city/county regulations do apply. (If there are pets,
Who is responsible to take care of the pet? Who pays to maintain the pet?)

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
ls participate in decisions that effect them? Are there opportunities for Individual choice in making ndividuals throughout their day.
ed to behavior interventions, seclusion, physical restraints, psychotropic medication, and aversive ew all individuals with which restrictions are used. Review program plans for sampled clients. Interview ntation. Review incident/behavioral reports. Are restrictions implemented with/after proper approvals? nplemented correctly? Are restrictions implemented safely? Are staff properly trained? Interview staff. lgeable on how to correctly implement? Review Human Rights Committee minutes. Examples of nclude but not be limited to: (locked areas; locks/alarms; time out areas; holds; psych meds; etc.;); Are procedures on abuse/neglect? Do finitions of what constitues abuse/negelct? (should have definitions of verbal; physical; psychological; mistreatment). Is there is a mechanism for discovery and reporting of abuse/neglect? Is there a tablished practices to identify trending in regards to abuse/neglect or mistreatment. What background prior to hiring a staff? Are background checks done periodically after hire? What do they do if there is a background check? Are staff provided information and training to detect potential issues of abuse and f hire and ongoing thereafter)? Is suspicion of abuse/neglect reported? To whom (within and outside the llegations investigated and are those investigations timely and thorough? Do policy changes occur as itate prevention? Does the facility look at lessons learned to prevent recurrence? Is there appropriate up provided as necessary. Does it protect current and future clients?
restraints? Is there a physician order for restraint use?
ed to use of restraints. What are the time limitations?
tanding order for the use of mechanical or medical restraints.
t mechanical restraint?

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
cipline others? Interview. Is there a P&P that prohibits this?

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
restrictions. Interview individuals as appropriate; Interview staff.
iality policy. Interview staff.
ow individuals financial records are handled. Review the system. Who handles the funds? Staff or the iew staff about process. Review petty cash and ledgers. Do they maintain receipts? Who makes the hases? Do purchases make sense for the specific individual? Interview individuals on purchases and rsonal funds. Do individuals have restrictions to access their funds? Is this addressed in the IPP? What is
maintain an itemized accounting system?
d individuals as appropriate. Do not review anything that occurred at day service site.
discharged from agency from the CDD. (do not include transfer to another CDD at the agency) What is Was there a written notification? If yes, review the notification.
ow charges are made specific to CDD. Find out how each individual is notified of the cost for services in e room and board fee. Any extra charges for cable, phone, furnishings etc.
n another CDD in the agency is not a new admission. However there must be evidence a determination e individual's needs can be in this CDD. If the individual came from outside the agency, it would be a new

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
ecords for evidence of evaluations and assessments

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
as Staff objectives on IPP documents

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These to all individuals regardless of funding source including respite services.
nentation and supporting HLRC documentation
e a barrier and therefore dictate the need for a Behavioral Support Program-also needs review
nentation
nentation
nentation
any admissions to CDD from outside the agency in the past year?
aptive equipment then there should be an assessment by a professional for the use of that equipment.
psychological, but no further follow-up needed.

ce-(include exceptions; considerations; reasonableness; examples; red flags and triggers) These
to all individuals regardless of funding source including respite services.

d individuals on what activities they participate in and the frequency. When do they go outside of the
ivities? Ask if there is a record of the activities.

vould include all community resources available for resident use. i.e. community based physicians,

licy regarding direction and monitoring if medication aides are used in the provision of medications to

policy regarding delegation by RN to un-licensed staff; Review training/competency documentation.
individualized written directions. Interview RN/LPN, Med Aides as to duties/responsibilities.

Mental Health Center
Compliance Inspection Report

Department of Health and Human Services
Division of Public Health/ Licensure Unit
301 Centennial Mall South, P.O. Box 94986
Lincoln, NE 68509-4986

Inspection Date: _____
Surveyor: _____

Type of Inspection:
- ☐ Initial
- ☐ Complaint
- ☐ Re-Inspection

Facility: _____
Address: _____
_____
Administrator: _____

Licensed Beds: _____
Facility Census: _____

Applicant/Provider must demonstrate compliance with 175 NAC 19

Regulation Citation		Met	Not Met	Comments or NA
19-006.01	Licensee:			
19-006.02	Administration:			
19-006.03 to 19-006.03E	Staff Requirements:			
19-006.04 to 19-009.04B	Client Rights:			
19-006.05 to 19-006.05C	Complaints/Grievances:			
19-006.06	Facility House Rules:			
19-006.07 to 19-006.07A	Quality Assurance/Performance Improvement:			
19-006.08 to 19-006.08C	Care & Treatment Requirements:			
19-006.09 to 19-006.09C	Admission & Retention of Clients:			
19-006.10	Care & Treatment Activities Provided:			
19-006.11 to 19-006.11B	Mental Health Services:			
19-006.12 to 19-006.12C2	Use of Restraints & Seclusion:			
19-006.13	Client Assessment Requirements:			
19-006.14 to 19-006.14B	Individualized Service Plan:			
19-006.15	Supportive Services:			
19-006.16 to 19-006.16E8	Health Management:			
19-006.17 to 19-006.17B	Food Service:			
19-006.18 to 19-006.18B5	Record Keeping Requirements:			
19-006.19 to 19-006.19D	Discharge/Transfer Requirements:			
19-006.20	Infection Control:			
19-006.21	Safety Plan:			

Regulation Citation		Met	Not Met	Comments or NA
19-006.22 to 19-006.22F4	Environmental Services:			
19-007	Physical Plant Standards:			
19-007.01 to 19-007.01D	Support Areas:			
19-007.02 to19-007.02A	Care and Treatment Areas:			
19-007.03 to 19-007.03N	Construction Standards:			
19-007.04 to 19-007.04E2	Building Systems:			

Additional Comments:

This report is a preliminary report of the inspection findings. A final report will be forwarded at a later date.

Surveyors Signature	Date of Inspection
Facility Representative's Signature	Date of Inspection

MHC General Observations

Facility Name			**Surveyor Name**	
Provider Number			**Survey Dates**	
			Time	

Bedrooms:

Bedroom: Location or room # Beds in room? Size of Room overcrowded?	Mattress is clen & the right size? Bedding/Linens/Blankets are clean not soiled, stained, frayed or holes?	Clena and soilded linens are stored sepeartley?	Furniture maintained and in working condition? Closet space for each pt in room?	Adequate lighting?
Personal Possessions allowed?	Bedrooms ventilated? Room Temperature Comfortable?	Window in room – workable? window covering?	Safety issues?	Additional comments:

Bathrooms:

Bathroom: Location or room # Ratio of bathroom to clients?	Room & floor clean and well maintained?	Showers & Tub: Clean & well maintained? Water temps of tub/shower?	Sinks: Clean & well maintained? Counter / storage in cabinets? Locked? Water temp of sink? (125 or lower)	Adequate lighting? Safety issues? Additioanl commetns:

Living Area or Room

Furnishing are claene not brokne, torn or ripeed?	Window in room – workable? window covering?	Additional Comments?		Activity areas have adequate space to accommodate group and indiviudal program activites .

Activities:

Activities provided: Toys, equipment, games?	Actvities locekd or accessible?	Well maintained and clean?	Meaningful activities? Privlages? Outtings?	Additional Comments:

Laundry:

Laudry off site? Laundry on site: Enough facilites to meet the needs?	Areas for soiled laundry Areas for clean laundry	Storage provided Supplies provided: Soap ect.	Water temperature?	Additional Comments:

Kitchen/Menus:

Menus Meal planning?	Cooking opportunities? Modified diets and portions?	Hot Water Sanitization:		Chemical Saitization
		Manual sanitization by immersing for 30 sec at 171 or above	Mechanical surfaces reach temp of 160.	

Kitchen:

Sepearte hand washing sink with soap etc? Water temps of sink are?	Equipment used is in good working order? Clean? Maintained schedule?	Furnishings providend, clean & well maintained?	Dinning area have table sna charis and accommodate needs?	Refrigerator Clean? Refrigerator temp? Freezer temp?
Refrigerator Clean? Refrigerator temp? Freezer temp?	Food repacked is labled? Packages of food are sealed	Food distrubituion and served in sanitary condidtions.	Food Stored off floor?	Toxic materials stored sepeately in kithcen area.

Garbage/Storage Closets:

Garbage storage? Covered? Odor?	Sewage propely functioning with no odors?	Additional Comments?	Storage closets?	Additional Comments?

Seclusion Rooms:

Seclusion Rooms: Location or room # Window to visulatize entire area?	Safety issues in room: lights, outlets, etc?	Clean and well Maintained? Room temp adequate?	Access to restroom? Locks on outside?	Additional Comments?

Restraints:

Restraints: Located & accessible?	Clean and well Maintained?	Safety issues with restraints? Key access?	System for checking and maintaining equipment?	Additional Comments?

Mental Health Center Personnel File Review

Facility Name
Facility #
Review Date

Surveyor Name
Surveyor #

Mark if found in file and record completion dates as applicable

Staff Name			**Staff Name**	
Dept./Profession			**Dept./Profession**	
Date of Hire			**Date of Hire**	
Health Screen			**Health Screen**	
Initial Orientation			**Initial Orientation**	
Sex Offender Registry			**Sex Offender Registry**	
Training Rights			**Training** Rights	
Abuse, Neglect, & Misappropriations of Funds			Abuse, Neglect, & Misappropriations of Funds	
Infection Control			Infection Control	
Emergencies & Safety Procedures			Emergencies & Safety Procedures	
CPR			CPR	
First Aide			First Aide	
Care and Treatment Programs			Care and Treatment Programs	
Client Interactions			Client Interactions	
Client physical, mental, or special needs information training			Client physical, mental, or special needs information training	
Verification of Certification/License			**Verification of Certification/License**	

Staff Name			**Staff Name**	
Dept./Profession			**Dept./Profession**	
Date of Hire			**Date of Hire**	
Health Screen			**Health Screen**	
Initial Orientation			**Initial Orientation**	
Sex Offender Registry			**Sex Offender Registry**	
Training Rights			**Training** Rights	
Abuse, Neglect, & Misappropriations of Funds			Abuse, Neglect, & Misappropriations of Funds	
Infection Control			Infection Control	
Emergencies & Safety Procedures			Emergencies & Safety Procedures	
CPR			CPR	
First Aide			First Aide	
Care and Treatment Programs			Care and Treatment Programs	
Client Interactions			Client Interactions	
Client physical, mental, or special needs information training			Client physical, mental, or special needs information training	
Verification of Certification/License			**Verification of Certification/License**	

Surveyor Notes (include date/time/location)

INCIDENT REPORT AND INVESTIGATIONS OF ABUSE, NEGLECT, EXPLOITATION, MISAPPROPRIATION TOOL

Facility Name _____ Survey Date _____

Case # or Client Name	Date of Incident	Brief Description (injuries, accidents, client to client, etc.)	Facility Determined Abuse or Neglect Y/N (Tag 101)	Reported APS or Law Enforcement (Tag 101)	Action Taken Pending Investigation	Incident Investigated Y/N (Tag 101)	Steps taken to prevent further Abuse/Neglect	Surveyor Determined Abuse or Neglect	Rights Violation Y/N (Tag 111)	Surveyor Comments

INCIDENT REPORT AND INVESTIGATIONS OF ABUSE, NEGLECT, EXPLOITATION, MISAPPROPRIATION TOOL

Case # or Client Name	Date of Incident	Brief Description (injuries, accidents, client to client, etc.)	Facility Determined Abuse or Neglect Y/N (Tag 101)	Reported APS or Law Enforcement (Tag 101)	Action Taken Pending Investigation	Incident Investigated Y/N (Tag 101)	Steps taken to prevent further Abuse/Neglect	Surveyor Determined Abuse or Neglect	Rights Violation Y/N (Tag 111)	Surveyor Comments

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-006.01	**Licensee:** The licensee must determine, implement and monitor policies to assure that the facility is administered and managed appropriately. The licensee's responsibilities include:		100	18											
	1. Monitoring policies to assure appropriate administration and management of the facility;														
	2. Ensuring the facility's compliance with all applicable state statutes and relevant rules and regulations;														
	3. Ensuring the quality of all services, care and treatment provided to clients whether those services, care or treatment are furnished by facility staff or through contract with the facility;														
	4. Designating an administrator who is responsible for the day to day management of the facility;														
	5. Defining the duties and responsibilities of the administrator in writing;	1													
	6. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed;														
	7. Notifying the Department in writing within five working days when the administrator vacancy is filled indicating effective date and name of person appointed administrator;														

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
	8. Ensuring clients are provided with a stable and supportive environment, through respect for the rights of clients and responsiveness to client needs;														
	9. Receiving periodic reports and recommendations regarding the quality assurance/performance improvement (QA/PI) program;														
	10. Implementing programs and policies to maintain and improve the quality of client care and treatment based on QA/PI reports ; and														
	11. Ensuring that staff levels are sufficient to meet the clients needs.														
19-006.02	**Administration:** The administrator is responsible for planning, organizing, and directing the day to day operation of the mental health center. The administrator must report and be directly responsible to the licensee in all matters related to the maintenance, operation, and management of the facility. The administrator's responsibilities include:	1	101	19											
	1. Being on the premises a sufficient number of hours to permit adequate attention to the management of the mental health center;														
	2. Ensuring that the mental health center protects and promotes the client's health, safety, and well-being;														
	3. Maintaining staff appropriate to meet clients' needs;	1													

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
	4. Designating a substitute, who is responsible and accountable for management of the facility, to act in the absence of the administrator.	1													
	5. Developing procedures which require the reporting of any evidence of abuse, neglect, or exploitation of any client served by the facility in accordance with Neb. Rev. Stat. Section 28-732 of the Adult Protective Services Act or in the case of a child, in accordance with Neb. Rev. Stat. Section 28-711; and	1& 2													
	6. Ensuring an investigation is completed on suspected abuse, neglect or exploitation and that steps are taken to prevent further abuse and protect clients.	1& 2													
19-006.03	**Staff Requirements:** The facility must maintain a sufficient number of staff with the required training and skills necessary to meet the clients' needs. The facility must provide care and treatment to clients in a safe and timely manner.		102	19											

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-006.03A	**Facility Staffing:** The facility must at all times maintain enough staff to provide adequate care to meet the client population's requirements for care and treatment, including needs for therapeutic activities, supervision, support, health, and safety.	3	103	19											
							Staff Identifier:								
19-006.03B	**Employment Eligibility:**														
19-006.03B1	**Staffing Credentialing**: The facility must ensure that:	3	104	19-20											
	1. Any staff person providing a service for which a license, certification, registration or credential is required holds the license, certification, registration or credential in accordance with applicable state laws;	3													
	2. The staff have the appropriate license, certification, registration or credential prior to providing a service to clients; and	3													
	3. It maintains evidence of the staff having appropriate license, certification, registration or credential														
19-006.03C	**Health Status of Facility Staff:** The facility must establish and implement policies and procedures regarding the health status of staff who provide direct care or treatment to clients to prevent the transmission of infectious disease. The facility:	4	105	20											

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
	1. Must complete a health screening for each staff person prior to assuming job responsibilities.	4													
	2. May, in its discretion, based on the health screening require a staff person to have a physical examination.	4													
19-006.03D	**Staff Training:** The facility must provide staff with sufficient training to meet client needs for care and treatment.		106	20											
19-006.03D1	**Initial Orientation:** The facility must provide staff with orientation prior to the staff person having direct responsibility for care and treatment of clients. The training must include:	5	107	20											
	1. Client rights;	5													
	2. Job responsibilities relating to care and treatment programs and client interactions;	5													
	3. Emergency procedures including information regarding availability and notification;	5													
	4. Information on any physical and mental special needs of the clients of the facility; and	5													
	5. Information on abuse, neglect, and misappropriation of money or property of a client and the reporting procedures.	5													

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-006.03D2	**Ongoing Training**: The facility must provide each staff person ongoing training in topics appropriate to the staff person's job duties, including meeting the needs, preferences, and protecting the rights of the clients in the facility.	6	108	20											
19-006.03E	**Staff Records**: The facility must maintain written documentation:		109	20											
	1. To support facility decisions regarding staffing of the facility, staff credentials, and staff health status; and														
	2. Regarding staff orientation and ongoing training.														
19-006.04	**Client Rights:**						Client Identifier:								
19-006.04A	**The facility must:**		110	20-21											
	1. Ensure that the client is aware of the rights listed in 175 NAC 19-006.04B upon admission and for the duration of the stay;	8													
	2. Operate so as to afford the client the opportunity to exercise these rights; and														
	3. Protect and promote these rights.														
19-006.04B	**The client must have the right:**	7	111	21											
	1. To be informed in advance about care and treatment and of any changes in care and treatment that may affect the client's well-being;	7													
	2. To self-direct activities and participate in decisions regarding care and treatment;	7													

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
	3. To confidentiality of all records, communications, and personal information;	7													
	4. To voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed;	7													
	5. To examine the results of the most recent survey of the facility conducted by representatives of the Department;	7													
	6. To privacy in written communication including sending and receiving mail consistent with individualized service plans;	7													
	7. To receive visitors as long as this does not infringe on the rights and safety of other clients and is consistent with individualized service plans;	7													
	8. To have access to a telephone where calls can be made without being overheard when consistent with individualized service plans;	7													
	9. To retain and use personal possessions, including furnishings and clothing as space permits, unless to do so would infringe upon the rights and safety of other clients;	7													
	10. To be free of restraints except when provided as in 175 NAC 19-006.12;	7													
	11. To be free of seclusion in a locked room, except as provided in 175 NAC 19-006.12;	7													
	12. To be free of physical punishment;	7													

Facility:
Type of Inspection:

Mental Health Center Compliance Inspection Report

Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
	13. To exercise his or her rights as a client of the facility and as a citizen of the United States;	7													
	14. To be free from arbitrary transfer or discharge;	7													
	15. To be free from involuntary treatment, unless the client has been involuntarily committed by appropriate court order;	7													
	16. To be free from abuse and neglect and misappropriation of their money and personal property; and	7													
	17. To be informed prior to or at the time of admission and during stay at the facility of charges for care, treatment, or related charges.	7													
19-006.05	**Complaints/Grievances**: The facility must establish and implement procedures for addressing complaints and grievances from clients, staff, and others.	9	112	21											
19-006.05A	**The facility must have a procedure regarding submission of complaints and grievances available to clients, staff, and others.**	9	113	21											
19-006.05B	**The facility must document efforts to address complaints and grievances received in a timely manner.**		114	22											
19-006.05C	**The facility must ensure that the telephone number and address of the Department is readily available to clients, staff, and others who wish to lodge complaints and grievances.**	10	115	22											

Facility:
Type of Inspection:

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19-006.06	**Facility House Rules:** The facility must develop reasonable house rules outlining operating protocols concerning, but not limited to, meal times, night-time quiet hours, guest policies and smoking. The facility must provide the clients an opportunity to review and provide input into any proposed changes to house rules before the revisions become effective. The house rules must be:	11	116	22											
	1. Consistent with client rights;	11													
	2. Posted in an area readily accessible to clients; and	11													
	3. Reviewed and updated, as necessary.														
19-006.07	**Quality Assurance/Performance Improvement**: The facility must conduct an ongoing comprehensive, integrated assessment of the quality and appropriateness of care and treatment provided. The facility must use the findings to correct identified problems and to revise facility policies, if necessary	12	117	22											
19-006.07A	**Those responsible for the quality assurance/performance improvement program must:**	12	118	22											
	1. Implement and report on activities and mechanisms for monitoring the quality of client care and treatment;	12													
	2. Identify and resolve problems;	12													

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	3. Make suggestions for improving care and treatment;	12													
	4. Maintain documentation of quality assurance/performance improvement activities;	12													
	5. Report results of the quality assurance/performance improvement activities to the licensee; and	12													
	6. Provide for client participation.	12													
19-006.08	**Care & Treatment Requirements:** The facility must ensure that all clients receive care and treatment in accordance with the facility's program and that the facility meets each client's identified needs.		119	22											
19-006.08A	**Program Description:** The facility must have a written program description that is available to staff, clients and members of the public explaining the range of care and treatment provided. The description must include the following:	13	120	22-23											
	1. Specific care and treatment activities provided by the facility;	13													
	2. Availability of staff to provide care and treatment activities, including job responsibilities for meeting care and treatment needs of client population;	13													
	3. Characteristics of the persons to be served;	13													

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	4. Staff composition and staffing qualification requirements;	13													
	5. Admission and discharge processes, including criteria for admission and discharge;	13													
	6. Referral mechanisms for services outside the facility;	13													
	7. The client admission and ongoing assessment and evaluation procedures used by the facility, including individualized service plan process;	13													
	8. Plan for providing emergency care and treatment, including use of facility approved interventions to be used by staff in an emergency situation;	13													
	9. Quality assurance/performance improvement process, including who will be responsible for the program and how results will be utilized to improve care and treatment; and	13													
	10. System governing the reporting, investigation, and resolution of allegations of abuse, neglect and exploitation.	13													
19-006.08B	**Policies & Procedures**: The facility must establish policies and procedures to implement the facility's program as described in 175 NAC 19-006.08A.	14	121	23											

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19-006.08C	**Annual Review:** The facility must review all elements of the written program description as listed in 175 NAC 19-006.08A at least annually. The facility must document the results of the annual review. Relevant findings from facility's quality assurance/performance improvement program for the purpose of improving client treatment and resolving problems in client care and treatment must be included in the review process. The licensee must revise the program description, as necessary, to reflect accurately the care and treatment the facility is providing.		122	23											
19-006.09	**Admission & Retention of Clients:** The facility must ensure that its admission practices meet the client's identified needs and conform with the facility's program description.		123	23											
19-006.09A	**Admission Criteria:** The facility must have written criteria for admission that includes each level of care and the components of care and treatment provided by the facility. The written criteria must include how eligibility for admission is determined based on:	15	124	23											
	1. Identification of client need for care and treatment, including the severity of the presenting problem;	15													
	2. Rationale for determining appropriate level of care and treatment; and	15													
	3. Need for supervision and other issues related to providing care and treatment.	15													

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						Clients Date of Admission:									
19-006.09B	**Admission Decisions:** The facility must ensure that the decision to admit a client is based upon the facility's admission criteria and the facility's capability to meet the identified needs of the client.		125	23											
19-006.09C	**Client Admission:** The facility must provide an orientation to each new client that includes an explanation of the facility house rules, client rights, fee policy, conditions under which residency would be terminated and a general description of available activities. This client orientation must be provided within 24 hours of admission.	16	126	24											
19-006.10	**Care & Treatment Activities Provided:** The facility must provide for the following care and treatment activities to meet client needs on an ongoing basis in a manner that respects clients' rights, promotes recovery and affords personal dignity:	17	127	24											
	1. Provision of adequate shelter and arrangements for food and meals;	17													
	2. Provision of care and treatment to meet client identified needs;	17													
	3. Medical and clinical oversight of client needs as identified in the client assessment;	17													
	4. Assistance with acquiring skills to live as independently as possible;	17													

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	5. Assistance and support, as necessary, to enable clients to meet personal hygiene and clothing needs;	17													
	6. Assistance and support, as necessary, to enable clients to meet their laundry needs, which includes access to washers and dryers so that clients can do their own personal laundry;	17													
	7. Assistance and support, as necessary, to enable clients to meet housekeeping needs essential to their health and comfort, including access to materials needed to perform their own housekeeping duties;	17													
	8. Activities and opportunities for socialization and recreation both within the facility and in the community;	17													
	9. Health-related care and treatment; and	17													
	10. Assistance with transportation arrangements.	17													
19-006.11	**Mental Health Services:** The facility must arrange for access to mental health services on a routine and ongoing basis to meet the identified client needs. The facility must assist the client in keeping appointments and participating in treatment programs.	17	128	24											
19-006.11A	**Professional Services:** The facility must arrange for licensed mental health professional services consistent to meet client population served and individual client needs on an ongoing basis.	17	129	24											

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19-006.11B	**Emergency Services**: The facility must make arrangements for care of client emergencies on a 24 hour, 7 day a week basis. Arrangements must include the following:	18	130	24-25											
	1. Access to qualified facility staff trained to handle psychiatric behaviors who must be available to provide care and treatment;	18													
	2. Plan for provision of emergency treatment, including circumstances when restraint use may be necessary and how facility staff will respond; and	18													
	3. Plan to provide safety to clients who pose an imminent danger to themselves or others, which may include transfer to an appropriate facility.	18													
19-006.12	**Use of Restraints & Seclusion:** The mental health center must not use restraints and/or seclusion except as provided in 175 NAC 19-006.12. Restraint and/or seclusion includes the following interventions:	19	131	25											
	1. Seclusion;														
	2. Mechanical restraint;														
	3. Chemical restraint;														
	4. Manual restraint; and														
	5. Time-out.														

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19-006.12A	**Secured Environment:** A mental health center that provides a secured and protective environment by restricting a client's exit from the facility or its grounds through the use of approved locking devices on exit doors or other closures must be accredited by an approved qualifying organization. The approved qualifying organizations are :	19a & 19b observe	132	25											
	1. Joint Commission on Accreditation of Healthcare Organizations;														
	2. Commission on Accreditation of Rehabilitation Facilities; and														
	3. Council on Accreditation for Children and Family Services.														
	The facility must ensure compliance with the approved qualifying organization's requirements, Building Code requirements and Life Safety Code requirements regarding secured environments.														
19-006.12B	**Use of Restraints & Seclusion in *Accredited* Facilities:** A mental health center that is accredited by an approved qualifying organization may use restraint and seclusion methods as part of a client's treatment plan. The facility must comply with approved qualifying organization's requirements for initiation and continued use of restraint and seclusion.	19a & 19b	133	25											

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19-006.12C	**Use of Restraints & Seclusion in *Non-Accredited* Facilities:** A non-accredited mental health center is prohibited from using mechanical and chemical restraints and seclusion. The facility must establish alternative and less restrictive methods for staff to use in the place of restraints and seclusion to deal with client behaviors.	20	134	25			The facility could use restraint and seclusion (see below) if they have developed less restricted methods for dealing with behaviors. If they do not have these developed then they could not use the restraint and seclusion								
19-006.12C1	**A non-accredited mental health center may use manual restraint and/or time out as therapeutic techniques only after it has:**	20a 20b	135	25-26											
	1. Written policies and procedures for the use of manual restraint and time-out;	20 a													
	2. Documented physician approval of the methods used by the facility;														
	3. Trained all staff who might have the occasion to use manual restraints and/or time-out in the appropriate methods to use in order to protect client safety and rights; and	20b													
	4. Developed a system to review each use of manual restraint or time-out. The facility must ensure the review process includes the following requirements:	20 a													
	a. That each use of manual restraint or time-out be reported to the administrator for review of compliance with facility procedures; and														

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	b. That documentation of each use of manual restraint or time-out include a description of the incident and identification of staff involved.														
19-006.12C2	**A non-accredited mental health center may use manual restraint and/or time out as therapeutic techniques only in the following circumstances:**	20	136	26											
	1. An emergency situation where the safety of the client or others is threatened;	20 a													
	2. The implementation and failure of other less restrictive behavior interventions; and														
	3. Use of manual restraint and/or time out only by staff who are trained as described in 175 NAC 19-006.12C1, item 3.	20b													
19-006.13	**Client Assessment Requirements:** The facility must complete the following assessments prior to the development of the individualized service plan:	21	137	26											
	1. Assessments of current functioning according to presenting problem including community living skills, independent living skills and emotional psychological health;	21													
	2. Basic medical history and information, determination of the necessity of a medical examination or the results of the medical examination;	21													
	3. Current prescribed medications and, if available, history of medications used; and	21													

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	4. Summary of prior mental health treatment and, if available, service system involvement	21													
19-006.14	**Individualized Service Plan:** Within 30 days of admission, the facility must develop for each client a written plan which is based on admission assessment and ongoing assessment information.	22	138	26											
19-006.14A	**The individualized service plan must be in writing and include the following:**	22a	139	26-27											
	1. Client's name;	22a													
	2. Date of development of the plan;	22a													
	3. Specified client care and treatment needs to be addressed including therapeutic activities, behavioral concerns, self-care, physical and medical needs, and medication regimen;	22a													
	4. Client goals related to specified needs identified that are to be addressed;	22a													
	5. Interventions addressing the plan goals and who will be responsible for ensuring interventions are carried out as planned;	22a													
	6. Documentation of client participation in the planning process;	22a													
	7. Planned frequency and identification of contacts; and	22a													

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	8. Documentation of collaboration with the primary mental health professional in development of the individualized service plan.	22 a													
19-006.14B	**Individualized Service Plan Review:** The individualized service plan must be reviewed every six months and revised as necessary to ensure current client needs are being addressed on an ongoing basis.	22b	140	27											
19-006.15	**Supportive Services**: The facility must know about services provided by other agencies and ensure that there is coordination with those agencies in the provision of care and treatment to each client. The care and treatment activities provided by other agencies must be included in each client's individualized service plan.	23	141	27											
19-006.16	**Health Management:** The facility must ensure that each client is offered medical attention when needed. Arrangements for health services must be made with the consent of the client and/or designee.	24	142	27											
19-006.16A	**Admission Health Screening:** The facility must ensure that each client has a health screening, which includes evaluation for infectious disease, within 30 days of admission unless the client has had a physical examination by a licensed practitioner within 90 days prior to admission.	25	143	27											

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19-006.16B	**Regular Health Screenings:** The facility must ensure that each client has access to a qualified health care professional who is responsible for monitoring his/her health care. Regular health screenings must be done in accordance with the recommendations of the qualified health care professional.	24	144	27											
19-006.16C	**Emergency Medical Services:** The facility must have a written, detailed plan to access medical emergency services as a timely response to client emergencies.	26	145	27											
19-006.16D	**Supervision of Nutrition**: The facility must monitor clients assessed as having nutritional needs and provide appropriate care, treatment or referral to meet the identified nutritional needs.	21a	146	27											
19-006.16E	**Administration of Medication:** Each facility must establish and implement policies and procedures to ensure that clients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and with prevailing professional standards.	27	147	27											
19-006.16E1	**Methods of Administration of Medication:**														

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19-006.16E1a	**Self-administration of Medications:** Clients may be allowed to self-administer medications, with or without supervision, when the facility determines that the client is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The facility must develop and implement policies to address client self-administration of medication, including:	28	148	28											
	1. Storage and handling of medications;	28													
	2. Inclusion of the determination that the client may self-administer medication in the client's individualized service plan; and	28													
	3. Monitoring the plan to assure continued safe administration of medications by the client.	28													
19-006.16E1b	**Licensed Health Care Professional:** When the facility uses a licensed health care professional for whom medication administration is included in the scope of practice, the facility must ensure the medications are properly administered in accordance with prevailing professional standards.		149	28											

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19-006.16E1c	**Provision of Medication by a Person other than a Licensed Health Care Professional**: When the facility uses a person other than a licensed health care professional in the provision of medications, the facility must follow 172 NAC 95, Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96, Regulations Governing the Medication Aide Registry.	29	150	28-29											
	The facility must establish and implement policies and procedures:	29													
	1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 96-004;	29													
	2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provision of 172 NAC 96-005.	29													
	3. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed persons to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows:	29													
	a. Provide routine medication; and	29													
	b. Provision of medications by the following routes:	29													

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	i. Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;	29													
	ii. Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation;	29													
	iii. Topical applications of sprays, creams, ointments, and lotions and transdermal patches;	29													
	iv. Instillation by drops, ointments, and sprays into the eyes, ears, and nose.	29													
	4. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009, which include but are not limited to:	29													
	a. provision of PRN medication;	29													
	b. provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or	29													
	c. documented in client records.	29													
	5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision.	29													

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	6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009.	29													
	7. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained.	29													
	8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be:	29													
	a. Made to the identified person responsible for direction and monitoring;	29													
	b. Made immediately upon discovery; and	29													
	c. Documented in client records.	29													
19-006.16E2	**When the facility is not responsible for administration or provision, the facility must maintain responsibility for overall supervision, safety, and welfare of the client.**		151	30											
19-006.16E3	**Reporting of Medication Errors:** The facility must have policies and procedures for reporting any errors in administration or provision of prescribed medications. Any variance from the five rights must be reported as an error:	30	152	30											
	1. To the client's licensed practitioner;	30													

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	2. In a timely manner upon discovery; and	30													
	3. By written report.	30													
19-006.16E4	**Storage of Medication:** The facility must ensure that only authorized staff who are designated by the facility to be responsible for administration or provision of medications have access to medications.	observe	153	30											
19-006.16E5	**Access to Medication:** The facility must ensure that only authorized staff who are designated by the facility to be responsible for administration or provision of medications have access to medications		154	30											
19-006.16E6	**Medication Record:** The facility must maintain records in sufficient detail to assure that:	31	155	30											
	1. Clients receive the medications authorized by a licensed health care professional; and														
	2. The facility is alerted to theft or loss of medication.														
	Each client must have an individual medication administration record which must include:	31													
	1. Identification of the client;	31													
	2. Name of the medication given;	31													

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	3. Date, time, dosage and method of administration for each medication administered or provided; and the identification of the person who administered or provided the medication; and	31													
	4. Client's medication allergies and sensitivities, if any.	31													
19-006.16E7	**Disposal of Medications**: Medications that are discontinued by the licensed health care professional and those medications which are beyond their expiration date, must be destroyed. The facility must develop and implement policies and procedures to identify who will be responsible for disposal of medications and how disposal will occur within the facility.	32	156	30-31											
19-006.16E8	**Medication Provision during Temporary Absences:** When a client is temporarily absent from the facility, the facility must put medication scheduled to be taken by the client in a container identified for the client.	27b	157	31											
19-006.17	**Food Service:** The facility must ensure food is of good quality, properly prepared, & served in sufficent quantities & frequency to meet the daily nutritional needs of each client. The facility must ensure that clients receive special diets when ordered by a licensed health care professional. Food must be prepared in a safe & sanitary manner.	33	158	31											

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19-006.17A	**Menus:** The facility must ensure that: 1. Meals and snacks are appropriate to the clients needs and preferences. A sufficient variety of foods must be planned and served in adequate amounts for each client at each meal. Menus must be adjusted for seasonal changes. 2. Written menus are based on the Food Guide Pyramid or equivalent and modified to accommodate special diets as needed by the client. 3. Records of menus as served are maintained for a period not less than 14 days.	33	159	31											
19-006.17B	**Client Involvement in Food Service:** When clients are involved in the food service of the facility, the facility must ensure that each client is trained so that nutritional adequacy and food safety standards are observed.		160	31											
19-006.18	**Record Keeping Requirements:** The facility must maintain complete and accurate records to document the operation of the facility and care and treatment of the clients.		161	31											
19-006.18A	**Client Records:** A record must be established for each client upon admission. Each record must contain sufficient information to identify clearly the client, to justify the care and treatment provided and to document the results of care and treatment accurately.	34	162	31											

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19-006.18A1	**Content:** Each record must contain, when applicable, the following information:	34	163	31-32											
	1. Dates of admission and discharge;	34													
	2. Name of client;	34													
	3. Gender and date of birth;	34													
	4. Demographic information, including address and telephone number;	34													
	5. Physical description or client photo identification;	34													
	6. Admission assessment information and determination of eligibility for admission;	34													
	7. Health screening information;	34													
	8. Individualized service plans;	34													
	9. Physician orders;	34													
	10. Medications and any special diet;	34													
	11. Significant medical conditions;	34													
	12. Allergies;	34													
	13. Person to contact in an emergency, including telephone number;	34													
	14. Fee agreement;	34													

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	15. Documentation of care and treatment provided, client's response to care and treatment, change in condition and changes in care and treatment;	34													
	16. Discharge and transfer information;	34													
	17. Client rights; and	34													
	18. Referral information.	34													
19-006.18B	**Client Record Organization:** The facility must ensure that records are systematically organized to ensure permanency and completeness.		164	32											
19-006.18B1	**Record Entries:** All record entries must be dated, legible and indelibly verified. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent	34	165	32											
19-006.18B2	**Confidentiality:** The facility must keep records confidential unless medically contraindicated. Records are subject to inspection by authorized representative of the Department		166	32											
19-006.18B3	**Retention**: Client records must be retained for a minimum of two years.	34	167	32											

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19-006.18B4	**Access:** Client information and/or records may be released only with the consent of the client or client's designee or as required by law. When a client is transferred to another facility or service, appropriate information must be sent to the receiving facility or service.	34	168	32											
19-006.18B5	**Administrative Changes:** If a facility changes ownership or administrator, all client records must remain in the facility. Prior to the dissolution of any facility, the Administrator must notify the Department in writing as to the location and storage of client records.		169	32											
19-006.19	**Discharge/Transfer Requirements**														
19-006.19A	**Discharge/Transfer Criteria:** Facility must establish written discharge criteria which is used by the facility administrator or designee to determine appropriate discharge or transfer for each client. The criteria establishing basis for discharge must include:	35	170	32-33											
	1. Client no longer needs or desires services provided at the facility;	35													
	2. Client requires services or treatment not available at the facility;	35													
	3. Client behavior poses a threat to the health or safety of him or herself or to others and cannot be addressed with care and treatment available at the facility;	35													

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	4. Nonpayment of fees in accordance with fee policy; and	35													
	5. Client violates house rules resulting in significant disturbance to other clients or members of the community.	35													
19-006.19B	**Discharge Plan:** Within the first 30 days of admission a discharge plan must be developed including:	36	171	33											
	1. Plan for follow up or continuing care; and	36													
	2. Documentation of referrals made for the client.	36													
19-006.19C	**Discharge Summary:** The facility must document a summary in the client record which includes description of client's progress under the individualized service plan and reason(s) for discharge or transfer from the facility.	37	172	33											
19-006.19D	**Transfer:** The facility must ensure the timely transfer of appropriate client record information as authorized by the client or designee by a signed release of information.		173	33											
19-006.20	**Infection Control:** The facility must have a system for management of identified infections within the facility which includes the use of standard precautions for prevention of transmission of infections among clients and /or staff.	38	174	33											

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19-006.21	**Safety Plan:** The facility must have a system to identify and prevent the occurrence of hazards to clients. Examples of hazards to be identified and prevented are: dangerous substances, sharp objects, unprotected electrical outlets, extreme water temperatures, and unsafe smoking practices.	39	175	33											
19-006.22	**Environmental Services:** The facility must provide a safe, clean, and comfortable environment for clients which allows the client to use his/her personal belongings as much as possible. Every detached building on the same premises used for care and treatment must comply with these regulations.	observe	176	33											
19-006.22A	**Housekeeping and Maintenance:** The facility must provide housekeeping and maintenance necessary to protect the health and safety of clients.	observe	177	33											
19-006.22A1	**Facility's buildings and grounds must be kept clean, safe and in good repair.**	observe	178	33											
19-006.22A2	**The facility must take into account client habits and lifestyle preferences when housekeeping services are provided in the bedrooms/living area.**	observe	179	34											

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Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-006.22A3	**All garbage and rubbish must be disposed of in a manner as to prevent the attraction of rodents, flies, and all other insects and vermin. Garbage and rubbish must be disposed in a manner as to minimize the transmission of infectious diseases and minimize odor.**	observe	180	34											
19-006.22A4	**The facility must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided.**	observe	181	34											
19-006.22A5	**The facility must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.**	observe	182	34											
19-006.22B	**Equipment, Fixtures, Furnishings:** The facility must provide equipment, fixtures and furnishings and maintain these things so they are clean, safe and in good repair.	observe	183	34											
19-006.22B1	**The facility must provide equipment adequate for meeting the clients needs as specified in each client's individualized service plan.**	observe	184	34											

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Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-006.22B2	**The facility must furnish common areas and client sleeping areas with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of client needs and preferences. The facility must provide furnishings. If the client chooses to use his/her own furnishings, the facility must reasonably accommodate the client's choice.**	observe	185	34											
19-006.22B3	**The facility must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and functions to meet their intended use.**	observe	186	34											
19-006.22C	**Linens**: The facility must be responsible for providing each client with an adequate supply of clean bed, bath, and other linens as necessary for care and treatment. Linens must be in good repair.	observe	187	34											
19-006.22C1	**The facility must establish and implement procedures for the storage and handling of soiled and clean linens.**	40	188	34											
19-006.22C2	**When the facility provides laundry services, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit or the laundry may be appropriately sanitized or disinfected by other acceptable methods.**		189	34											

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19-006.22D	**Pets:** The facility must make certain that any facility owned pet does not negatively affect clients. The facility must have policies and procedures regarding pets that include:	41	190	35											
	1. An annual examination by a licensed veterinarian;	41													
	2. Vaccinations as recommended by the licensed veterinarian that include, at a minimum, current rabies vaccinations for dogs, cats, and ferrets;	41													
	3. Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks, and other parasites; and	41													
	4. Responsibility for care and supervision of the pet by facility staff.	41													
19-006.22E	**Environmental Safety:** The facility must be responsible for maintaining the facility in a manner that minimizes accidents.	observe	191	35											
19-006.22E1	**The facility must maintain the environment to protect the health and safety of clients by keeping surfaces smooth and free of sharp edges, mold and dirt; keeping floors free of unsafe objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk to the health and safety of the clients.**	observe	192	35											

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Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-006.22E2	**The facility must maintain all doors, stairways, passageways, aisles or other means of exit in a manner that provides safe and adequate access for care and treatment.**	observe	193	35											
19-006.22E3	**The facility must provide water for bathing and hand washing at safe and comfortable temperatures to protect clients from the potential for burns and scalds.**	observe	194	35											
19-006.22E3a	**The facility must establish and implement policies and procedures:**	42	194	35											
	1. To determine the client's mental, physical, and psychological ability to protect himself or herself from injury due to hot water; and	42													
	2. To maintain, whether by means of plumbing devises or direct staff monitoring, water temperatures that accommodate client safety, comfort and preferences.	42													
19-006.22E3b	**Water at bathing and hand washing fixtures must not exceed 125 degrees Fahrenheit**	observe	194	35											
19-006.22E4	**The facility must establish and implement policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by clients.**	43	195	35											

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Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-006.22E5	**The facility must restrict access to mechanical equipment which may pose a danger to clients.**	observe	196	36											
19-006.22F	**Disaster Preparedness and Management**: The facility must establish and implement procedures to ensure that clients care and treatment, safety, and well-being are maintained during and following instances of natural disasters, disease outbreaks, or other similar situations.	44	197	36											
19-006.22F1	The facility must establish plans to move clients to points of safety or provide other means of protection in case of fire, tornado, or other natural disasters or the threat of ingestion, absorption or inhalation of hazardous materials.	44	197	36											
19-006.22F2	The facility must ensure that food, water, medicine and medical supplies, and other necessary items for care and treatment are available and obtainable from alternate sources.	44	197	36											
19-006.22F3	The facility must establish plans to move and house clients in points of safety when the building or a portion of the building is damaged to the point it is uninhabitable. Damage may be due to fire, tornadoes or other disasters.	44	197	36											
19-006.22F4	The facility must establish plans to provide for the comfort, safety, and well being of clients in the event of electrical or gas outage, heating, cooling or sewage systems failure, or loss or contamination of water supply.	44	197	36											

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19-007	**Physical Plant Standards**: All facilities must be designed, constructed, and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided.	observe	198	36											
19-007.01	**Support Areas:** The facility may share the following support service areas among the detached structures, care and treatment areas, and with other licensed facilities.		199	36											
19-007.01A	**Dietary**														
19-007.01A1	**If food preparation is provided on site, the facility must dedicate space and equipment for the preparation of meals. If facility food services provide for more than 16 clients, the facility must comply with the Food Code.**		200	36											
19-007.01A2	**A facility which provides food services for 16 or fewer clients or uses a food preparation area only for training or activity purposes, must develop and implement policies and procedures to ensure the following:**	45	201	36-37											
	1. Automatic dishwasher has a final rinse cycle temperature not less than 150 degrees Fahrenheit;	observe													
	2. Foods are stored, prepared, transported and served at proper temperatures. Temperatures of potentially hazardous foods must be 45 degrees Fahrenheit or below or 140 degrees Fahrenheit or above at all times;														

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Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
	3. Food preparation and eating areas are maintained in a sanitary manner; and														
	4. All equipment and utensils, including dishes, glassware and silverware, used in the serving or preparation of food or drink for individuals are thoroughly cleaned after each use and stored in a manner to assure they are kept free of dust, insects, and contamination	observe													
19-007.01B	**Laundry:** The facility must provide laundry services either by contract or on-site by the facility.	46	202	37											
19-007.01B1	**Contract:** If contractual services are used, the facility must have areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen.		203	37											
19-007.01B2	**On Site**: If on-site services are provided, the facility must have areas dedicated to laundry.	observe	204	37											
19-007.01B2a	**If the facility provides a personal laundry area, it must be equipped with a washer and dryer for use by clients. In new construction, the facility must provide a conveniently located sink for soaking and hand washing of laundry.**	observe	205	37											
19-007.01B2b	**If the facility processes bulk laundry, the laundry area must be divided into separate soiled (sort and washer areas) and clean (drying, folding, and mending areas) rooms.**	observe	206	37											

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Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-007.01C	**Pharmaceutical:** If the facility provides pharmacy services, as defined in the Practice of Pharmacy, Neb. Rev. Stat. Sections 71-1,142 to 71-1,147.61, those services must conform with the law.		207	37											
19-007.01D	**House Keeping Room:** The facility must have a room with a service sink and space for storage of supplies and housekeeping equipment.	observe	208	37											
19-007.02	**Care and Treatment Areas**: The facility must not share the following care and treatment areas among the detached structures or with a facility operated by another licensee. Care and treatment areas must comply with the following standards.		209	37											
19-007.02A	**Staff Areas**: The facility must provide the following staff support areas for each distinct group of care and treatment bedrooms.	observe	210	37-38											
	1. Control point: an area or areas for charting and client records;	observe													
	2. Medication station: an area for storage and distribution of drugs and routine medications. If the facility administers or provides medication, the facility must have a medication station. Distribution may be done from a medicine preparation room or area, from a self-contained medication dispensing unit, or by another system.	observe													

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	3. Utility area: a work area where clean materials are assembled. The work area must contain a work counter, a hand washing fixture, and storage facilities for clean supplies. If the area is used only for storage and holding as part of a system for distribution of clean and sterile supply materials, the work counter and hand washing fixtures may be omitted. A facility must have separate workrooms or holding rooms for soiled materials. A workroom for soiled materials must have a hand washing sink.	observe													
	4. Equipment storage: space to store equipment, stretchers, wheelchairs, supplies, and linen out of the path of normal traffic.	observe													

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19-007.03	**Construction Standards:** All facilities must be designed, constructed, and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided. The standards for these facilities are set forth below.		211	38											
19-007.03A	**Codes and Guidelines**														
19-007.03A1	**New Construction:** New construction must comply with the following codes and guidelines to provide a safe and accessible environment that is conducive to the care and treatment to be provided:		212	38											
	1. Building: The "State Building Code", Neb. Rev. Stat. Section 71-6403;														
	2. Plumbing: The "Plumbing Code", Neb. Rev. Stat. Section 18-1915;														
	3. Electrical: The "National Electrical Code", Neb. Rev. Stat. Section 81-2104(5);														
	4. Elevators: The "American National Standard Safety Code for Elevators and Escalators", 230 NAC 1;														
	5. Boiler: The "Boiler Inspection Act", Neb. Rev. Stat. Sections 48-719 to 48-743, and regulations promulgated there under, 220 NAC 1-28; and														
	6. "Nebraska Accessibility Requirements" found at 156 NAC 1-12.														

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19-007.03A2	**All facilities:** All facilities must comply with the following applicable codes and standards to provide a safe environment.		213	38											
	1. The "Nebraska State Fire Code Regulations" found at 153 NAC 1; and														
	2. The Food Code except as noted in 175 NAC 19-007.01A.														
19-007.03A3	**Existing and New Facilities**: Existing and new facilities must comply with the physical plant standards contained in 175 NAC 19-007. The facility must maintain all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stress allowed in the building code for new buildings of similar structure, purpose or		214	38-39											
19-007.03B	**Conflicts in Standards:** In situations where the referenced codes and guidelines conflict with these regulations, the adopted rules and regulations of the Department and the Nebraska State Fire Marshal must prevail.		215	39											
19-007.03C	**Interpretations**: All dimension, sizes, and quantities noted herein must be determined by rounding fractions to the nearest whole number.		216	39											

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19-007.03D	**Floor area is the space with ceilings at least seven feet in height and excludes enclosed storage, toilets and bathing rooms, corridors and halls. The space beyond the first two feet of vestibules and alcoves less than five feet in width must not be included in the required floor area. In rooms with sloped ceilings, at least half of the ceiling must be at least seven feet in height. Areas where the ceiling is less than five feet in height must not be included in the required floor area.**		217												
19-007.03E	**Dining areas must:**		218	39											
	1. Have adequate light and ventilation;														
	2. Have tables and chairs that accommodate the clients' needs;														
	3. Have floor area of 15 square feet per client in existing and new facilities and 20 square feet per client in new construction;														
	4. Not be used for sleeping, offices or corridors; and														
	5. Be arranged so that all clients are able to eat meals at an appropriate time by having:														
	a. All clients eat at the same time;														
	b. Clients eat in different shifts; or														
	c. Open times for client meals.														

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Regulation Citation	Regulation Citation	initial survey	Tag	Page	Met	Not Met	Surveyor Questions	Client review of Comments							
19-007.03F	**Activity Areas:** A facility must have space for client socialization and leisure time activities. Activity areas must:		219	39											
	1. Have furnishings to accommodate group and individual activities;														
	2. Have a floor area of at least 15 square feet per client residing in bedrooms and may be combined with dining areas;														
	3. Not be used for sleeping, offices, or as a corridor; and														
	4. Be available to all clients.														
19-007.03G	**Bathing Rooms:** The facility must provide a bathing room consisting of a tub and/or shower. Tubs and showers regardless of location must be equipped with hand grips or other assistive devices as needed or desired by the bathing client.		220	39											
19-007.03G1	**In new facilities and new construction, a central bathing room must open off the corridor and contain a toilet and sink or have an adjoining toilet room.**		220	40											
19-007.03G2	**Bathing Fixtures:** The facility must have the following minimum number of bathing fixtures:		220	40											
	1. One fixture per 20 licensed beds in existing facilities; and														
	2. One fixture per eight licensed beds in new facilities and new construction.														

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19-007.03H	**Toilet Rooms**: Facilities must have a toilet and sink adjoining each bedroom or shared toilet facilities may be provided as follows:		221	40											
	1. One fixture per eight licensed beds in existing facilities; and														
	2. One fixture per four licensed beds in new facilities and new construction.														
19-007.03I	**Client Bedrooms:** The facility must provide bedrooms which allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate the care and treatment provided to the client.		222	40											
19-007.03I1	**All client bedrooms must:**		223	40											
	1. Be a single room located within an apartment, dwelling, or dormitory-like structure;														
	2. Be located on an outside wall with an operable window with a minimum glass size of 6 square feet per client. New construction must have windows that provide an unobstructed view of at least 10 feet;														
	3. Contain at least 35 cubic feet storage volume per client in dressers, closets or wardrobes; and														
	4. Allow, in multiple bedrooms, for an accessible arrangement of furniture which provides a minimum of 3 feet between beds.														
19-007.03I2	**All client bedrooms must not:**		224	40											
	1. Be accessed through a bathroom, food preparation area, laundry, office, or another bedroom; or														

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	2. Be located in any garage, storage area, shed or similar detached buildings;														
19-007.03I3	**The minimum floor space in client bedrooms is as follows:**		225	40-41											
19-007.03I3a	**Existing Facility:**														
	1. For single bedrooms: 70 square feet.														
	2. For multiple bedrooms: 50 square feet per bed;														
	3. Apartments or dwellings: 120 square feet for one client plus100 square feet for each														
19-007.03I3b	**New Facility:**		225	41											
	1. For single bedrooms: 70 square feet.														
	2. For multiple bedrooms: 50 square feet per bed, with a maximum of 4 beds per room.														
	3. Apartments or dwellings: 120 square feet for one client plus 100 square feet for each additional client.														
19-007.03I3c	**New Construction:**		225	41											
	1. For single bedrooms: 80 square feet.														
	2. For multiple bedrooms: 60 square feet per bed, with a maximum of 2 beds per room.														
	3. For apartments or dwellings: 150 square feet for one client plus 110 square feet for each additional client														

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19-007.03J	**Observation Areas for Seclusion and Time-out**: If the facility provides behavior intervention methods such as seclusion or time-out, the facility must provide an area which:		226	41											
	1. Has appropriate temperature control, ventilation, and lighting;														
	2. Is void of unsafe wall or ceiling fixtures and sharp edges;														
	3. Has a way to observe the client, such as, an observation window or, if necessary, flat wall mirrors so that all areas of the room are observable by staff from outside of the room; and														
	4. Has a way to assure that the door cannot be held closed by the client in the room which could deny staff immediate access to the room.														
19-007.03K	**Corridors:** The facility corridors must be wide enough to allow passage and be equipped as needed by the clients with safety and assistive devices to minimize injury. All stairways and ramps must have handrails.		227	41											
19-007.03L	**Doors:** The facility doors must be wide enough to allow passage and be equipped with privacy, safety, and assistive devices to minimize client injury. All bedroom, toilet, and bathing room doors must provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.		228	41											

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19-007.03L1	In new construction, the door of a toilet or bathing room with less than 50 square feet of clear floor area and dedicated to client use, must not swing inward.		228												
19-007.03M	**Outdoor Areas**: The facility must provide an outdoor area for client usage. It must be equipped and situated to allow for client safety and abilities.		229	41											
19-007.03N	**Privacy:** The facility must provide window coverings to ensure visual privacy for the client.		230	42											
19-007.04	**Building Systems:** Facilities must have building systems that are designed, installed and operate in such a manner as to provide for the safety, comfort, and well being of the client.		231	42											
19-007.04A	**Water and Sewer Systems**: The facility must have and maintain an accessible, adequate, safe and potable supply of water. Where an authorized public water supply of satisfactory quantity, quality, and pressure is available, the facility must be connected to it and its supply used exclusively.		232	42											
19-007.04A1	The collection, treatment, storage, and distribution potable water system of a facility that regularly services 25 or more individuals must be constructed, maintained, and operated in accordance with all provisions of the Nebraska Safe Drinking Water Act and the Regulations Governing Public Water Supply Systems, 179 NAC 2.		233	42											

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19-007.04A2	The collection, treatment, storage and distribution potable water system of a facility that serves less than 25 individuals on a regular basis must be maintained and operated as if it were a public water supply system in accordance with the Regulations Governing Public Water Supply Systems, 179 NAC 2., Sections 2, 3, and 4. These facilities must report to the Department the result of all tests that indicate the water is in violation of the standards set out in 179 NAC 2-002 or 2-003. These facilities must construct all water wells in accordance with Rules and		234	42											
19-007.04A3	The water distribution system must have anti-siphon devices, and air-gaps to prevent potable water system and equipment contamination.		235	42											
19-007.04A4	The facility must provide continuously circulated filtered and treated water systems as required for the care and treatment equipment used in the facility		236	42											
19-007.04A5	Facilities must maintain a sanitary and functioning sewage system.		237	42											
19-007.04B	**Hot water System:** The facility must maintain hot and cold water to all hand washing and bathing locations. The hot water system must have the capacity to provide continuous hot water in a temperature range as required in 175 NAC 19-006.		238	42											
19-007.04C	**Heating and Cooling Systems:** The facility must provide a heating and air conditioning system for the comfort of the client and capable of maintaining the temperature in client care and treatment areas		239	42											

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19-007.04C1	In existing and new facilities, the systems must be capable of producing a temperature of at least 70 degrees Fahrenheit during heating conditions and no more than 85 degrees Fahrenheit during cooling conditions.		240	42-43											
19-007.04C2	In new construction, the systems must be capable of producing a temperature of at least 75 degrees Fahrenheit during heating conditions and no more than 80 degrees Fahrenheit during cooling conditions.		241	43											
19-007.04C3	In new construction, central air distribution and return systems must have filters.		242	43											
19-007.04C4	Airflow must move from clean to soiled locations.		243	43											
19-007.04D	**Ventilation System:** All facilities must provide exhaust and clean air to prevent the concentrations of contaminants which impair health or cause discomfort to clients and employees.		244	43											
19-007.04D1	Existing and new facilities must have adequate ventilation.		244	43											
19-007.04D2	New construction must provide mechanical exhaust ventilation for windowless toilets, baths, laundry rooms, housekeeping rooms, kitchens and similar rooms that provides 5 air changes per hour in residential living areas.		244	43											
19-007.04E	**Electrical System:** The facility must have an electrical system that has sufficient capacity to maintain the care and treatment services that are provided and that properly grounds care and treatment areas.		245	43											

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19-007.04E1	New construction and new facilities must have ground fault circuit interrupters protected outlets in wet areas and within 6 feet of sinks.		245	43											
19-007.04E2	All facilities must provide minimum average illumination levels as follows:		245	43											
	1. General purpose areas: 5 foot candles;														
	2. Personal care and dining areas: 20 foot candles; and														
	3. Reading and activity areas: 30 foot candles.														

Facility Name _____ Survey Dates _____

Event ID _____

Client Identifier #	First Name	Last Name	Surveyor Comments	Living Unit	Surveyor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Facility Name _____ Survey Dates _____

Event ID _____

Identifier	First Name	Last Name	Job Title	Surveyor Comments
Administrator				
Nursing				
Staff Identifier (Direct Support Staff)	**First Name**	**Last Name**	**Job Title**	**Surveyor Comments**
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				

Facility:_____

MHSU Personnel File Checklist

Date: _____
Time: _____

	1	2	3	4	5
Staff Name					
Title					
Hire Date					
If Licensed was Profess. License checked & current					
If Certification was it checked & current					
If Med Aid was registration checked & is current					
Health Screen prior to start of job					
Iniitial Orientation to Include:					
Job duties					
Client rights					
Medical / Health emergency procedures incl. Adv. Directives					
First Aid					
CPR					
Physical & Mental Needs of Clients					
Abuse, Neglect & Misappropriation					
Ongoing Training for staff duties to include meeting client needs and rights. Pg 20					
Comments:					
Surveyor:	_____			X= Informtion present	O= Information missing

Facility:_____

MHSU Personnel File Checklist

Date: _____
Time: _____

	6	7	8	9	10
Staff Name					
Title					
Hire Date					
If Licensed was Profess. License checked & current					
If Certification was it checked & current					
If Med Aid was registration checked & is current					
Health Screen prior to start of job					
Iniitial Orientation to Include:					
Job duties					
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First Aid					
CPR					
Physical & Mental Needs of Clients					
Abuse, Neglect & Misappropriation					
Ongoing Training for staff duties to include meeting client needs and rights. Pg 20					
Comments:					

Facility:_____

MHSU Personnel File Checklist

Date: _____
Time: _____

	1	2	3	4	5
Staff Name					
Title					
Hire Date					
If Licensed was Profess. License checked & current					
If Certification was it checked & current					
If Med Aid was registration checked & is current					
Health Screen prior to start of job					
Iniitial Orientation to Include:					
Job duties					
Client rights					
Medical / Health emergency procedures incl. Adv. Directives					
First Aid					
CPR					
Physical & Mental Needs of Clients					
Abuse, Neglect & Misappropriation					
Ongoing Training for staff duties to include meeting client needs and rights. Pg 20					
Comments:					
Surveyor:	_____			X= Informtion present	O= Information missing

Facility:_____

MHSU Personnel File Checklist

Date: _____
Time: _____

	6	7	8	9	10
Staff Name					
Title					
Hire Date					
If Licensed was Profess. License checked & current					
If Certification was it checked & current					
If Med Aid was registration checked & is current					
Health Screen prior to start of job					
Iniitial Orientation to Include:					
Job duties					
Client rights					
Medical / Health emergency procedures incl. Adv. Directives					
First Aid					
CPR					
Physical & Mental Needs of Clients					
Abuse, Neglect & Misappropriation					
Ongoing Training for staff duties to include meeting client needs and rights. Pg 20					
Comments:					

Facility:_____

MHSU Personnel File Checklist

Date: _____
Time: _____

	1	2	3	4	5
Staff Name					
Title					
Hire Date					
If Licensed was Profess. License checked & current					
If Certification was it checked & current					
If Med Aid was registration checked & is current					
Health Screen prior to start of job					
Iniitial Orientation to Include:					
Job duties					
Client rights					
Medical / Health emergency procedures incl. Adv. Directives					
First Aid					
CPR					
Physical & Mental Needs of Clients					
Abuse, Neglect & Misappropriation					
Ongoing Training for staff duties to include meeting client needs and rights. Pg 20					
Comments:					
Surveyor:	_____			X= Informtion present	O= Information missing

Facility:_____

MHSU Personnel File Checklist

Date: _____
Time: _____

	6	7	8	9	10
Staff Name					
Title					
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MHSU Personnel File Checklist

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Ongoing Training for staff duties to include meeting client needs and rights. Pg 20					
Comments:					

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

Child Care Center Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

Child Care Center Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
3-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
3-004.06 Notification of Changes: Change: pg. 14				
Of location, building, or building usage reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to Department five working days before date of change	☐	☐	☐	☐
Change in Director reported to Department within two working days	☐	☐	☐	☐
3-004.06 Notification of Changes: If located in a private residence change in household members: pg. 14				
13 and older is reported to Department five working days before date of change	☐	☐	☐	☐
12 or younger is reported to Department within two working days	☐	☐	☐	☐
3-006.01 Licensee Requirements: Licensee ensures: pg. 18				
Center is administered/managed appropriately	☐	☐	☐	☐
Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
Center has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
3-006.02 Director Requirements: Director: pg. 18-19				
Is responsible for day-to-day operations of the Center	☐	☐	☐	☐
Is responsible for compliance with rules and regulations				
Is on site a sufficient time period to attend to the management of Center	☐	☐	☐	☐
When absent from Center, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available				
Has written personnel policies available which are specific to position qualifications/skills/ knowledge/abilities/physical demands	☐	☐	☐	☐
Assesses own ability/staff ability to provide care for children with special needs				
Provides orientation for new staff including training on Child Care Center regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, concerns, monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops/implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the Center	☐	☐	☐	☐
Immediately reports suspected child abuse, neglect, or sexual abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own child	☐	☐	☐	☐

Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff/child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐
Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
3-006.03A Criminal History Record Checks: Licensee: pg. 19-20				
Must complete pre-employment criminal history record checks on him/herself, each staff member or volunteer age 19 or older, and on each househould member age 19 or older (if the Center is located in a private residence)	☐	☐	☐	☐
3-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if Center is located in a private residence), are not listed as a perpetrator on: pg. 22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
3-006.03C Report of Law Enforcement Contact: Licensee: pg. 22-23				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves and update annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and update annually	☐	☐	☐	☐
3-006.03D Notification of Law Enforcement Contact: pg. 23				
As soon as licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
3-006.03E Investigations and Repeat Registry Checks: pg. 23				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
3-006.03F Health Information Report: pg. 23				
Licensee/Director obtains completed Health Information Report within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
3-006.04 Director Qualifications: pg. 24				
If the Director is qualified under a Department approved plan, the requirements of the plan have been met	☐	☐	☐	☐
3-006.05B Non-Certificated Teachers: Teacher hired: pg. 24-25				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma/GED and meets qualifications or has a Department approved written plan in place and is completed within six months	☐	☐	☐	☐
3-006.06 Substitute, Support Staff, Volunteer, and Parent Helper Qualifications: pg. 25				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and are counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteer/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
3-006.07 Parents Participating in Parent Training/Education: Parents: pg. 25				
Are not counted in staff-to-child ratio	☐	☐	☐	☐

Are not left alone with children other than own children	☐	☐	☐	☐
Are supervised by Director or teacher at all times	☐	☐	☐	☐
3-006.08 Director Orientation and Training: pg. 25				
Director completed approved Director orientation within 30 days of starting employment	☐	☐	☐	☐
3-006.08A Safety Training-Directors: pg. 26				
Centers licensed before May 20, 2013, Director must complete by May 20, 2016, or 3 years from date of hire, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20 ,2013, Director must complete within 3 years of provisional license date/date of hire and every 5 years	☐	☐	☐	☐
3-006.08B Child Care Management Training-Directors: pg. 26				
Centers licensed before May 20, 2013, Director must complete by May 20, 2018 or 5 years from hire date	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director mus complete within 5 years of hire date	☐	☐	☐	☐
3-006.04C Nebraska's Early Learning Guidelines Training Directors: pg. 26				
Centers licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or 4 years from hire date, and one domain annually until complete	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete one domain within 4 years of hire date and one domain annually until complete	☐	☐	☐	☐
3-006.09A Safety Training-Teachers: pg. 27				
By May 20, 2016, 50% of all teachers must have completed	☐	☐	☐	☐
3-006.09B Nebraska's Early Learning Guidelines Training-Teachers: pg. 27				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
3-006.09C Evidence of Teacher Training: pg. 27				
Director maintains all teacher's training records of orientation, safety training, ELG, annual training, and CPR/First Aid	☐	☐	☐	☐
3-006.10A Orientation: Orientation includes: pg. 27-28				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for the care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse, neglect of children and reporting requirements	☐	☐	☐	☐
Child Care Center regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
Center's method of interaction with children	☐	☐	☐	☐
Center's discipline policies for children	☐	☐	☐	☐
3-006.10B Nutrition and Food Safety Training: Documentation of: pg. 28				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐

4 clock hours of food training for all food personnel each year, effective May 20, 2013	☐	☐	☐	☐
3-006.10C Transportation Training: pg. 28				
Driver hired on/after 5/20/13 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required transportation training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
3-006.10D Annual Training of Direct Care Staff: Staff who work: pg. 28				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or fewer hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
3-006.10E CPR and First Aid Training: pg. 29				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
3-006.11 Employee Records Requirements: Employee records are: pg. 29				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐
Maintained for one year after employee separation	☐	☐	☐	☐
3-006.11A Staff Records: Records include: pg. 29-30				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services Registry checks conducted prior to hire with no adverse finding in the record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
3-006.11B Substitute Records: Records include: pg. 30				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Documentation that staff has read and understands regulations	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
3-006.11C Volunteer Records: Records include: pg. 30				
Name, address, and telephone number	☐	☐	☐	☐

Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry Check	☐	☐	☐	☐
3-006.12 Child's Record: Child's record: pg. 30-31				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013, and is kept current	☐	☐	☐	☐
Includes child's name, birthdate, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's home address/telephone number	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes name of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐
Has current health status, allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐
3-006.13 Parent Information Brochure: pg. 31				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
3-006.14 Description of Center Services and Policies: Receipts signed by: pg. 31				
Parent(s) of enrolled children of Description of Services, Center Policies (except personnel policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, Center Policies and Personnel Policies are available for Department review	☐	☐	☐	☐
3-006.14A Description of Services: pg. 31				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), parent training/education (if provided), expectation of parents, and name/address/telephone number of Center's owner/authorized representative	☐	☐	☐	☐
3-006.14B Center Policies: pg. 31-32				
Center policies available for Department review and includes; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, staff discipline procedure, staff immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
3-006.15A Licensed Capacity: pg. 32				
Licensed capacity is not exceeded	☐	☐	☐	☐
If non-compliance Center exceeded licensed capacity by ___ children.				
3-006.15B Staffing Requirements: pg. 32				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Each room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐

During nap time at least one teacher is in the room where children are napping and the staff/child ratio is maintained on the Center premises	☐	☐	☐	☐
Required number of staff is on premises at all times	☐	☐	☐	☐
3-006.15C Staff-to-Child Ratio (Center wide): pg. 32				
Center in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				
3-006.15C Staff-to-Child Ratio: Center maintains accurate: pg. 32				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
3-006.16A Notification to Parents: pg. 33				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
3-006.16B Confidentiality: pg. 33				
Licensee does not release names of ill child(ren) without permission	☐	☐	☐	☐
3-006.16C Health Authority: pg. 33				
Licensee follows health authority's directives	☐	☐	☐	☐
3-006.17 Children Excluded Due to Illness: Center: pg. 3				
Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
3-006.18 Immunizations: pg 33-34				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up-to-date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
3-006.19 Supervision of Children: Staff: pg. 34				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove child(ren) from harm	☐	☐	☐	☐
3-006.19A Permission for Off-Premises Supervision: pg. 34				
Parents are informed when child(ren) are taken outside premises of Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off Center premises is available	☐	☐	☐	☐
3-006.19B Permission for Child to Leave Premises: pg. 34				
Documentation of written parental permission for child to leave the Center premises to participate in activities not provided by the Center which includes parent understands licensee is not responsible for supervision	☐	☐	☐	☐
3-006.20 Discipline: pg. 34				
Only licensee, Director, or designated substitutes discipline children in care	☐	☐	☐	☐
3-006.20A Prohibited Forms of Discipline: Children are not disciplined by: pg. 34-35				

Spanking, slapping, pinching, punching, shaking, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food Items				
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
3-006.20B Child Behavior That Cannot Be Disciplined: pg. 35				
Children are not disciplined for toilet accidents, refusal to take medication or refusal to eat	☐	☐	☐	☐
3-006.20C Use of Time Out: pg. 3				
Child's time out is in a safe/lighted/well-ventilated area within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
3-006.20D Use of Physical Hold: Physical hold: pg. 35				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐
Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
3-006.20D1 Notification and Documentation: pg. 35-36				
Parents of children notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
3-006.20E Use of Restraints: pg. 36				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident, and name of staff involved	☐	☐	☐	☐
3-006.21 Prohibited Language, Materials, and Actions: pg. 36				
Children are not exposed to profanity, sexually explicit material, acts of violence, or acts of racism	☐	☐	☐	☐
3-006.22 Child Development Program: pg. 36				
Written Child Development Program available for review by parent/Department and includes; indoor play, outdoor play, napping/rest periods, individual/group playtimes, fostering language and social development by talking, interacting, modeling appropriate language and behavior reading/exploring books, and daily reading with children of age-appropriate literature	☐	☐	☐	☐
3-006.22A Toys, Equipment, and Materials: pg. 37				
Center has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) under 3 years do not have access to items that are a choking hazard	☐	☐	☐	☐
3-006.22B Beds, Cribs, and Sleeping Surfaces: (toddlers, pre-school, and school-age): pg. 37				
Center provides acceptable beds/cots/cribs/playpens/sofas/sleeping bags/waterproof mats at least one inch thick and 45 inches long	☐	☐	☐	☐
Cribs/Play Pens do not contain soft objects/bumper pads/toys/loose bedding	☐	☐	☐	☐
Blankets (if used) are secured under the mattress and reach no higher than the child's chest	☐	☐	☐	☐
Cribs/Play Pens/Cots/Mats are separated by 3 feet of space	☐	☐	☐	☐

Cribs/Play Pens/Cots/Mats are disinfected daily or marked for individual use and disinfected weekly and as needed	☐	☐	☐	☐
Top level of bunk beds are not used for child 5 years or younger	☐	☐	☐	☐
Waterbeds are not used for child 3 years of age or younger	☐	☐	☐	☐
Infant Care:				
☐ **CENTER DOES NOT PROVIDE INFANT CARE TO CHILDREN UNDER 18 MONTHS OF AGE. THE FOLLOWING REGULATIONS RELATED TO INFANT CARE ARE NOT APPLICABLE.**				
3-006.22B Beds, Cribs, and Sleeping Surfaces: (infants under 18 months): pg. 37				
Cribs or Play Pens are used for infants under 12 months of age for sleeping	☐	☐	☐	☐
Center does not use cots, cushions, futons, mats, or pillows for infant 12 months and under	☐	☐	☐	☐
Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
Play Pen mattresses are designed for that play pen and covered with fitted sheet	☐	☐	☐	☐
Cribs/Play Pens do not contain soft objects/bumper pad/toys/loose bedding	☐	☐	☐	☐
Cribs/Play Pens are clean, in good repair, and do not contain lead-based paint	☐	☐	☐	☐
3-006.23 Infant Care: pg. 38				
Specific Center staff are assigned to all infants in writing	☐	☐	☐	☐
Emotional and physical needs of infants are met consistently/promptly	☐	☐	☐	☐
Infant cries are investigated immediately	☐	☐	☐	☐
Infants are held, talked to and engaged in daily play	☐	☐	☐	☐
Infants under 6 months are held while being fed	☐	☐	☐	☐
Infants not able to hold bottle are held while being fed	☐	☐	☐	☐
Infant bottles are not propped or left with a sleeping infant	☐	☐	☐	☐
High chairs are equipped with three-point safety straps	☐	☐	☐	☐
Signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
Infants are placed on back for sleeping or medical note indicating another infant sleeping position is available for review	☐	☐	☐	☐
3-006.23A Infant Care Rooms: Infant care room: pg. 38				
Is limited to 12 or fewer children	☐	☐	☐	☐
With 1 – 4 infants has at least 1 staff	☐	☐	☐	☐
With 5 – 8 infants has at least 2 staff	☐	☐	☐	☐
With 9 – 12 infants has at least 3 staff	☐	☐	☐	☐
Contains sufficient equipment to remove infants during emergencies if needed	☐	☐	☐	☐

3-006.23B Diapering and Toileting: pg. 38-39				
Diapering procedures are established and followed by all staff	☐	☐	☐	☐
Wet/soiled diapers are changed immediately	☐	☐	☐	☐
Diapers are checked on frequent/regular basis	☐	☐	☐	☐
Individual washcloths/towelettes are used	☐	☐	☐	☐
Wet/soiled diapers are stored/disposed of properly	☐	☐	☐	☐
Diaper changing surfaces are sanitized or changed after each use	☐	☐	☐	☐
Diaper changing surfaces with disposable sheeting are disinfected daily	☐	☐	☐	☐

Toilet training is conducted in agreement with parent	☐	☐	☐	☐
Potty chairs are not in play or eating areas	☐	☐	☐	☐
Staff properly wash hands after helping each child with toileting	☐	☐	☐	☐
Children properly wash hands after toileting	☐	☐	☐	☐
Overnight Care:				
☐ **CENTER DOES NOT PROVIDE CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE**				
3-006.24 Overnight Care: pg. 39				
Center staff follow parent guide for bathing child	☐	☐	☐	☐
Center staff are awake and alert to the needs of children through the night	☐	☐	☐	☐
Mattresses are waterproof	☐	☐	☐	☐
Wading and Swimming:				
☐ **CENTER DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.25 Wading and Swimming Activities: pg. 39				
Children are accompanied, adequately supervised and kept safe during wading/swimming while in care	☐	☐	☐	☐
3-006.25A Prohibited Water Sources: pg. 39				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
3-006.25B Wading: pg. 39				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
3-006.25C Permission for Non-Center-Supervised Activities Off the Premises: pg. 39				
Written/signed statement from parents available that allows child(ren) to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
3-006.25D Permission for Center-Supervised Activities Off the Premises: pg. 39				
Written/signed/dated statement from parent available giving permission to take child(ren) swimming off the premises which includes location of pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
3-006.25E Licensure of Swimming Pools: pg. 40				
Center only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
3-006.25F Water Safety: pg. 40				
An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: _____children in care;_____staff needed;_____staff present.				
Pool on Premises:				
☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.25G Pool on the Premises Not Used by Children in Care: pg. 40				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐

Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
3-006.25H Pool on the Premises Used by Children in Care: pg. 40				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				
Transportation:				
☐ **CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.26 Transportation: pg. 41				
Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				
Children younger than school-age are not transported in bus without required restraint system	☐	☐	☐	☐
3-006.26 Transportation: If transportation is provided the transportation policy: pg. 41				
Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/vehicle breaks down/ involved in an accident/or other emergencies	☐	☐	☐	☐
Medications:				
☐ **CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.27A Giving or Applying Medication: Staff give/apply: pg. 41-42				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, at the right time	☐	☐	☐	☐
3-006.27B Competence to Give or Apply Medication: pg. 42				
Parents or any licensed health care professional are responsible for determining if Center staff are competent to give/apply medication	☐	☐	☐	☐
Director assesses the ability of staff to give/apply medication	☐	☐	☐	☐

3-006.27C Confidentiality: pg. 42				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
Center advises parents in writing of use of private method to inform Center of medication needs	☐	☐	☐	☐
3-006.27D Written Permission and Instructions: Staff: pg. 42				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to child(ren) and return/destroy it	☐	☐	☐	☐
3-006.27E Unusual Circumstances: Medication given or applied: pg. 42				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
3-006.27F Hand Washing: pg. 43				
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medications	☐	☐	☐	☐
3-006.27G Storage: pg. 43				
All prescription/non-prescription medications, including emergency medications, are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
3-006.27H Record-Keeping: pg. 43				
Written record is kept of time and amount of medication given/applied	☐	☐	☐	☐

3-006.28 Food Service: Meals and snacks: pg. 43				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses children's allergies/food intolerances	☐	☐	☐	☐
Meets USDA requirements and a weekly menu is provided upon request	☐	☐	☐	☐
If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If a child's diet is not required to meet USDA guidelines a physician's statement is available for review	☐	☐	☐	☐
3-006.28A Meals and Snacks: pg. 43				
Center offers required number of meals/snacks	☐	☐	☐	☐
3-006.29 Food Safety: Center ensures: pg. 43				
Food Code is followed when food is prepared or served	☐	☐	☐	☐
Food Code is followed when food is prepared at another location	☐	☐	☐	☐
Center ensures that formula prepared on site is from commercially prepared products	☐	☐	☐	☐
3-006.29A Storage of Breast Milk and Formula: pg. 44				

All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen	☐	☐	☐	☐
Unfrozen breast milk is discarded after 48 hours and frozen breast milk is kept in freezer for no more than three months	☐	☐	☐	☐
Formula provided by the licensee is made from commercially prepared products and unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐
3-006.30A Telephone: pg. 44				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
3-006.30B Fire and Tornado Drills: pg. 44				
Written documentation of fire drills conducted with children each month	☐	☐	☐	☐
At least one fire drill per year is completed during naptime	☐	☐	☐	☐
Written documentation of tornado drills conducted 4 times March through September	☐	☐	☐	☐
At least one tornado drill per year is completed during naptime	☐	☐	☐	☐
3-006.30C Fire and Tornado Safety Diagrams: pg. 44				
Fire and tornado safety diagrams include layout of child care area and are prominently posted/visible	☐	☐	☐	☐
Fire and Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
3-006.30D Disaster Preparedness: pg. 44				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, and notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
3-006.30E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 45				
A death of child or accident/injury to a child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
3-006.30F First Aid Kit: First Aid Kit: pg. 45				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
3-006.31 Environmental Services: pg. 45				
Every area and building on the entire Child Care premises complies with regulations	☐	☐	☐	☐
Child care is provided in a safe, clean and comfortable environment	☐	☐	☐	☐
3-006.31A Housekeeping and Maintenance: pg. 45-46				
Center and grounds are clean, safe, in good repair, and free of exposed lead-based paint surfaces	☐	☐	☐	☐
Rooms, walls, floors, and ceilings are kept clean, dry, in good repair, and free of odor from sewage/ mold/mildew, or other unsanitary conditions	☐	☐	☐	☐
Heating/ventilation/lighting are adequate to protect health of children	☐	☐	☐	☐
Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/ insects/vermin	☐	☐	☐	☐

Doors opening to the outside are self-closing and ventilation windows screened	☐	☐	☐	☐
Garbage/rubbish is disposed of to minimize odor, transmission of disease, and prevent attraction of rodents, insects, flies, and vermin	☐	☐	☐	☐
Indoor and outdoor garbage containers are water-tight, have tight fitting covers, and are fly/rodent proof	☐	☐	☐	☐
Garbage is not burned on premises	☐	☐	☐	☐
Carpeting in bathroom(s) is removable, washable, and non-shag	☐	☐	☐	☐
Carpeting is not in food preparation area	☐	☐	☐	☐
Walls and ceilings in food preparation/storage rooms are smooth, cleanable, and light color	☐	☐	☐	☐
Walls subject to splash are smooth and washable	☐	☐	☐	☐
3-006.31B Maintenance of Equipment, Fixtures, Furnishings, and Toys: pg. 46				
Equipment, fixtures, furnishings, and toys are clean, safe, and in good repair	☐	☐	☐	☐
Equipment, fixtures, furnishings, and toys do not have sharp edges, rust, or loose parts	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
Process in place for routine and preventive maintenance of equipment, fixtures, furnishings, and toys	☐	☐	☐	☐
3-006.32 Environmental Safety: pg. 46				
Environment is safe and hazard-free	☐	☐	☐	☐
3-006.32A Smoking: pg. 46				
Smoking does not occur indoors in the Child Care Center	☐	☐	☐	☐
3-006.32A Smoking: If located in a private residence: pg. 46				
Smoking does not occur in Center during hours of operation when one or more children who are not occupants of the residence are present	☐	☐	☐	☐
Prior to enrollment parents of enrolled child(ren) are informed that smoking occurs in the Center	☐	☐	☐	☐
3-006.32B Alcohol and Controlled Substances: pg. 47				
Alcohol is not present in any area used for child care while children in care are present	☐	☐	☐	☐
Use/possession of unlawful controlled substances not allowed on Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed not on Center premises	☐	☐	☐	☐
Animals and Pets:				
☐ **CENTER DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APLICABLE**				
3-006.32C Animals/Pets: pg. 47				
Animals in Center do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
Have provisions to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
During food preparation/serving, pets are not allowed in food preparation/serving/food storage areas	☐	☐	☐	☐
Licensee complies with local pet ordinances	☐	☐	☐	☐
3-006.32D Prohibited Animals: pg. 47				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during hours of operation	☐	☐	☐	☐

3-006.32E Other Environmental Safety Requirements: pg. 47-48				
Surfaces are smooth, free of sharp edges, mold, dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while children are in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Electrical outlets within reach of children under the age of 6 are covered with safety caps/ground fault interrupters or have safety outlets installed	☐	☐	☐	☐
Disposable towelettes/drinking containers/personal care items/towels and washcloths are not shared by children	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
Covered and waterproof containers for soiled or wet clothing are available	☐	☐	☐	☐
Deep freezers that cannot be opened from the inside are locked or stored in locked room	☐	☐	☐	☐
Firearms/potentially hazardous weapons/weapon accessories/ammunition are not on Center premises	☐	☐	☐	☐
3-006.32E Other Environmental Safety Requirements (If Center located in a private residence): pg. 47-48				
Firearms/potentially hazardous weapons/weapon accessories/ammunition are stored in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and separately from ammunition	☐	☐	☐	☐
3-007.01 Activity Space: pg. 48				
Activity space has furnishings to accommodate all activities/age-appropriate needs of all children/ is available for all children, and contains at least 35 square feet of space per child	☐	☐	☐	☐
3-007.02B Water Supply: pg. 49				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐
Non-PublicWater & Non-Public Sewage System:				
☐ **CENTER HAS A PUBLIC WATER AND /OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE**				
3-007.02B Water Supply: Non-Public Water: pg. 49				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
3-007.02C Sewer Requirements: Non-Public Sewage System: pg. 49-50				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐

3-007.03 Fenced Outdoor Play Areas: Outdoor Play Area: pg. 50				
Directly adjoins the facility	☐	☐	☐	☐
Accommodates 25% of license capacity with 50 square feet per child	☐	☐	☐	☐
Is clean, safe, contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
Is free of barnyard animals or fowl	☐	☐	☐	☐

Is free of animal waste	☐	☐	☐	☐
3-007.03A Fenced Outdoor Play Area: pg. 50				
Fence, toys, or equipment is free of rust, and sharp/hazardous edges	☐	☐	☐	☐
3-007.03B Non-adjacent Outdoor Play Area: pg. 50				
Department approved plan for non-adjacent outdoor play area in place	☐	☐	☐	☐
3-007.03C Outdoor Play Equipment: pg. 50				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
3-007.03D Playground Surfaces: pg. 50-51				
Playground surface under climbing equipment is resilient material	☐	☐	☐	☐
3-007.04 Toilets and Sinks: pg. 51				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐
Toilet rooms fully enclosed	☐	☐	☐	☐
Sinks readily available to each toilet and diapering area	☐	☐	☐	☐
Sanitary dispensing and disposal units for paper towels are available and at heights convenient for children's use	☐	☐	☐	☐
Toilets/sinks are conveniently located, clean, operable and in good repair	☐	☐	☐	☐
Toilets/sinks are designed for children with special needs, (if applicable)	☐	☐	☐	☐
Toilets/sinks are of suitable height or safe stepstools are provided	☐	☐	☐	☐
3-007.04A Toilets and Sinks: pg. 51				
Doors opening directly to a food service area are self-closing and tight-fitting	☐	☐	☐	☐
3-007.04B Toilets and Sinks: pg. 51				
Adults and children properly wash hands prior to resuming work or play	☐	☐	☐	☐
3-007.05 Fire Safety: pg. 51				
Licensee maintains fire safety approval	☐	☐	☐	☐
3-007.06 Sanitation:				
Licensee maintains sanitation approval	☐	☐	☐	☐
Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
Credentialing Division
P. O. Box 94986
Lincoln, NE 68509-4986

NOTICE OF INSPECTION OF CONTROLLED PREMISES

Pharmacy License:_#_____

Name of Registrant:_____

Title:_____

Name of Controlled Premises:_____

DEA Registration Number:_____

Street Address:_____

City, State, Zip:_____

Date:_____ Time of Inspection:_____

ACKNOWLEDGMENT

I, _____, RP, have been advised by Mike Rueb, RP, Department of Health and Human Services Regulation and Licensure, Credentialing Division, who has identified himself to me with his credentials and presented me with this Notice of Inspection referencing Sections 28-411 and 28-428 of the Controlled Substances Act*, authorizing an inspection of the above-described controlled premises.
I hereby certify that I am _____ for the premises described in this Notice of Inspection; that I have read the referenced materials and understand their contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

_____ _____
(Signature) (Date)

_____ _____
(Witness Signature) (Date)

Controlled Substances Accountability Audit Checklist

COMPUTATION CHART

Firm Name:_____ Health/Pharmacy Inspector: Mike Rueb, RP

DEA #_____ Date:_____

Basis for Inspection:_____ Software:_____ Rx's per day:_____

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Name & Strength of Drug	**Initial Inventory OOB**	**Total Purchased**	**Total Accountable for: (Col 2 + Col 3)**	**Closing Inventory COB**	**Total Sales: Prescriptions, Returns, Destroyed**	**Total Accounted for: (Col 5 + Col 6)**	**Difference Over = (+) Short = (-) (Col 7 - Col 4)**	**Percent Difference**
								%
								%
								%
								%
								%
								%
								%
								%
								%
								%

(+) means short on acquisition, (-) means short on dispensing, returns, destruction

Form version. 1-18-13

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
PO BOX 94986
LINCOLN NE 68509-4986

DELEGATED DISPENSING PERMIT – DIALYSIS CENTERS INSPECTION REPORT

Legal Name of Business: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____ E-Mail Address: _____

Delegating Pharmacist: _____ Delegating Pharmacist License #: _____

Name of Dispensing Personnel:

Name	**Title**	**License #** (if Applicable)

REQUIREMENTS	**P**	**F**	***NA***
Delegated Dispensing Agreement is available			
Documentation of training of the individuals that are dispensing is available			
Policy and Procedure Manual is current			
Policy and Procedure covers all aspects of record keeping for all oxygen received, stored, transported and dispensed			
Policy and Procedure Manual is reviewed and updated as needed on a yearly basis			
Delegating Pharmacists need to inspect: 38-2872 Delegated Dispensing Agreement			
38-2882 R.P. Duties			
38-2881 Formulary			
Training and Proficiency Standards should include the following:			
Persons licensed to practice medicine and surgery and persons certified as a physician assistant, nurse practitioner, or nurse midwife shall have two hours of training in the following areas:			
1. Procedures for dispensing initial prescriptions and authorized refills of dialysis drugs and devices			
2. Procedures for dispensing approved drugs and devices			
3. Federal and States laws regarding drug dispensing			

	P	F	*NA*
4. Proper labeling of dialysis drugs and devices and approved drugs and devices			
5. Proper record keeping of initial and refilled prescriptions			
6. Use of Volumes I and II of the United States Pharmacopoeia Drug Information (USPDI)			
7. Proper pharmacist referral			
8. Procedures for reaching the consultant or on-call pharmacist			
9. Storage and security of approved formulary drugs and devices			
10. Patient Information			
Persons who are working in a dialysis center shall have six (6) hours of classroom training in the following:			
1. Procedures for dispensing authorized refills of dialysis drugs and devices			
2. Federal and State laws regarding drug dispensing			
3. Proper labeling of refills for dialysis drugs and devices			
4. Proper record keeping of refilled prescriptions for dialysis drugs and devices			
5. The actions, drug interactions, and effects of dialysis drugs and devices			
6. Use of Volumes I and II of the USPDI			
7. Proper pharmacist referral			
8. Procedures for reaching the consultant or the on-call pharmacist			
9. Storage and security of approved formulary drugs and devices			
10. Patient information			
Dialysis center workers are required to receive annual two hour in-service training regarding dialysis drugs and devices			
Documentation of attendance of all training is being maintained in the employee's personnel file and in the dialysis center's policy and procedure manual.			
Dialysis center workers shall demonstrate proficiency, to the consultant pharmacist at least annually or as requested by the consultant pharmacist			
Completed proficiency demonstrations shall be documented in the employee's personnel file and in the dialysis center's policy and procedure manual			

_____ _____

Delegating Pharmacist Date

_____

Appropriate Staff (if applicable) PASS/FAIL

_____

Inspector

Comments_____

_____

_____

_____

doc. ver. 2-9-12

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
PO BOX 94986
LINCOLN NE 68509-4986

DELEGATED DISPENSING PERMIT – DIALYSIS CENTERS INSPECTION REPORT

Legal Name of Business: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____ E-Mail Address: _____

Delegating Pharmacist: _____ Delegating Pharmacist License #: _____

Name of Dispensing Personnel:

Name	Title	License # (if Applicable)

REQUIREMENTS	P	F	*NA*
Delegated Dispensing Agreement is available			
Documentation of training of the individuals that are dispensing is available			
Policy and Procedure Manual is current			
Policy and Procedure covers all aspects of record keeping for all oxygen received, stored, transported and dispensed			
Policy and Procedure Manual is reviewed and updated as needed on a yearly basis			
Delegating Pharmacists need to inspect: 38-2872 Delegated Dispensing Agreement			
38-2882 R.P. Duties			
38-2881 Formulary			
Training and Proficiency Standards should include the following:			
Persons licensed to practice medicine and surgery and persons certified as a physician assistant, nurse practitioner, or nurse midwife shall have two hours of training in the following areas:			
1. Procedures for dispensing initial prescriptions and authorized refills of dialysis drugs and devices			
2. Procedures for dispensing approved drugs and devices			
3. Federal and States laws regarding drug dispensing			

	P	F	*NA*
4. Proper labeling of dialysis drugs and devices and approved drugs and devices			
5. Proper record keeping of initial and refilled prescriptions			
6. Use of Volumes I and II of the United States Pharmacopoeia Drug Information (USPDI)			
7. Proper pharmacist referral			
8. Procedures for reaching the consultant or on-call pharmacist			
9. Storage and security of approved formulary drugs and devices			
10. Patient Information			
Persons who are working in a dialysis center shall have six (6) hours of classroom training in the following:			
1. Procedures for dispensing authorized refills of dialysis drugs and devices			
2. Federal and State laws regarding drug dispensing			
3. Proper labeling of refills for dialysis drugs and devices			
4. Proper record keeping of refilled prescriptions for dialysis drugs and devices			
5. The actions, drug interactions, and effects of dialysis drugs and devices			
6. Use of Volumes I and II of the USPDI			
7. Proper pharmacist referral			
8. Procedures for reaching the consultant or the on-call pharmacist			
9. Storage and security of approved formulary drugs and devices			
10. Patient information			
Dialysis center workers are required to receive annual two hour in-service training regarding dialysis drugs and devices			
Documentation of attendance of all training is being maintained in the employee's personnel file and in the dialysis center's policy and procedure manual.			
Dialysis center workers shall demonstrate proficiency, to the consultant pharmacist at least annually or as requested by the consultant pharmacist			
Completed proficiency demonstrations shall be documented in the employee's personnel file and in the dialysis center's policy and procedure manual			

_____ _____

Delegating Pharmacist Date

_____

Appropriate Staff (if applicable) PASS/FAIL

_____

Inspector

Comments_____

doc. ver. 2-9-12

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

PHARMACY QUALITY ASSURANCE REPORT

Pharmacy (Dispensing Practitioner) License Number: #_____ Exp. Date: _____

DEA registration Number: _____ Exp. Date: _____

Owner's Name: _____

Pharmacy (Dispensing Practitioner) Name: _____

Pharmacy (Dispensing Practitioner) Street Address:_____

Pharmacy (Dispensing Practitioner) City, State, Zip Code_____

Pharmacy (Dispensing Practitioner) Telephone #: _____ Pharmacy Fax #: _____

Pharmacy (Dispensing Practitioner) E-mail: _____

Pharmacy (Dispensing Practitioner) Hours: _____

List Pharmacy (Dispensing Practitioner) Personnel:

Name of Practitioner responsible for compliance: _____

Practitioner Medical License Number: #_____

Name & NE License # of other practitioners (pursuant to 38-2850(1)) That are dispensing under this license.
_____ #_____
_____ #_____
_____ #_____
_____ #_____
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_____ #_____
_____

SOFTWARE: _____ RX'S PER DAY: _____

Choose an item._ _____
(Pharmacy Inspector) (Date of Inspection)

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	C = In Compliance NC = Not in Compliance NA = Not Applicable			
175 NAC 8-003.01A	1. All information provided on the current pharmacy license document is correct, including the physical address where dispensing occurs and the name of the responsible Dispensing Practitioner (DP). If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security is maintained for the prescription inventory and prescription records.	☐	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored under proper conditions. Storage conditions shall be monitored regularly.	☐	☐	☐
175 NAC 8-007.02	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner;	☐	☐	☐
NRS 38-2866	b. open for the practice of pharmacy only when a pharmacist (or dispensing practitioner) is physically present.	☐	☐	☐
175 NAC 8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☐	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The pharmacy provides access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☐	☐	☐
175 NAC 8-006.04H NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☐	☐	☐
NRS 38-2869 (2)(a)	8. The pharmacy maintains documentation of a patient's refusal of counseling.	☐	☐	☐
175 NAC 8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern. (or Dispensing Practitioner (DP))	☐	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist (or DP) is conducting a prospective drug utilization review.	☐	☐	☐
NRS 28-414.02 CFR 1304, 1306 CFR 1311.305	11. All computer or electronic record keeping requirements are met including requirements for electronic prescriptions for controlled substances.	☐	☐	☐
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the pharmacy.	☐	☐	☐
CFR 1305 CFR 1311.45 CFR 1311.60	13. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent. Power of Attorney forms completed and filed when applicable.	☐	☐	☐
NRS 28-411(4) CFR 1304.21 CFR 1304.22(c)	14. The pharmacy maintains complete and accurate records of all controlled substances received and/or distributed.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 28-414.05 CFR 1304.22 CFR 1317	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☐
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☐	☐	☐
175 NAC-8-006.04C, .04D, .04E NRS 38-28,107	17. The pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☐
175 NAC-8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☐
NRS 28-410 CFR 1304.11	19. All requirements pertaining to the inventory of controlled substances are met. **Date of Current Inventory: _____** Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages.	☐	☐	☐
NRS 28-410(4)	20. All controlled substances are properly stored.	☐	☐	☐
CFR 1306.05 NRS 28-414 NRS 28-414.01 NRS 71-2478	21. All prescriptions contain the required information prior to being filled.	☐	☐	☐
175 NAC-8-006.04B.9a, 172 NAC-128-014.01(9a), CFR 1306.22	22. All refill requirements for prescriptions are in compliance.	☐	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☐
CFR 1306.05(f) NRS 38-179(13)	24. The pharmacy is not utilizing pre-populated request forms for controlled substance prescriptions.	☐	☐	☐
175 NAC 8-006.05D CFR-1306.11(d)(1,2,3,4) NRS 28-414	25. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☐
NRS 28-414 NRS 28-1437 NRS 38-2870	26. All requirements for filling electronic prescriptions (e-prescribing) and faxed prescriptions are followed. A manual "wet" signature is required for all written or faxed controlled substance prescriptions.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 28-414.03 NRS 28-415 NRS 38-2867.01 NRS 71-2451, 2479	27. All prescription containers are properly labeled.	☐	☐	☐
NRS 71-5401 to NRS 71-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	☐	☐	☐
175 NAC- 8-006.03A1, NRS 28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☐	☐	☐
NRS 71-2413(1) CFR 1306.11 CFR 1306.21	32. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box. Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☐
NRS 38-2847 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128- 012.04	33. All requirements and documentation are met for the utilization of Pharmacy Technicians, including: a. documentation of training by the pharmacist in charge. b. pharmacy technicians are identified as technicians. c. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people. d. verification confirmation of a pharmacy technician's acts, tasks, or functions undertaken to assist the pharmacist in the practice of pharmacy. e. all technicians are registered with NE DHHS. f. all technicians are certified (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.07	34. Pharmacy has written disaster preparedness policies and procedures.	☐	☐	☐
175 NAC 128-013	35. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the physician and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every 24 months.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☐	☐	☐
USP 797	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☐
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☐
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☐
NRS 71-7444 (2)(a-h); NRS 71-7454	40. All prescription drugs purchased or received are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

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a)
b)
c)
d)

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a)
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a)
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d)

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a)
b)
c)
d)

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

PHARMACY QUALITY ASSURANCE REPORT

Pharmacy (Dispensing Practitioner) License Number:#_____ Exp. Date: _____

DEA Registration Number: #_____ Exp. Date: _____

Owner's Name: _____

Pharmacy (Dispensing Practitioner) Name:_____

Pharmacy (Dispensing Practitioner) Street Address:_____

Pharmacy (Dispensing Practitioner) City, State, Zip:_____

Pharmacy (Dispensing Practitioner) Telephone #:_____

Pharmacy (Dispensing Practitioner) Fax #:_____

Pharmacy (Dispensing Practitioner) E-mail:_____

Pharmacy (Dispensing Practitioner) Hours:_____

List Pharmacy (Dispensing Practitioner) Personnel:

Name of Practitioner responsible for compliance:_____

Practitioner Medical License Number:_____#_____

Name & NE License # of other practitioners [pursuant §38-2850(1)] that are dispensing under this license
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____
_____/ #_____

SOFTWARE: _____ RX'S PER DAY: _____

Dean Willson, RP
(Pharmacy Inspector)

_____
(Date of Inspection)

Pharmacy License#____ Date of Inspection____

Section Cited	Requirement	C	NC	NA
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175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security is maintained for the prescription inventory and prescription records.	☐	☐	☐
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175 NAC 8-007.02	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner;	☐	☐	☐
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175 NAC 8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☐	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The pharmacy provides access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☐	☐	☐
175 NAC 8-006.04H NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☐	☐	☐
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Pharmacy License#____ Date of Inspection____

Section Cited	**Requirement**	**C**	**NC**	**NA**
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NRS 28-410(4)	20. All controlled substances are properly stored.	☐	☐	☐
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CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☐
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Pharmacy License#____ Date of Inspection____

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175 NAC 8-006.07	34. Pharmacy has written disaster preparedness policies and procedures.	☐	☐	☐
175 NAC 128-013	35. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the physician and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every 12 months.	☐	☐	☒

Pharmacy License#____ Date of Inspection____

Section Cited	Requirement	C	NC	NA
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☐	☐	☐
USP 797	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☐
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☐
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☐
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Pharmacy License#____ Date of Inspection____

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

------ -----
a)
b)
c)
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a)
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a)
b)
c)
d)

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH I Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number:	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number _____ **License Capacity** _____

Ages of Children Served _____ **to** _____ **Hours of Operation** _____ **to** _____

Days of Operation _____

If Provisional inspection, date of compliance _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection:

☐ Provisional ☐ Provisional to Operating ☐ Annual

☐ Amendment (Describe) _____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH I Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
1-004.02 Posting of License and Availability of License Record Information: pg. 10				
License, status or amendment displayed in a prominent place	☐	☐	☐	☐
Inspection reports are available upon request	☐	☐	☐	☐
1-004.04 Notification of Changes - Licensee notifies the Department: pg. 11/12				
1-004.04A Before making the following program changes: 1. building or building usage 2. age of children 3. hours or days 4. address or location 5. staff, volunteers, or household members age 13 or older	☐	☐	☐	☐
1-004.04B Within 2 working days for these changes 1. name of licensee 2. household member(s) age 12 or younger	☐	☐	☐	☐
1-006.01 Licensee Qualifications & Requirements: Licensee: pg. 15/16				
4. Is responsible for day to day operation	☐	☐	☐	☐
5. Has read, understands and is familiar with regulations	☐	☐	☐	☐
6. Makes inspections reports dated May 20, 2013 or after available upon request	☐	☐	☐	☐
7. Is in compliance with all regulations whenever any child(ren) in care	☐	☐	☐	☐
8. Assesses own ability and staff's ability to provide care for children with special needs while meeting needs of other children	☐	☐	☐	☐
9. Does not engage in employment that interferes with care of children	☐	☐	☐	☐
10. During hours of operation, is not under the influence or allow any staff, volunteer, or household member to be under the influence of alcohol, controlled substances that have not been lawfully prescribed or any other type of substance that would affect their ability to care for children	☐	☐	☐	☐
11. Allows parents immediate and unlimited access to their child(ren)	☐	☐	☐	☐
12. Allows access to the premises by agent or employee of Department in conduct of official duty	☐	☐	☐	☐
13. Allows announced and unannounced inspections by state or local inspectors, investigators, law enforcement officers in conduct of official business	☐	☐	☐	☐
14. Does not knowingly allow an individual to be on the premises that has been convicted of, admitted to, or there was substantial evidence of, crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude	☐	☐	☐	☐
15. Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her child	☐	☐	☐	☐
16. Does not engage in or have a history of behavior injurious to or which may endanger the health or morals of children	☐	☐	☐	☐
17. Immediately reports suspected child abuse/neglect or sexual abuse of a child	☐	☐	☐	☐
1-006.02C Reports of Law Enforcement Contact: pg. 19				
Licensee updates Report of Law Enforcement Contact annually	☐	☐	☐	☐
Report of Law Enforcement Contact on self, volunteers or household member(s) ages 19 or older when arrested, issued a citation (other than minor traffic violation) or charged with/convicted of any felony/misdemeanor infraction	☐	☐	☐	☐
1-006.02D Notification of Law Enforcement Contact - Licensee reports law enforcement contact if applicable: pg. 20				
Self	☐	☐	☐	☐

Household member	☐	☐	☐	☐
Staff and volunteers	☐	☐	☐	☐
1-006.02E Investigations and Repeat Registry Checks: pg. 20				
1. Licensee reports staff or volunteer being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult, if applicable	☐	☐	☐	☐
2. No individual under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult is left alone with child(ren)	☐	☐	☐	☐
1-006.02F Health Information Report: pg. 20				
Licensee updates Health Information Report annually	☐	☐	☐	☐
Staff, Substitutes, or Volunteers:				
☐ **LICENSEE DOES NOT USE STAFF, SUBSTITUTES, OR VOLUNTEERS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
1-006.03A Staff and Substitutes - Staff/Substitutes: pg. 20				
1. Are at least 16 years of age and are of good moral character	☐	☐	☐	☐
2. Do not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
3. Have no criminal history that disqualifies him/her from working in child care - 1-006.02: pgs 16-19	☐	☐	☐	☐
1-006.03B Volunteers: pg. 20				
1. Are of good moral character	☐	☐	☐	☐
2. Do not engage in or have a history of behavior injurious to or which may endanger health/morals of children	☐	☐	☐	☐
3. Are not left alone with children other than his/her own, have no criminal history that disqualifies him/her from working in child care	☐	☐	☐	☐
1-006.03C Household Members: pg. 21				
1. Household members 19 years of age or older complete Report of Law Enforcement Contact and update annually	☐	☐	☐	☐
2. Licensee has Criminal History Record Check on new household members age 19 or older after May 20, 2013	☐	☐	☐	☐
3. Licensee does not allow household members that engage in behavior injurious to or which may endanger health or morals of children to provide care or be on the premises	☐	☐	☐	☐
1-006.04B Safety Training: pg.21				
Programs licensed before May 20, 2013, provider must complete by May 20, 2016 and every 5 years	☐	☐	☐	☐
Programs liscensed on or after May 20, 2013, provider must complete within 3 years of provisional license date and every 5 years	☐	☐	☐	☐
1-006.04C Business Management Training: pg. 21				
Programs licensed before May 20, 2013, provider must complete by May 20, 2018	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 5 years of provisional license date	☐	☐	☐	☐
1-006.04D Nebraska's Early Learning Guidelines Training: pg. 22				
Programs licensed before May 20, 2013, provider must complete one domain by May 20, 2017 and one domain annually until complete	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete one domain within 4 years of provisional license date and one domain annually until complete	☐	☐	☐	☐

1-006.04E Annual Training - Licensee and Staff working: pg. 22				
More than 20 hours each week obtain 12 clock hours of documented approved in-service training in the previous year	☐	☐	☐	☐
20 hours or less each week obtain 6 clock hours of documented approved in-service training in the previous year	☐	☐	☐	☐
1-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training: pg. 23				
1. CPR training is obtained from an approved entity and is current	☐	☐	☐	☐
2. First Aid training is current	☐	☐	☐	☐
3. Documentation of CPR and First Aid certification available for review	☐	☐	☐	☐
1-006.05 Employee Records Requirements: pg. 23				
Licensee ensures records are maintained, updated as needed, and made available to the Department upon request	☐	☐	☐	☐
1-006.05A Staff - Staff records include (except substitutes and volunteers): pg. 23				
1. Name 2. Address/telephone number 3. Social Security number 4. hire/termination date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
7. Health Information Report (if works more than 20 hours/wk.) updated annually	☐	☐	☐	☐
8. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
9. Documentation of required amount of training	☐	☐	☐	☐
10. Documentation that staff has read and understands these regulations	☐	☐	☐	☐
1-006.05B Substitutes and Volunteers - Records include: pg. 23/24				
1. Name 2. Address/telephone number 3. Social Security number 4. Start date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
7. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
8. Written schedule for a volunteer includes hours and day(s) of the week	☐	☐	☐	☐
1-006.06 Child's Record - Child's Record: pg. 24				
Is completed before enrollment, kept current, and available for review	☐	☐	☐	☐
Includes child's 1. name 2. birthdate 3. enrollment date and 4. date care ceased if applicable	☐	☐	☐	☐
Includes 5. parent/guardian's home address/telephone number 6. employment address/ telephone number	☐	☐	☐	☐
Includes name of 7. individuals to whom the child can be released	☐	☐	☐	☐
Includes name of 8. individuals who will be responsible for the child in an emergency if parent/ guardian cannot be reached	☐	☐	☐	☐
Includes 9. consent to contact a physician in emergency	☐	☐	☐	☐
Includes 10. current health status of the child	☐	☐	☐	☐
Includes 11. allergies or intolerances and clear instructions in event of exposure to allergies/ intolerances	☐	☐	☐	☐
1-006.07 Parent Information Brochure: pg. 24				
Parent Information Brochure receipt signed, dated and available for review	☐	☐	☐	☐
1-006.08A Licensed Capacity: pg. 24				
Licensee does not exceed license capacity; or	☐	☐	☐	☐

Provider exceeded licensed capacity by _____ child(ren)	☐	☐	☐	☐
1-006.08B Staff-to-Child Ratio: pg. 25				
Licensee in compliance with staff-to-child ratio; or	☐	☐	☐	☐
Based on the numbers and ages of children in care, _____ staff needed; _____ staff present	☐	☐	☐	☐
1-006.09A Notification to Parents (In the event of an outbreak of a reportable disease): pg. 26				
1. / 2. Notifies parents of ALL enrolled children on the same day licensee is informed of or observes the illness	☐	☐	☐	☐
3. Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
1-006.09B Confidentiality: pg. 26				
Licensee does not release names of ill child(ren) without permission	☐	☐	☐	☐
1-006.09C Health Authority: pg. 26				
Licensee follows health authority's directives in event of a communicable disease outbreak	☐	☐	☐	☐
1-006.10 Children Excluded Due to Illness: pg. 26				
Licensee has written policy for exclusion of care due to illness available to parents/Department and is enforced	☐	☐	☐	☐
1-006.11 Immunizations: pg. 26				
Immunization record obtained within 30 days of enrollment and available for review	☐	☐	☐	☐
4. Age appropriate immunization record is updated each time child receives additional immunizations	☐	☐	☐	☐
2. Certification by medical personnel that immunization is not appropriate for child or	☐	☐	☐	☐
3. Written statement by parent/guardian with reason for not immunizing child(ren), if no immunization record	☐	☐	☐	☐
1-006.12 Supervision of Children - Licensee: pg. 27				
1. Knows whereabouts and is within sight or sound of all children at all times (1-002 Definitions: pg 2)	☐	☐	☐	☐
2. Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
3. Protects or removes children from harm	☐	☐	☐	☐
1-006.12A Supervision in the Absence of the Licensee - Substitute: pg. 27				
Knows whereabouts and is within sight or sound of all children at all times	☐	☐	☐	☐
Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protects or removes children from harm	☐	☐	☐	☐
If used, parents are notified in advance except in an emergency situation	☐	☐	☐	☐
1-006.12B Permission for Off-Premises Supervision: pg. 27				
Written permission for off-premises supervision available for review	☐	☐	☐	☐
1-006.12C Permission for Child to Leave Premises: pg. 27				
1. Written permission from parent for child to leave the premises, which includes, 2. Licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
1-006.12D1 Supervision During Outdoor Play with Fenced Play Area: pg. 27				
In fenced area children under 2 years of age are accompanied and supervised and children 2 years of age or older are supervised	☐	☐	☐	☐
1-006.12D2 Supervision During Outdoor Play with Unfenced Play Area: pg. 27				
In unfenced area children under 4 years of age are accompanied and supervised and children 4 years of age or older are supervised at all times	☐	☐	☐	☐

1-006.13 Discipline: pg. 27/28				
Only parent, licensee or substitutes discipline children in care	☐	☐	☐	☐
1-006.13A Prohibited Forms of Discipline - Children are not disciplined by: pg. 28				
1. spanking 2. slapping 3. punching 4. pinching 5. shaking 6. striking with an object 9. handling roughly 10. biting	☐	☐	☐	☐
7. Use of soap, hot sauce, or unpleasant food/non-food items	☐	☐	☐	☐
8. Placement in locked/closed room/closet	☐	☐	☐	☐
11. Denial of food or 12. forced napping	☐	☐	☐	☐
13. Use of derogatory remarks 14. abusive/profane language 15. yelling/screaming, or 16. threat of physical punishment	☐	☐	☐	☐
17. Use of mechanical restraints	☐	☐	☐	☐
1-006.13B Child Behavior That Cannot Be Disciplined: pg. 28				
Child(ren) not disciplined for 1. toilet accident 2. refusal to take medication or 3. refusal to eat	☐	☐	☐	☐
1-006.13C Use of Time Out: pg. 28				
1. Child's time out is conducted in a 1. safe, lighted, well-ventilated area and 2. within hearing distance of staff	☐	☐	☐	☐
3. Time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
1-006.13D Use of Physical Hold - Physical Hold: pgs. 28/29				
1. Used only for child hurting self, others, or property	☐	☐	☐	☐
2. Does not prevent child from breathing or speaking, and 3. ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
1-006.13D1 Notification and Documentation: pg. 29				
Parents of children notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes 1. name of child 2. date of incident 3. description of incident and 4. name(s) of staff involved	☐	☐	☐	☐
1-006.13E Use of Restraints: pg. 29				
Staff trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes 1. child's name 2. date of incident 3. description of incident and 4. name(s) of staff involved	☐	☐	☐	☐
1-006.14 Prohibited Language, Materials, and Actions: pg. 29				
Child(ren) not exposed to 1. profanity 2. sexually explicit material 3. acts of violence or 4. acts of racism	☐	☐	☐	☐
1-006.15 Child Development Program: pgs. 29/30				
Written Child Development Program available for review by parent/Department and includes; 1. indoor play 2. outdoor play 3. napping/rest periods 4. individual/group playtimes 5. reading/exploring books 6. daily reading with children of age-appropriate literature and 7. fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
1-006.15A Toys, Equipment and Materials: pg. 30				
Licensee has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) less than 3 years of age does not have access to choking hazard without direct supervision	☐	☐	☐	☐

1-006.15B Beds, Cribs, and Sleeping Surfaces: pg. 30				
1. Licensee provides acceptable sleeping surfaces for each child (a-g) bed/cot/crib/playpen/ sofa/sleeping bag/waterproof mat	☐	☐	☐	☐
2. Cribs or playpens are used for infants 12 months of age or under for sleeping	☐	☐	☐	☐
a. Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
b. Playpen mattresses are designed for that playpen, covered with fitted sheet	☐	☐	☐	☐
c. Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding	☐	☐	☐	☐
If used, blankets are secured under mattress of crib or playpen, and reaches no higher than chest of infant(s)	☐	☐	☐	☐
d. Cribs/playpens are clean, in good repair, and do not have lead-based paint	☐	☐	☐	☐
3. a. Top level of bunk bed, if used, is used only for children 6 years or older	☐	☐	☐	☐
b. Licensee does not use stackable cribs	☐	☐	☐	☐
c. Waterbed, if used, is used only for children 4 years of age or older	☐	☐	☐	☐
d. Licensee does not use cots, cushions, futons, mats, or pillows for infants 12 months and under	☐	☐	☐	☐
1-006.16 Infant/Toddler Care: pg. 31				
1. Infant cries investigated immediately	☐	☐	☐	☐
2. Infants are held, talked to, and are engaged in play every day	☐	☐	☐	☐
3. Infants under 6 months of age or those not yet able to hold their own bottles are held when fed	☐	☐	☐	☐
Infant bottles are not propped and are removed from sleeping infants	☐	☐	☐	☐
4. High chair equipped with three-point safety straps	☐	☐	☐	☐
5. Signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
6. Infants are placed on back for sleeping or medical note by physician, physician's assistant or nurse practitioner indicating another sleeping position is available for review	☐	☐	☐	☐
1-006.16A Diapering and Toileting: pg. 31				
1. Diapering procedures established and followed	☐	☐	☐	☐
a. Wet/soiled diapers changed immediately	☐	☐	☐	☐
b. Diapers checked on frequent/regular basis	☐	☐	☐	☐
c. Individual washcloths/towelettes used	☐	☐	☐	☐
d. Wet/soiled diapers stored/disposed of properly	☐	☐	☐	☐
e. Diaper changing surface cleaned or changed after use	☐	☐	☐	☐
f. Hands properly washed after changing diaper	☐	☐	☐	☐
2. Toilet training done in agreement with parent	☐	☐	☐	☐
a. Potty chairs are not in play or eating area	☐	☐	☐	☐
b. Licensee properly washes after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly washes hands after toileting	☐	☐	☐	☐

Overnight Child Care:

☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.17 Overnight Care: pgs. 31/32				
1. Licensee follows parent guidelines for bathing child	☐	☐	☐	☐

2. a. Licensee is awake until all children are asleep, and b) sleeps on same level as children	☐	☐	☐	☐
c. Adequate smoke detection in sleeping room(s)	☐	☐	☐	☐
d. Portable fire extinguisher with minimum rating 2A10BC located in licensee/staff sleeping room	☐	☐	☐	☐
e. Licensee knows how to use extinguisher	☐	☐	☐	☐
f. Documentation of yearly maintenance of fire extinguisher by certified fire inspection company	☐	☐	☐	☐
Children Engage in Wading/Swimming Activities:				
☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
1-006.18A Prohibited Water Sources: pg. 32				
Child(ren) not allowed to use 1. Natural body of water 2. Hot tub, spa, sauna 3. Livestock tank 4. Decorative pond for wading or swimming activities	☐	☐	☐	☐
1-006.18B Wading: pg. 32				
1. Children are accompanied/directly supervised during wading and water play	☐	☐	☐	☐
2. Wading pool drained and sanitized daily and inaccessible when not in use	☐	☐	☐	☐
1-006.18C Permission for Non-Licensee-Supervised Activities Off the Premises: pg. 32				
Written and signed permission to swim off premises available for review	☐	☐	☐	☐
Parent acknowledged that licensee is not responsible for supervision when swimming off premises	☐	☐	☐	☐
1-006.18D Permission for Licensee-Supervised Activities Off the Premises: pg. 32				
1. Written permission for swimming is signed, dated, updated annually 2. includes location of pool, is available for review, and	☐	☐	☐	☐
3. Includes whether child can be in water over his/her head	☐	☐	☐	☐
1-006.18E Licensure of Swimming Pools: pg. 33				
Children taken only to licensed pool	☐	☐	☐	☐
1-006.18F Water Safety - When depth of the water is over four feet: pg. 33				
Individual on duty at all times who satisfactorily completed swimming water safety course	☐	☐	☐	☐
Above-Ground Pool or In-ground Swimming Pool on Premises:				
☐ **NO ABOVE-GROUND OR IN-GROUND SWIMMING POOL ON THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
1-006.18G Pool on the Premises Not Used by Children in Care: pg. 33				
1. Pool enclosed by fence that is 4 feet high and flush with the ground	☐	☐	☐	☐
2. Above ground pool has non-climbable walls	☐	☐	☐	☐
3. If covered, licensee uses manufacturer's recommended cover	☐	☐	☐	☐
4. Rescue equipment readily available	☐	☐	☐	☐
5. Children accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
1-006.18H Pool on the Premises Used by Children in Care: pg. 33				
Meets the requirement of 1-006.18G and	☐	☐	☐	☐
1. Pool has a permit issued by the Department	☐	☐	☐	☐
2. If water is 4 ft. or over, a person who has completed a water safety course must be on duty at all times	☐	☐	☐	☐
3. Staff ratio per this regulation must be maintained (I 1-1/T2-1/P 4-1/S 6-1)	☐	☐	☐	☐

Transportation Services:

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.19 Transportation: pg. 33/34

1. Children not left alone in vehicle	☐	☐	☐	☐
2. No smoking in vehicle when children are transported	☐	☐	☐	☐
3. Vehicle doors locked when in motion	☐	☐	☐	☐
4. Driver has current and valid driver's license for type of vehicle used to transport	☐	☐	☐	☐
5. Vehicle properly registered, has first aid kit, has parent contact information for each child transported	☐	☐	☐	☐
6. Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
7. Child properly restrained in vehicle	☐	☐	☐	☐
8. Car seat federally approved and correct for child's age or developmental level	☐	☐	☐	☐
9. Permission to transport from parent available for review	☐	☐	☐	☐
10. Child transported with knowledge of parent	☐	☐	☐	☐
11. Child not transported to avoid violation of capacity or violation of staff-to-child ratio	☐	☐	☐	☐

Medications:

☐ **FCCH I LICENSEE DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.20A Giving or Applying Medication - Licensee/Staff: pg. 34

Who give/apply medications know the five rights	☐	☐	☐	☐
Give/apply the 1. RIght drug 2. To the right child 3. In the right dose 4. By the right route 5. At the right time	☐	☐	☐	☐

1-006.20B Competence To Give or Apply Medication: pg. 34

Parents or a licensed health care professional have determined licensee or staff is competent to give or apply medication	☐	☐	☐	☐

1-006.20C Confidentiality: pg. 34

Licensee/staff do not disclose information about children's medication, physical, or mental health condition unless needed to protect the health of other children or staff	☐	☐	☐	☐
Advises parent(s) in writing of private method to inform FCCH I of child's medication needs	☐	☐	☐	☐

1-006.20D Written Permission and Instructions - Licensee/Staff: pg. 35

Only gives or applies medication with prior written permission from a parent	☐	☐	☐	☐
Complies with parent instructions	☐	☐	☐	☐
Informs parent the medication will not be given or applied	☐	☐	☐	☐
1. Informs parents of errors in the giving or applying of medication	☐	☐	☐	☐
2. Does not exceed dosage printed on the label	☐	☐	☐	☐
3. Does not give/apply and returns or destroys expired medication	☐	☐	☐	☐

1-006.20E Unusual Circumstances - Medication given/applied: pg. 35

1. As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for prescription medication to be given/applied	☐	☐	☐	☐
2. By a route other than oral, topical, inhalant, or instillation has a written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐

1-006.20F Hand Washing - Staff properly wash hands: pg. 35

Before giving/applying medication	☐	☐	☐	☐
After giving/applying medications if handling of bodily fluids is involved	☐	☐	☐	☐
1-006.20G Storage: pg. 35				
1. All prescription/nonprescription medications are kept in locked storage at all times children in care	☐	☐	☐	☐
2. Refrigerated medications are in separate locked storage	☐	☐	☐	☐
3. Medication is kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
4. Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
1-006.20H Record-Keeping: pg. 35				
Licensee/Staff maintains record of time and amount of medication given or applied	☐	☐	☐	☐

☐ **LICENSEE PARTICIPATES IN CHILD CARE FOOD PROGRAM:**

Sponsoring Agency _____

1-006.21 Food Service - Meal/Snack: pg. 35/36				
Is served to all children in attendance and a weekly menu is provided upon request	☐	☐	☐	☐
1. Is appropriate to age or development of child	☐	☐	☐	☐
2. Addresses children's allergies/food intolerances	☐	☐	☐	☐
3. Meets USDA requirements	☐	☐	☐	☐
If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If dietary concern a Dr.'s statement is on file stating it is acceptable to not meet USDA guidelines	☐	☐	☐	☐
1-006.21A Meals and Snacks: pg. 36				
Licensee provides required number of meals/snacks (2.5 – 4 hrs=1 S/4-8 hrs=1S+1M/8-10 hrs=2S+1M/10 or more hour = 2S+2M)	☐	☐	☐	☐
1-006.22 Food Safety: pg. 36				
1. All perishable foods stored in covered container in operating refrigerator at a maximum temperature of 40 degrees	☐	☐	☐	☐
2. Individuals handling food properly wash their hands before and after handling food	☐	☐	☐	☐
3. All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen, if applicable	☐	☐	☐	☐
a. Unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐
b. Unfrozen breast milk is discarded after 48 hours	☐	☐	☐	☐
c. Frozen breast milk is kept in a freezer for no more than three months	☐	☐	☐	☐
4. Formula provided by the licensee is made from commercially prepared products	☐	☐	☐	☐
5. Children are served pasteurized grade A milk and milk products	☐	☐	☐	☐
Dry milk and milk products are made from pasteurized milk and milk products	☐	☐	☐	☐
6. All fresh or raw fruits and vegetables are thoroughly washed with water before use	☐	☐	☐	☐
7. Home-canned foods are not served to children in care	☐	☐	☐	☐
8. All food preparation areas are easily cleanable and in good repair	☐	☐	☐	☐
9. Any deep freezer that cannot be opened from the inside is locked or stored in a locked room	☐	☐	☐	☐
10. All utensils, equipment, and food storage areas are clean and in good repair	☐	☐	☐	☐
11. All dishes and utensils are properly washed, rinsed, sanitized, and air dried	☐	☐	☐	☐
1-006.23A Telephone: pg. 37				
Working telephone available on the premises at all times	☐	☐	☐	☐

Emergency numbers prominently posted	☐	☐	☐	☐
1-006.23B Fire and Tornado Drills - Written documentation of: pg. 37				
1. Fire drills conducted with children each month	☐	☐	☐	☐
2. Tornado drills conducted with children four times March through September	☐	☐	☐	☐
1-006.23C Fire and Tornado Safety Diagrams: pg. 37				
1. Fire and tornado safety diagrams have layout of child care area	☐	☐	☐	☐
2. Fire and tornado safety diagrams prominently posted/visible	☐	☐	☐	☐
3. Fire safety/tornado safety diagram explains the evacuation of children with special needs	☐	☐	☐	☐
4. Fire safety diagram includes evacuation routes	☐	☐	☐	☐
5. Tornado safety diagram has safe locations identified	☐	☐	☐	☐
1-006.23D Disaster Preparedness: pg. 37				
Written Disaster Preparedness Plan available for review and includes:				
1. Evacuation/moving children to safe location 2. notification of parents of emergency 3. Reunification of child/parent after evacuation and 4. safety and reunification of children with special needs	☐	☐	☐	☐
1-006.23E Notification of Emergencies - Licensee notifies Department within 24 hours or the next business day of: pg. 37/38				
1. A death of any child 2. Any accident/injury to a child which requires hospitalization/treatment at medical facility	☐	☐	☐	☐
3. Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
4. Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
1-006.23F First Aid Kit: pg. 38				
Is available on premises and stored inaccessible to children	☐	☐	☐	☐
If contains poisons/medications is in locked storage	☐	☐	☐	☐
Contains fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
1-006.24 Environmental Services: pg. 38				
Every area and building, including accessible outbuildings, on the premises is in compliance with regulations	☐	☐	☐	☐
Childcare is provided in safe, clean and comfortable environment	☐	☐	☐	☐
1-006.24A Housekeeping and Maintenance: pg. 38				
1. Child care home/grounds are kept clean/safe/in good repair, and free of exposed lead-based paint surfaces that are flaking, peeling or chipped	☐	☐	☐	☐
2. Rooms/walls/floors/ceilings kept clean, in good repair, kept free of odor from sewage/mold/mildew, other environmental or biohazard or unsanitary conditions	☐	☐	☐	☐
3. Heating/ventilation/lighting adequate to protect health of children	☐	☐	☐	☐
4. Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/insects/vermin	☐	☐	☐	☐
Doors opening to the outside self-close and ventilation windows screened	☐	☐	☐	☐
5. Garbage/rubbish disposed of in proper manner to minimize odor/diseases	☐	☐	☐	☐
1-006.24B Maintenance of Equipment, Fixtures, Furnishings, and Toys: pg. 38/39				
1. Equipment, fixtures, toys kept clean, safe, and in good repair	☐	☐	☐	☐
2. Furniture/equipment do not interfere/block exits	☐	☐	☐	☐

1-006.25 Environmental Safety: pg. 39				
Environment is safe and hazard-free	☐	☐	☐	☐
1-006.25A Smoking: pg. 39				
Smoking does not occur indoors in child care home during hours of operation when non-resident child is present	☐	☐	☐	☐
Parent(s) notified that licensee or household member smokes prior to enrollment	☐	☐	☐	☐
1-006.25B Alcohol and Controlled Substances: pg. 39				
1. Alcohol not consumed in area used for child care when children are in care	☐	☐	☐	☐
2. No evidence of controlled substance not legally prescribed on premises	☐	☐	☐	☐
Animals and Pets:				
☐ **FCCH I LICENSEE DOES NOT HAVE ANIMALS/PETS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
1-006.25C Animals/Pets: pg. 39				
Any animal in the home does not negatively affect child(ren)	☐	☐	☐	☐
1. Pet(s) examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
2. Documentation of all recommended vaccinations is available	☐	☐	☐	☐
3. Provisions available to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
4. During food preparation/serving, pet not allowed in food preparation/serving/food storage areas	☐	☐	☐	☐
5. Licensee complies with local pet ordinances	☐	☐	☐	☐
1-006.25D Prohibited Animals: pg. 39				
Exotic/unusual animal not on premises during hours of operation	☐	☐	☐	☐
Animal that has bitten or attacked someone without provocation or determined to be dangerous by Health Authority, not on premises during hours of operation	☐	☐	☐	☐
1-006.25E Other Environmental Safety Requirements: pg. 39/40				
1. Surfaces are smooth, free of sharp edges/mold/dirt/or other conditions that may pose a potential risk	☐	☐	☐	☐
2. Cleaning agents and poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription, kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for refrigerated medications	☐	☐	☐	☐
3. Firearms, weapon accessories and ammunition are kept in locked storage	☐	☐	☐	☐
Firearms stored unloaded and ammunition stored separate from firearms	☐	☐	☐	☐
4. Electrical outlets within the reach of children are covered with safety caps, ground-fault interrupters or have safety outlets installed	☐	☐	☐	☐
5. a.-d. Disposable towelettes/drinking containers/cups/glasses not shared between children	☐	☐	☐	☐
Personal care items/towels/washcloths/hairbrushes/toothbrushes not shared between children	☐	☐	☐	☐
6. Waterproof storage provided for soiled/wet clothing and inaccessible to children	☐	☐	☐	☐
1-007 Physical Plant Standards: pg. 40				
Home is safe, clean, and functional	☐	☐	☐	☐
1-007.01 Activity Space: pg. 40				
1. Activity space has furnishings to accommodate all activities/age-appropriate needs of all children 2. Is available for all children 3. And contains at least 35 square feet of space per child not counting rooms not used for childcare	☐	☐	☐	☐

1-007.02A Water Supply: pg. 40

Accessible, adequate, and safe supply of water	☐	☐	☐	☐
2. Drinking water provided by sanitary drinking fountain/ individual or disposable cups, 3. Hot and cold water available at all washing/bathing stations	☐	☐	☐	☐
Soap available at hand washing sink	☐	☐	☐	☐
Hot water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐

Non-Public Water and Non-Public Sewage System:

☐ **LICENSEE HAS PUBLIC WATER AND PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-007.02A Water Supply - Non-Public Water: pg. 40/41

1. a. Water tested annually and results available for review	☐	☐	☐	☐
b. Department approved or commercial source	☐	☐	☐	☐

1-007.02B Sewer Requirements:

No evidence of open sewage discharge on premises	☐	☐	☐	☐
Functioning and sanitary sewage system	☐	☐	☐	☐

1-007.03 Outdoor Play Areas - Outdoor play area: pg. 41

1. Has at least 50 square feet per child of age appropriate space	☐	☐	☐	☐
2. Is clean, safe, and contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
3. Is free of animal waste	☐	☐	☐	☐
4. Is free of barnyard animals or fowl	☐	☐	☐	☐

1-007.04 Fencing: pg. 3/41

Hazardous conditions required a fence	☐	☐	☐	☐
Fence is continuous barrier with no gaps/36 inches in height/ is flush to the ground	☐	☐	☐	☐

1-007.05 Playground Surfaces: pg. 41/42

Playground surface under equipment has sand, dirt, grass, rubber matting, rubber mulch, wood chips, or small-to-medium size gravel and is resilient	☐	☐	☐	☐

1-007.06 Toilets and Sinks - Toilets and sinks are: pg. 42

1. Conveniently located 2. Clean and in good repair	☐	☐	☐	☐
3. Designed for child with special needs, if applicable	☐	☐	☐	☐
4. Of suitable height or has safe stepstool	☐	☐	☐	☐

1-007.07 Fire Safety - Maintain Fire Approval: pg. 42

1. Facility has two unblocked exits approved by the State Fire Marshal	☐	☐	☐	☐
2. Furnaces, wood burning stoves, and heaters are inaccessible to children when used	☐	☐	☐	☐
3. Candles/incense 4. open flames are not used while children in care	☐	☐	☐	☐
5. All storage areas are free of excessively combustible or highly flammable materials	☐	☐	☐	☐
6. Bathroom/closet doors can be unlocked from the outside	☐	☐	☐	☐
7. Smoke detectors properly mounted and operable as required by Fire Marshal	☐	☐	☐	☐
8. When overnight care is provided a fire extinguisher with (1.006.17)2A10BC rating (pg. 32)	☐	☐	☐	☐

Neb. Rev. Statute §§ 71-1911.03 Proof of Child Care Liability Insurance:

The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH II Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number:	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number _____ **License Capacity** _____

Ages of Children Served _____ **to** _____ **Hours of Operation** _____ **to** _____

Days of Operation _____

If Provisional inspection, date of compliance _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection:

☐ Provisional ☐ Provisional to Operating ☐ Annual

☐ Amendment (Describe) _____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH II Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
2-004.02 Posting of License and Availability of License Record Information: pg. 11				
License, status or amendment displayed in a prominent place	☐	☐	☐	☐
Inspection reports are available upon request	☐	☐	☐	☐
2-004.05 Notification of Changes: Licensee notifies the Department: pg. 12/13				
2-004.05A Before making the following program changes: 1. Location 2. Building or building usage	☐	☐	☐	☐
2-004.05B 1. / 2. hours or days; 3. Ages of children 4. Household member(s) age 13 or older if in a private residence	☐	☐	☐	☐
2-004.05C Within 2 working days for these changes 1. Name of licensee 2. Household member(s) age 12 or younger if in a private residence	☐	☐	☐	☐
2-006.01 Licensee Qualifications & Requirements: pg. 17				
4. Is responsible for day to day operation	☐	☐	☐	☐
5. Has read, understands and is familiar with regulations	☐	☐	☐	☐
6. Makes inspections reports dated May 20, 2013 or after available upon request	☐	☐	☐	☐
7. Is in compliance with all regulations whenever any child(ren) in care	☐	☐	☐	☐
8. Assesses own ability and staff's ability to provide care for children with special needs while meeting needs of other children	☐	☐	☐	☐
9. Does not engage in employment that interferes with care of children	☐	☐	☐	☐
10. During hours of operation, is not under the influence or allow any staff, volunteer, or any household member to be under the influence of alcohol, controlled substances that have not been lawfully prescribed or any other type of substance that would affect their ability to care for children	☐	☐	☐	☐
11. Allows parents immediate and unlimited access to their child(ren)	☐	☐	☐	☐
12. Allows access to the premises by agent or employee of Department in conduct of official duty	☐	☐	☐	☐
13. Allows announced and unannounced inspections by state or local inspectors, investigators, law enforcement officers in conduct of official business	☐	☐	☐	☐
14. Does not knowingly allow an individual to be on the premises that has been convicted of, admitted to, or there was substantial evidence of, crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude	☐	☐	☐	☐
15. Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her child	☐	☐	☐	☐
16. Does not engage in or have a history of behavior injurious to or which may endanger the health or morals of children	☐	☐	☐	☐
17. Immediately reports suspected child abuse/neglect or sexual abuse of a child	☐	☐	☐	☐
2-006.02C Reports of Law Enforcement Contact: pg. 20				
Annual Report of Law Enforcement Contact updated by licensee on self and/or household members, staff and volunteer ages 19 years or older	☐	☐	☐	☐
Report of Law Enforcement Contact of self, volunteers or household member(s)ages 19 or older when arrested, issued a citation (other than minor traffic violation) or charged with/convicted of any felony/misdemeanor infraction	☐	☐	☐	☐

2-006.02D Notification of Law Enforcement Contact: Licensee reports law enforcement contact on: pg. 21				
Self, if applicable	☐	☐	☐	☐
Household member, staff and volunteers, if applicable	☐	☐	☐	☐
2-006.02E Investigations and Repeat Registry Checks: pg. 21				
1. Licensee reports staff or volunteer being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult, if applicable	☐	☐	☐	☐
2. No individual under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult is left alone with child(ren)	☐	☐	☐	☐
2-006.02F Health Information Report: pg. 21				
Licensee updates Health Information Report annually	☐	☐	☐	☐
2-006.03A Primary Provider: pg. 22				
1. Is at least 19 years of age 2. Is of good moral character	☐	☐	☐	☐
3. Does not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
4. Is on the child care premises sufficient hours to permit adequate attention to the management of the program	☐	☐	☐	☐
6. Has read, understands, and is familiar with the regulations	☐	☐	☐	☐
STAFF, SUBSTITUTES, OR VOLUNTEERS:				
☐ **LICENSEE DOES NOT USE STAFF, SUBSTITUTES, OR VOLUNTEERS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
2-006.03B Staff and Substitutes: pg. 22				
1. Are at least 16 years of age	☐	☐	☐	☐
2. Are of good moral character	☐	☐	☐	☐
3. Does not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
Have no criminal history that disqualifies him/her from working in child care	☐	☐	☐	☐
2-006.03C Volunteers: pg. 22				
1. Are of good moral character	☐	☐	☐	☐
2. Do not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
3. Are not left alone with children other than his/her own	☐	☐	☐	☐
Have no criminal history that disqualifies him/her from working in child care	☐	☐	☐	☐
2-006.03D Household Members: If in a private residence: pg. 22				
1. Household members 19 years of age or older complete Report of Law Enforcement Contact and update annually	☐	☐	☐	☐
2. Licensee has Criminal History Record Check on new household members age 19 or older after May 20, 2013	☐	☐	☐	☐
3. Licensee does not allow household members that engage in behavior injurious to or which may endanger health or morals of children to provide care or be on the premises	☐	☐	☐	☐
2-006.04B Safety Training: pg. 23				
Programs licensed before May 20, 2013, provider must complete by May 20, 2016 and every 5 years	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 3 years of provisional license date and every 5 years	☐	☐	☐	☐

2-006.04C Business Management Training: pg. 23				
Programs licensed before May 20, 2013, provider must complete by May 20, 2018	☐	☐	☐	☐
Programs licensed on or after May 20, 3013, provider must complete within 5 years of provisional license date	☐	☐	☐	☐
2-006.04D Nebraska's Early Learning Guidelines Training: pg. 23				
Programs licensed before May 20, 2013, provider must complete one domain by May 20, 2017 and one domain annually until complete	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete one domain within 4 years of provisional license date and one domain annually until complete	☐	☐	☐	☐
2-006.04E Annual Training: pg. 24				
Primary Provider obtains 12 clock hours of in-service training in previous calendar year and documentation is available	☐	☐	☐	☐
Each staff working more than 20 hours each week obtain 12 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
Each staff working 20 hours or less each week obtain 6 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
2-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training: pg. 24/25				
1. Primary Provider's CPR training is obtained from an approved entity and is current	☐	☐	☐	☐
2. Primary Provider's First Aid training is current	☐	☐	☐	☐
3. Documentation of CPR and First Aid certification available for review	☐	☐	☐	☐
2-006.05 Employee Records Requirements: pg. 25				
Licensee ensures records are maintained, updated as needed, and made available to the Department upon request	☐	☐	☐	☐
2-006.05A Primary Provider and Staff: Records include, except substitutes and volunteers: pg. 25				
1. Name 2. Address/telephone number 3. Social Security number 4. Hire/termination date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
7. Health Information Report (if works more than 20 hours/wk)	☐	☐	☐	☐
8. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
9. Documentation of required training	☐	☐	☐	☐
10. Documentation that staff has read and understands these regulations	☐	☐	☐	☐
2-006.05B Substitutes and Volunteers: Records include: pg. 25				
1. Name 2. Address/telephone number 3. Social Security number 4. Start date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record Check (who started May 20, 2013 or after)	☐	☐	☐	☐
7. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
8. Written schedule for a volunteer includes hours and day of the week	☐	☐	☐	☐
2-006.06 Child's Record: pg. 25/26				
Is completed before enrollment, kept current, and available for review and includes:	☐	☐	☐	☐
1. Child's name 2. Birthdate 3. Enrollment date 4. Date care ceased, if applicable	☐	☐	☐	☐
5. Parent/guardian's home address/telephone number 6. Employment address/telephone number	☐	☐	☐	☐
7. Name of individuals to whom the child can be released	☐	☐	☐	☐

1. Name of individuals who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
2. Consent to contact a physician in emergency	☐	☐	☐	☐
3. Current health status of the child	☐	☐	☐	☐
4. Allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐
2-006.07 Parent Information Brochure: pg. 26				
Parent Information Brochure receipt signed, dated and available for review	☐	☐	☐	☐
2-006.08A Licensed Capacity: pg. 26				
Licensee does not exceed license capacity or;	☐	☐	☐	☐
Provider exceeded licensed capacity by _____ child(ren)	☐	☐	☐	☐
2-006.08B Staff-to-Child Ratio: pg. 26/27				
Licensee in compliance with staff-to-child ratio or;	☐	☐	☐	☐
Based on the numbers and ages of children in care, _____ staff needed; _____ staff present	☐	☐	☐	☐
2-006.09A Notification to Parents: In the event of an outbreak of a reportable disease: pg. 27				
1. / 2. Notifies parents of ALL enrolled children on the same day licensee is informed of or observes the illness	☐	☐	☐	☐
3. Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
2-006.09B Confidentiality: pg. 27				
Licensee does not release names of ill child(ren) without permission	☐	☐	☐	☐
2-006.09C Health Authority: pg. 28				
Licensee follows health authority's directives in event of a communicable disease outbreak	☐	☐	☐	☐
2-006.10 Children Excluded Due to Illness: pg. 28				
Licensee has written policy for exclusion of care due to illness available to parents/Department and is enforced	☐	☐	☐	☐
2-006.11 Immunizations: pg. 28				
Immunization record obtained within 30 days of enrollment and available for review	☐	☐	☐	☐
1. Age appropriate immunization record is updated each time child receives additional immunizations or;	☐	☐	☐	☐
2. Certification by medical personnel that immunization is not appropriate for child or; 3. Written statement by parent/guardian with reason for not immunizing child(ren), if no immunization record	☐	☐	☐	☐
2-006.12 Supervision of Children: Licensee: pg. 28				
1. Knows whereabouts and is within sight or sound of all children at all times (2-002 Definitions, pg. 2/3)	☐	☐	☐	☐
2. Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
3. Protects or removes children from harm	☐	☐	☐	☐
2-006.12A Supervision in the Absence of the Primary Provider: Substitute: pg. 28				
Know whereabouts and is within sight or sound of all children at all times	☐	☐	☐	☐
Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protects or removes children from harm	☐	☐	☐	☐
If a substitute is used, parents are notified in advance except in an emergency situation	☐	☐	☐	☐
2-006.12B Permission for Off-Premises Supervision: pg. 28				

Written permission for off-premises supervision available for review	☐	☐	☐	☐
2-006.12C Permission for Child to Leave Premises: pg. 29				
1. Written permission from parent for child to leave the premises, which includes	☐	☐	☐	☐
2. Licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
2-006.12D1 Supervision During Outdoor Play with Fenced Play Area: pg. 29				
In fenced area children under 2 years are accompanied and supervised and children 2 years of age or older are supervised at all times	☐	☐	☐	☐
2-006.12D2 Supervision During Outdoor Play with Unfenced Play Area: pg. 29				
In unfenced area children under 4 years are accompanied and supervised and children 4 years of age or older are supervised at all times	☐	☐	☐	☐
2-006.13 Discipline: pg. 29				
Only parent, licensee or substitutes discipline children in care	☐	☐	☐	☐
2-006.13A Prohibited Forms of Discipline: Children are not disciplined by: pg. 29				
1. Spanking 2. Slapping 3. Punching 4. Pinching 5. Shaking 6. Striking with an object 9. Handling roughly 10. Biting	☐	☐	☐	☐
7. Use of soap, hot sauce, or unpleasant food/non-food items	☐	☐	☐	☐
8. Placement in locked/closed room/closet	☐	☐	☐	☐
11. Denial of food 12. Forced napping	☐	☐	☐	☐
13. Subjecting to derogatory remarks 14. Abusive/profane language 15. Yelling/screaming 16. Threat of physical punishment	☐	☐	☐	☐
17. Use of mechanical restraints	☐	☐	☐	☐
2-006.13B Child Behavior That Cannot Be Disciplined: pg. 30				
Child(ren) not disciplined for: 1. Toileting accident 2. Refusal to take medication 3. Refusal to eat	☐	☐	☐	☐
2-006.13C Use of Time Out: pg. 30				
Child's time out is conducted in a:				
1. Safe, lighted, well-ventilated area 2. Within hearing distance of staff	☐	☐	☐	☐
3. Time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
2-006.13D Use of Physical Hold: Physical Hold: pg. 30				
1. Used only for child hurting self, others, or property	☐	☐	☐	☐
2. Does not prevent child from breathing or speaking and; 3. Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
2-006.13D1 Notification and Documentation: pg. 30				
Parents of children notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes: 1. Name of child 2. Date of incident 3. Description of incident 4. Names of staff involved	☐	☐	☐	☐
2-006.13E Use of Restraints: pg. 30/31				
Staff trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes: 1. Child's name 3. Date of incident 4. Description of incident 5. Name of staff involved	☐	☐	☐	☐
2-006.14 Prohibited Language, Materials, and Actions: pg. 31				

Child(ren) not exposed to: 1. Profanity 2. Sexually explicit material 3. Acts of violence 4. Acts of racism	☐	☐	☐	☐
2-006.15 Child Development Program: pg. 31				
Written Child Development Program available for review by parent/Department and includes: 1. Indoor play 2. Outdoor play 3. Napping and rest periods 4. Individual/group playtimes 5. Reading/exploring books 6. Daily reading with children of age-appropriate literature 7. Fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
2-006.15A Toys, Equipment and Materials: pg. 31				
Licensee has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) under 3 years do not have access to choking hazard unless directly supervised	☐	☐	☐	☐
2-006.15B Beds, Cribs, and Sleeping Surfaces: pg. 31/32				
1. Licensee provides acceptable sleeping surfaces for each child (a-g) bed/cot/crib/playpen/ sofa/sleeping bag/waterproof mat	☐	☐	☐	☐
2. Cribs or playpens are used for infants 12 months of age and under for sleeping	☐	☐	☐	☐
a. Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
b. Playpen mattresses are designed for that playpen, covered with fitted sheet	☐	☐	☐	☐
c. Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding	☐	☐	☐	☐
If used, blankets are secured under mattress of crib or playpen, and reaches no higher than chest of infant(s)	☐	☐	☐	☐
d. Cribs/playpens are clean, in good repair, and do not have lead-based paint	☐	☐	☐	☐
3. a. Top level of bunk bed, if used, is used only for children 6 years or older	☐	☐	☐	☐
b. Licensee does not use stackable cribs	☐	☐	☐	☐
c. Waterbed, if used, is used only for children 4 years of age or older	☐	☐	☐	☐
d. Licensee does not use cots, cushions, futons, mats, or pillows for infants 12 months and under	☐	☐	☐	☐
2-006.16 Infant/Toddler Care: pg. 32				
1. Infant cries investigated immediately	☐	☐	☐	☐
2. Infants are held, talked to, and are engaged in play every day	☐	☐	☐	☐
3. Infants under 6 months of age or those not yet able to hold their own bottles are held when fed	☐	☐	☐	☐
Infant bottles are not propped and are removed from sleeping infants	☐	☐	☐	☐
4. High chair equipped with three-point safety straps	☐	☐	☐	☐
5. Signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
6. Infants are placed on back for sleeping or medical note by physician, physician's assistant or nurse practioner indicating another sleeping position is available for review	☐	☐	☐	☐
2-006.16A Diapering and Toileting: pg. 32/33				
1. Diapering procedures established and followed	☐	☐	☐	☐
a. Wet/soiled diapers changed immediately	☐	☐	☐	☐
b. Diapers checked on frequent/regular basis	☐	☐	☐	☐
c. Individual washcloths/towelettes used	☐	☐	☐	☐
d. Wet/soiled diapers stored/disposed of properly	☐	☐	☐	☐
e. Diaper changing surface cleaned or changed after use	☐	☐	☐	☐

a. Hands properly washed after changing diaper	☐	☐	☐	☐
2. Toilet training done in agreement with parent	☐	☐	☐	☐
a. Potty chairs are not in play or eating areas	☐	☐	☐	☐
b. Licensee properly washes after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly wash hands after toileting	☐	☐	☐	☐

Overnight Child Care:

☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.17 Overnight Care: pg. 33				
1. Licensee follows parent guidelines for bathing child	☐	☐	☐	☐
2. a. Licensee is awake until all children are asleep and b. sleeps on same level as children	☐	☐	☐	☐
c. Adequate smoke detection in sleeping room(s)	☐	☐	☐	☐
d. Portable fire extinguisher with minimum rating 2A10BC located in licensee/staff sleeping room	☐	☐	☐	☐
e. Licensee knows how to use extinguisher	☐	☐	☐	☐
f. Documentation of yearly maintenance of fire extinguisher by certified fire inspection company	☐	☐	☐	☐

Children Engage in Wading/Swimming Activities:

☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.18A Prohibited Water Sources: pg. 33				
Child(ren) not allowed to use a: 1. Natural body of water 2. Hot tub, spa, sauna 3. Livestock tank 4. Decorative pond for wading or swimming activities	☐	☐	☐	☐
2-006.18B Wading: pg. 34				
1. Children are accompanied/directly supervised during wading and water play	☐	☐	☐	☐
2. Wading pool drained and sanitized daily and inaccessible when not in use	☐	☐	☐	☐
2-006.18C Permission for Non-Licensee-Supervised Activities Off the Premises: pg. 34				
Written and signed permission to swim off premises available for review	☐	☐	☐	☐
Parent acknowledged that licensee is not responsible for supervision when swimming off premises	☐	☐	☐	☐
2-006.18D Permission for Licensee-Supervised Activities Off the Premises: pg. 34				
1. Written permission	☐	☐	☐	☐
2. For swimming is signed, dated, updated annually and includes location of pool, is available for review	☐	☐	☐	☐
3. Includes whether child can be in water over his/her head	☐	☐	☐	☐
2-006.18E Licensure of Swimming Pools: pg. 34				
Children taken only to licensed pool	☐	☐	☐	☐
2-006.18F Water Safety: When depth of the water is over four feet: pg. 34				
Individual on duty at all times who satisfactorily completed swimming water safety course	☐	☐	☐	☐

Above-Ground Pool or In-ground Swimming Pool on Premises:

☐ **NO ABOVE-GROUND OR IN-GROUND SWIMMING POOL ON THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.18G Pool on the Premises Not Used by Children in Care: pg. 34/35

1. Pool enclosed by fence that is 4 feet high and flush with the ground	☐	☐	☐	☐
2. Above ground pool has non-climbable walls	☐	☐	☐	☐
3. If covered, licensee uses manufacturer's recommended cover	☐	☐	☐	☐
4. Rescue equipment readily available	☐	☐	☐	☐
5. Children accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
2-006.18H Pool on the Premises Used by Children in Care: pg. 35				
1. Pool has a permit issued by the Department	☐	☐	☐	☐
2. If water is over 4 ft. a person who has completed a water safety course must be on duty at all times	☐	☐	☐	☐
3. Staff ratio per this regulation must be maintained	☐	☐	☐	☐

I 1-1/T2-1/P 4-1/S 6-1

Transportation Services:

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.19 Transportation: pg. 35				
1. Children not left alone in vehicle	☐	☐	☐	☐
2. No smoking in vehicle when children are transported	☐	☐	☐	☐
3. Vehicle doors locked when in motion	☐	☐	☐	☐
4. Driver has current and valid driver's license for type of vehicle used to transport	☐	☐	☐	☐
5. Vehicle properly registered, has first aid kit, has parent contact information for each child transported	☐	☐	☐	☐
6. Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
7. Child properly restrained in vehicle	☐	☐	☐	☐
8. Car seat federally approved and correct for child's age or developmental level	☐	☐	☐	☐
9. Permission to transport from parent available for review	☐	☐	☐	☐
10. Child transported with knowledge of parent	☐	☐	☐	☐
11. Child not transported to avoid violation of capacity or violation of staff-to-child ratio	☐	☐	☐	☐

Medications:

☐ **FCCH II LICENSEE DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.20A Giving or Applying Medication: Licensee/Staff: pg. 36				
Who give/apply medications know the five rights	☐	☐	☐	☐
Give/apply the: 1. Right drug 2. To the right child 3. In the right dose 4. By the right route 5. At the right time	☐	☐	☐	☐
2-006.20B Competence To Give or Apply Medication: pg. 36				
Parents or a licensed health care professional have determined licensee is competent to give or apply medication	☐	☐	☐	☐
2-006.20C Confidentiality: pg. 36				
Licensee/staff do not disclose information about children's medication, physical, or mental health condition unless needed to protect the health of other children or staff	☐	☐	☐	☐
Advises parents in writing of private method to inform FCCH II of child's medication needs	☐	☐	☐	☐
2-006.20D Written Permission and Instructions: Licensee/Staff: pg. 36				
Only gives or applies medication with prior written permission from a parent	☐	☐	☐	☐

Complies with parent instructions	☐	☐	☐	☐
Complies with parent instructions or informs parent the medication will not be given or applied	☐	☐	☐	☐
1. Informs parents of errors in the giving or applying of medication	☐	☐	☐	☐
2. Does not exceed dosage printed on the label				
3. Does not give/apply and returns or destroys expired medication	☐	☐	☐	☐
2-006.20E Unusual Circumstances: Prescription Medication given/applied: pg. 36/37				
1. As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for prescription medication to be given/applied	☐	☐	☐	☐
2. By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
2-006.20F Hand Washing: Staff properly wash hands: pg. 37				
Before giving/applying medication	☐	☐	☐	☐
Before and after giving/applying medications if handling of bodily fluids is involved	☐	☐	☐	☐
2-006.20G Storage: pg. 37				
1. All prescription/nonprescription medications are kept in locked storage at all times children in care	☐	☐	☐	☐
2. Refrigerated medications are in separate locked storage	☐	☐	☐	☐
3. Medication is kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
4. Over the counter, non-toxic topical ointment is kept out of reach of children such as lip balm, petroleum jelly, sun block, diaper ointment	☐	☐	☐	☐
2-006.20H Record-Keeping: pg. 37				
Licensee/Staff maintains record of time and amount of medication given or applied	☐	☐	☐	☐

☐ **LICENSEE PARTICIPATES IN CHILD CARE FOOD PROGRAM:**
Sponsoring Agency _____

2-006.21 Food Service: Meal/Snack: pg. 37				
Is served to all children in attendance and a weekly menu is provided upon request	☐	☐	☐	☐
1. Is appropriate to age or development of child	☐	☐	☐	☐
2. Addresses children's allergies/food intolerances	☐	☐	☐	☐
3. Meets USDA requirements	☐	☐	☐	☐
If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If dietary concerns Dr.'s statement on file stating it is acceptable to not meet USDA guidelines	☐	☐	☐	☐
2-006.21A Meals and Snacks: pg. 37				
Licensee provides required number of meals/snacks	☐	☐	☐	☐
2.5 – 4 hrs=1 S/4-8 hrs=1S+1M/8-10 hrs=2S+1M/10 or more hour = 2S+2M				
2-006.22 Food Safety: pg. 38				
1. All perishable foods stored in covered container in operating refrigerator at a maximum temperature of 40 degrees	☐	☐	☐	☐
2. Individuals handling food properly wash their hands before and after handling food	☐	☐	☐	☐
3. All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen, if applicable	☐	☐	☐	☐
a. Unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐

a. Unfrozen breast milk is discarded after 48 hours	☐	☐	☐	☐
b. Frozen breast milk is kept in a freezer for no more than three months	☐	☐	☐	☐
4. Formula provided by the licensee is made from commercially prepared products	☐	☐	☐	☐
5. Children are served pasteurized grade A milk and milk products	☐	☐	☐	☐
Dry milk and milk products are made from pasteurized milk and milk products	☐	☐	☐	☐
6. All fresh or raw fruits and vegetables are thoroughly washed with water before use	☐	☐	☐	☐
7. Home-canned foods are not served to children in care	☐	☐	☐	☐
8. All food preparation areas are easily cleanable and in good repair	☐	☐	☐	☐
9. Any deep freezer that cannot be opened from the inside is locked or stored in a locked room	☐	☐	☐	☐
10. All utensils, equipment, and food storage areas are clean and in good repair	☐	☐	☐	☐
11. All dishes and utensils are properly washed, rinsed, sanitized, and air dried	☐	☐	☐	☐
2-006.23A Telephone: pg. 38				
Working telephone available on the premises at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
2-006.23B Fire and Tornado Drills: Written documentation of - pg. 38/39				
1. Fire drills conducted with children each month	☐	☐	☐	☐
2. Tornado drills conducted with children four times March through September	☐	☐	☐	☐
2-006.23C Fire and Tornado Safety Diagrams: pg. 39				
1. Fire and tornado safety diagrams have layout of child care area	☐	☐	☐	☐
2. Fire and tornado safety diagrams prominently posted/visible	☐	☐	☐	☐
3. Fire safety/Tornado safety diagram explains the evacuation of children with special needs	☐	☐	☐	☐
4. Fire safety diagram includes evacuation routes	☐	☐	☐	☐
5. Tornado safety diagram has safe locations identified	☐	☐	☐	☐
2-006.23D Disaster Preparedness: pg. 39				
Written Disaster Preparedness Plan available for review and includes:				
1. Evacuation/moving children to safe location, 2. notification of parents of emergency 3. Reunification of child/parent after evacuation, and 4. safety and reunification of children with special needs	☐	☐	☐	☐
2-006.23E Notification of Emergencies: Licensee notifies Department within 24 hours or the next business day of: pg. 39				
1. A death of any child 2. Any accident/injury to a child which requires hospitalization/treatment at medical facility	☐	☐	☐	☐
3. Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
4. Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
2-006.23F First Aid Kit: First Aid Kit: pg. 39				
Is available on premises and stored inaccessible to children	☐	☐	☐	☐
If contains poisons/medications is in locked storage	☐	☐	☐	☐
Contains fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
2-006.24 Environmental Services: pg. 40				
Every area and building, including accessible outbuildings, on the premises is in compliance with regulations	☐	☐	☐	☐

Childcare is provided in safe, clean and comfortable environment	☐	☐	☐	☐
2-006.24A Housekeeping and Maintenance: pg. 40				
1. Child care home/grounds are kept clean/safe/in good repair, and free of exposed lead-based paint surfaces that are flaking, peeling or chipped	☐	☐	☐	☐
2. Rooms/walls/floors/ceilings kept clean, in good repair, kept free of odor from sewage/mold/mildew, other environmental or biohazard or unsanitary conditions	☐	☐	☐	☐
3. Heating/ventilation/lighting adequate to protect health of children	☐	☐	☐	☐
4. Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/insects/vermin	☐	☐	☐	☐
Doors opening to the outside self-close and ventilation windows screened	☐	☐	☐	☐
5. Garbage/rubbish disposed of in proper manner to minimize odor/diseases	☐	☐	☐	☐
2-006.24B Maintenance of Equipment, Fixtures, Furnishings, and Toys: pg. 40				
1. Equipment, fixtures, toys kept clean, safe, and in good repair	☐	☐	☐	☐
2. Furniture/equipment do not interfere/block exits	☐	☐	☐	☐
2-006.25 Environmental Safety: pg. 40				
Environment is safe and hazard-free	☐	☐	☐	☐
2-006.25A Smoking: pg. 40				
1. Smoking does not occur indoors in child care home during hours of operation when non-resident child is present	☐	☐	☐	☐
2. If not the residence of the Licensee, smoking does not occur indoors at any time	☐	☐	☐	☐
3. Parent(s) notified that licensee or household member smokes prior to enrollment	☐	☐	☐	☐
2-006.25B Alcohol and Controlled Substances: pg. 41				
1. Alcohol not consumed in area used for child care when children are in care	☐	☐	☐	☐
2. If not a private residence alcohol not present in area used for childcare when child(ren) are in care	☐	☐	☐	☐
3. No evidence of controlled substance not legally prescribed on premises	☐	☐	☐	☐
Animals and Pets:				
☐ **FCCH II LICENSEE DOES NOT HAVE ANIMALS/PETS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
2-006.25C Animals/Pets: pg. 41				
Any animal in the home does not negatively affect child(ren)	☐	☐	☐	☐
1. Pet(s) examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
2. Documentation of all recommended vaccinations is available	☐	☐	☐	☐
3. Provisions available to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
4. During food preparation/serving, pet not allowed in food preparation/serving/food storage areas	☐	☐	☐	☐
5. Licensee complies with local pet ordinances	☐	☐	☐	☐
2-006.25D Prohibited Animals: pg. 41				
Exotic/unusual animal not on premises during hours of operation	☐	☐	☐	☐
Animal that has bitten or attacked someone without provocation or determined to be dangerous by Health Authority, not on premises during hours of operation	☐	☐	☐	☐

2-006.25E Other Environmental Safety Requirements: pg. 41

1. Surfaces are smooth, free of sharp edges/mold/dirt/or other conditions that may pose a potential risk	☐	☐	☐	☐
2. Cleaning agents and poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription, kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for refrigerated medications	☐	☐	☐	☐
3. Firearms, weapon accessories and ammunition are kept in locked storage	☐	☐	☐	☐
Firearms stored unloaded and ammunition stored separate from firearms	☐	☐	☐	☐
4. Electrical outlets within the reach of children are covered with safety caps, ground-fault interrupters or have safety outlets installed	☐	☐	☐	☐
5. a.-d. Disposable towelettes/drinking containers/cups/glasses not shared between children	☐	☐	☐	☐
Personal care items/towels/washcloths/hairbrushes/toothbrushes not shared between children	☐	☐	☐	☐
6. Waterproof storage provided for soiled/wet clothing and inaccessible to children	☐	☐	☐	☐
2-007 Physical Plant Standards: pg. 42				
Home is safe, clean, and functional	☐	☐	☐	☐
2-007.01 Activity Space: pg. 42				
1. Activity space has furnishings to accommodate all activities/age-appropriate needs of all children 2. Is available for all children 3. And contains at least 35 square feet of space per child not counting rooms not used for childcare	☐	☐	☐	☐
2-007.02A Water Supply: pg. 42				
Accessible, adequate, and safe supply of water	☐	☐	☐	☐
2. Drinking water provided by sanitary drinking fountain/ individual or disposable cups	☐	☐	☐	☐
3. Hot and cold water available at all washing/bathing stations	☐	☐	☐	☐
Soap available at hand washing sink	☐	☐	☐	☐
Hot water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Non-Public Water and Non-Public Sewage System:				
☐ **LICENSEE HAS PUBLIC WATER AND PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
2-007.02A Water Supply: Non-Public Water: pg. 42/ 43				
1. a. Water tested annually and results available for review	☐	☐	☐	☐
b. Department approved or commercial source	☐	☐	☐	☐
2-007.02B Sewer Requirements: pg. 43				
No evidence of open sewage discharge on premises	☐	☐	☐	☐
Functioning and sanitary sewage system	☐	☐	☐	☐
2-007.03 Outdoor Play Areas: Outdoor play area: pg. 43				
1. Has at least 50 square feet per child of age appropriate space	☐	☐	☐	☐
2. Is clean, safe, and contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
3. Is free of animal waste	☐	☐	☐	☐
4. Is free of barnyard animals or fowl	☐	☐	☐	☐
2-007.04 Fencing: pg. 3/43				
Hazardous conditions required a fence: (2-002) Fence is continuous barrier with no gaps/36 inches in height/ is flush to the ground	☐	☐	☐	☐

2-007.05 Playground Surfaces: pg. 43				
Playground surface under equipment has sand, dirt, grass, rubber matting, rubber mulch, wood chips, or small-to-medium size gravel and is resilient	☐	☐	☐	☐
2-007.06 Toilets and Sinks: Toilets and sinks are: pg. 43/44				
1. Conveniently located 2. Clean and in good repair	☐	☐	☐	☐
3. Designed for child with special needs, if applicable	☐	☐	☐	☐
4. Of suitable height or has safe stepstool	☐	☐	☐	☐
2-007.07 Fire Safety: Maintain Fire Approval: pg. 44				
1. Facility has two unblocked exits approved by the State Fire Marshal	☐	☐	☐	☐
2. Furnaces, wood burning stoves, and heaters are inaccessible to children when used	☐	☐	☐	☐
3. Candles/incense	☐	☐	☐	☐
4. Open flames are not used while children in care	☐	☐	☐	☐
5. All storage areas are free of excessively combustible or highly flammable materials	☐	☐	☐	☐
6. Bathroom/closet doors can be unlocked from the outside	☐	☐	☐	☐
7. Smoke detectors properly mounted and operable	☐	☐	☐	☐
8. When overnight care is provided a fire extinguisher with (2.006.17)2A10BC rating (pg. 33)	☐	☐	☐	☐
Neb. Rev. Stat. §§ 71-1911.03 Proof of Child Care Liability Insurance:				
The Licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

HEALTH CLINIC COMPLIANCE INSPECTION INFORMATION REQUEST CHECKLIST

Please prepare the following for the compliance inspection:

_____1. Duties and responsibilities of the Administrator in written format.

_____2. Procedures for reporting evidence of abuse, neglect or exploitation.

_____3. Current staffing schedule as worked for past 2 weeks.

_____4. Procedure for verifying/maintaining current staff credentials.

_____5. Personnel and other related files for currently employed staff to include:
*Credentialing information
*Job description
*Health History Screening
*Orientation
*Ongoing Training

_____6. Complaint/Grievance Procedure and Complaint/Grievances from past year.

_____7. Patient rights.

_____8. Quality Assurance/Performance Improvement Program and results.

_____9. Patient care and treatment procedures.

_____10. Medication related procedures to include:
*Medication Aide
*Medication Errors/Adverse reactions
*Handling of Medication
*Controlled Substances

_____11. Medication Errors and Incident reports for past year.

____ 12. Verbal orders procedure.

_____13. Patient education/discharge instruction form/procedure.

_____14. Patient transfer procedure.

_____15. Patient record keeping system and related procedures.

_____16. Infection control program including procedures equipment.

_____17. Pharmacy policies and procedures.

_____18. CLIA certificate, if applicable.

_____19. Radiology service direction/personnel license procedures, if applicable.

_____20. Disaster preparedness and management procedures.

_____21. Patient charts as requested by surveyor.

Nebraska Department of Health and Human Services
Division of Public Health – Licensure Unit
P O Box 94986
Lincoln, NE 68509 – 4986

HEALTH CLINIC COMPLIANCE INSPECTION PROTOCOLS

(*Complete Health Clinic Compliance Protocol AND the Addendum specific to the type of clinic when appropriate.)

Facility_____ Inspection Date_____

Address_____ Surveyor(s)_____

City, Zip Code_____ _____

Type of Health Clinic: Public Health____ *(*No Addendum)* ASC____ *(*Addendum)* Hemodialysis____ *(*Addendum)* Labor & Delivery____ *(*Addendum)* Other____

7-006.01 Licensee Responsibilities

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence that the licensee assumes responsibility for the total operation of the health clinic.
_____	_____	There is evidence the licensee monitors policies to assure the appropriate administration and management of the health clinic.
_____	_____	There is evidence the licensee is involved in maintaining compliance with applicable state statutes and relevant rules and regulations.
_____	_____	There is evidence the licensee monitors the quality of care and treatment provided to patients and reviews QA/QI reports and recommendations and implements programs/policies to improve patient care and treatment.
_____	_____	Minutes of meetings and actions are written and maintained.
_____	_____	The licensee designates an administrator.
_____	_____	The duties and responsibilities of the administrator are defined in writing.
_____	_____	When emergency medical technician-intermediates or emergency medical technician-paramedics perform activities within their scope of practice, there is evidence of the licensee approval.

7- 006.02 Administration

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	An administrator is employed and responsible for overall health clinic management.
_____	_____	The administrator is on the premises at least every 2 weeks (exception: vacation, illness, etc.) and a sufficient number of hours to permit adequate attention to health clinic management.
_____	_____	Appropriate staff is maintained to meet patient needs.
_____	_____	A designated person acts in the administrator's absence who is responsible and accountable for management of the health clinic.

Met Not Met

_____ _____ Procedures for reporting any evidence of abuse, neglect or exploitation are followed in accordance with state statutes.

_____ _____ There are procedures for the supervision and training of medical technician-intermediates or emergency medical technician-paramedics if employed by the clinic.

7- 006.03 Staff Requirements
7-006.03A Employment Eligibility
7-006.03A3 Criminal Background and Registry Checks

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ The job description for each staff position includes the minimum qualifications required for the position.

_____ _____ Each sampled staff's employment record contains evidence that credentials were verified prior to staff assuming job responsibilities and that licensure, registration, certification or other credentials are current. (Verification prior to assuming job responsibilities applies to staff hired after 3/1/01.)

_____ _____ All unlicensed staff assisting in provision of care or treatment are supervised by the appropriate licensed health care professional.

_____ _____ Each sampled staff's employment record contains a health history screening and physical exam if indicated that was completed prior to assuming job duties. (Applies to staff employed after 3/1/01.)

_____ _____ Policies and procedures are followed regarding health status of staff to prevent transmission of disease to patients.

_____ _____ All unlicensed direct care staff files reviewed contain evidence of the following background checks:

____Criminal Background Check
____Nurse Aide Registry
____Adult Protective Services Central Registry (APS)
____Central Register of Child Protection Cases (CPS)
____Nebraska State Patrol Sex Offender Registry

_____ _____ All unlicensed direct care staff with a criminal background or adverse finding on the Adult Protective Services Central Registry, the Central Register of Child Protection Cases or the State Patrol Sex Offender Registry have documentation in their employment record regarding the Basis for the decision and how it will not pose a threat to patient safety or patient property.

_____ _____ There is evidence that the health clinic does not employ unlicensed direct care staff with an adverse finding on the Nurse Aide Registry regarding abuse, neglect, or misappropriation of patient property.

7-006.03B Training
7-006.03C Employment Record

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ 75% of sampled staff employment records for staff employed after 3/1/01, contain evidence orientation included the following elements:

- _____ Job duties and responsibilities
- _____ Sanitation and infection control program
- _____ Organizational structure
- _____ Patient rights
- _____ Patient care policies and procedures
- _____ Personnel policies and procedures
- _____ Emergency procedures
- _____ Disaster preparedness plan
- _____ Reporting requirements for abuse, neglect and exploitation in accordance with the health clinic policies and procedures and state statutes.

_____ _____ 75% of sampled employment records for staff employed after 3/1/01 reviewed contained evidence of ongoing training and any specialized training.

_____ _____ Ongoing staff training records are maintained for continuing education and include dates, topics and participants.

_____ _____ There is a current employment record for each sampled staff and 75% of employment records reviewed contain information on orientation, inservice, credentialing and health history screening.

_____ _____ If the facility has approved emergency medical technician-intermediates and emergency medical technician-paramedics to provide services as either an employee or a volunteer, there is evidence of orientation for RNs, physicians and physician assistants that includes:

- _____ Scope of practice
- _____ Supervision requirements

7-006.04 Patient Rights

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ There are written policies and procedures available to ensure patients are afforded the 11 rights specified in the regulations.

_____ _____ There is evidence that patients are informed of Patient Rights during the admission process.

_____ _____ No evidence of patient rights violations are observed during the inspection.

7-006.04A Grievances

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ A procedure to submit grievances is made available to patients or representatives.
_____ _____ Procedures for review of grievances and time frames are followed.
_____ _____ There is evidence that a response was given for each grievance received.
_____ _____ Data from grievances/responses is used to improve the quality of patient care and treatment.

7-006.05 Quality Assurance/Performance Improvement

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ A Quality Assurance/Performance Improvement program is implemented and includes at a minimum:

- _____ A written plan of implementation.
- _____ Evaluation of care and treatment provided by staff and through contract.
- _____ Appropriate action to address problems found through the program.
- _____ Evaluation of the outcome of any action taken.
- _____ Reporting to the governing authority/licensee.

7-006.06 Patient Care and Treatment

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ Policies and procedures are written and implemented that:

- _____ Encompass all care and treatment provided to clinic patients.
- _____ Are consistent with prevailing professional standards.
- _____ Set forth the scope of services provided at the clinic.
- _____ Address patient health and safety.

7-006.06A Administration of Medication

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ Medications are provided by licensed individuals as allowed by their scope of practice or by Medication Aides as allowed by the Medication Aide Act and in accordance with prevailing professional standards.

_____ _____ Policies and procedures are followed to assure medications are legally prescribed and provided according to the 5 Rights.

- _____Right drug
- _____ Right dose
- _____ Right route
- _____ Right patient
- _____ Right time

7-006.06A1c Provision of Medication by a Person other than a Licensed Health Care Professional

☐ **Met** ☐ **Not Met** ☐ **Not applicable if all medications are administered by licensed health care professionals with their scope of practice.**

Met Not Met

_____ _____ There is evidence that all unlicensed personnel who provide medications are on the Medication Aide Registry.

_____ _____ When medication aides provide medications, policies and procedures are established and implemented and include 7-006.06A1c Items 1-8.

- _____Ensure medication aides are trained and have demonstrated minimum competency standards.
- _____Specify how direction and monitoring will occur when medication aides perform routine/acceptable activities.
- _____Specify how direction and monitoring will occur when medication aides perform authorized additional activities (PRN meds, provision by additional routes and participate in monitoring).
- _____Specify how competency determinations will be made for medication aides.
- _____Specify how written direction will be provided for medication aides to perform additional activities.
- _____Specify how records of medication provision will be recorded and maintained.
- _____Specify how medication errors and adverse reactions will be reported including preparation of a medication error report and documenting adverse reactions.

7-006.06A3 Medication Error Reporting
7-006.06A4 Medication Adverse Reactions Reporting

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ All medication errors are reported to the patient's licensed health care professional and/or prescriber in a timely manner when found and a written report prepared and maintained of the error.

_____ _____ All adverse reactions to medication were reported immediately when discovered to the patient's licensed healthcare professional and recorded in the patient's record in accordance with policies and procedures.

7-006.06A5 Handling of Medications
7-006.06B Verbal Orders

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Clinic has established and implemented procedures to ensure patients receive medications as prescribed by a medical practitioner.
_____	_____	There is a current policy and procedure manual regarding the handling of medications in the health clinic.
_____	_____	All controlled substances in the health clinic are counted every 24 hours.
_____	_____	Only authorized personnel designated by the health clinic policy are allowed access to medications.
_____	_____	Telephone and verbal orders are received only by authorized staff in clinic policies and procedures.

7-006.06C Patient Education
7-006.06D Patient Transfers

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Each sampled patient record review shows patients and/or designees received appropriate education and instruction to understand the patient's condition, care and treatment.
_____	_____	75% of sampled patient records contain evidence that patients received discharge instructions in writing.
_____	_____	All patients whose condition did not allow discharge from the clinic within 24 hours, were transferred to a health care facility for continuing care according to procedures.

7-006.07 Record Keeping Requirements

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is a medical record established for each patient who received care and/or treatment in the clinic.
_____	_____	75% of sampled patient medical records contain the following information when applicable:

_____Identification data (sufficient information to clearly identify the patient)
_____Chief complaint
_____Medical History
_____Physical Examination
_____All pathology/laboratory and radiology reports
_____Properly executed informed consent forms
_____Consultation reports
_____Medical practitioner orders
_____Care and treatment provided
_____Progress notes
_____Pertinent observations and events

_____Instructions to patients, including discharge/dismissal.

Met Not Met

_____ _____ 75% of sampled patient records contain entries written legibly in ink and dated.
_____ _____ 75% of sampled patient records include signature, written initials or computer entry for authentication of each medical record entry.
_____ _____ Medical records are maintained and preserved for 5 years as required.
_____ _____ Medical records of minors are kept until three years after the age of majority is attained.
_____ _____ Patient records are stored to assure confidentiality and are available only to authorized persons.
_____ _____ No patient information is released without consent of the patient or designee or as required by law.
_____ _____ Health clinic administrative records are maintained for not less than 3 years.
_____ _____ There is a yearly report summarizing the scope and volume of services provided at the health clinic.

7-006.08 Infection Control

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ The clinic environment is sanitary and there is an active program for prevention, control and investigation of infections and communicable diseases.
_____ _____ The infection control program includes the following:
- _____Person(s) designated as responsible for the program.
- _____Identification, reporting, investigating and controlling of infections and communicable diseases.
- _____Nosocomial infection is defined.
- _____Known or suspected cases of infection acquired at the health clinic are reported and records maintained of such infection.
- _____Records are maintained for infection, communicable disease and nosocomial infections
- _____Corrective action plans are implemented.
- _____The infection control program is evaluated.

_____ _____ The cleaning, sterilization and storage of supplies and equipment follows written policies and procedures and are in accordance with professional standards.
_____ _____ Staff are observed to practice good handwashing techniques before and after patient contact.

7-006.08C Food Safety

******References in brackets are from Nebraska Food Code*

All regulations marked with an X <u>must</u> be marked "Met" <u>AND</u> 80% (28 or more) of the other 35 items must be marked "Met" in order to be in substantial compliance.

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met		
			Food is procured from approved sources:
____	____	1.	Home canned foods are not used. *[3-201.12 pg. 40]* (Exception: Home canned food brought in when desired by individual residents)
____	____	2.	Fluid milk and fluid milk products meet the Grade A quality standards. *[3-201.13 pg.40]*
____	____	3.	Shell eggs are obtained from a source that has an egg-handling permit and are clean and are not cracked. *[3-202.13 pg. 43]*
____	____	4.	Fish is commercially and legally harvested and processed. *[3-201.14 pg.40]* (Exception: Residents who choose to eat fresh caught fish)
____	____	5.	Game animals when used meet Nebraska Food Code requirements. *[3-201.17 pgs. 41 & 42]*
____	____	6.	Beef, pork, poultry and lamb are obtained from sources that are under a routine inspection program. *[3-201.11 pg. 39 & 40]*
			Food is stored under sanitary conditions:
____	____ **X**	7.	Temperature of <u>potentially hazardous foods</u> is maintained at 41° F or below or 135° F or above at all times, except during preparation, cooking or cooling. *[81-2, 272.01 pgs. 64 & 65]*
____	____	8.	Frozen foods are maintained frozen. *[3-501.11 pg. 62]*
____	____	9.	Cooked <u>potentially hazardous foods</u> are cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or below within an additional 4 hours. *[3-501.14 pg. 63]*
____	____	10.	<u>Potentially hazardous foods</u> that are made from ingredients at room temperature are cooled to 41° F within 4 hours. *[3-501.14 pg. 63]*
____	____ **X**	11.	Food is protected from cross-contamination, by separating raw animal foods, unwashed and soiled foods from ready-to-eat foods. *[3-302.11 pgs.48 &49]*
____	____ **X**	12.	Poisonous or toxic materials are stored separately from food. *[7-201.11 pg. 129]*
____	____	13.	All containers of poisonous or toxic materials stored in the kitchen area are clearly and individually labeled as to contents. *[7-101.11, 7-102.11 pg.129]*
____	____	14.	Food packages are resealed after opening and have no holes or tears in the packaging so that food is protected from contamination. *[3-202.15 pg. 44]*
____	____	15.	Food is stored in clean, dry locations where exposure to splash, dust or other contaminants will not occur, food is not stored on the floor, except as allowed by (B) & (C) of this Food Code section. *[3-305.11 pg. 53]*
____	____	16.	Containers holding food or food ingredients that are removed from their original packages and not easily recognized are identified with the common name of the food. *[3-302.12 pg. 49]*

Met	Not Met		
____	____	17.	Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours is marked with date of preparation. *[81-2,272.24 pgs. 65 – 67]*
____	____	18.	There are no containers of potentially hazardous food available for consumption past 7 days of preparation or opening and no containers of food that are available past food processor's expiration date. *[81-2,272.24 pgs. 65 - 67]*
____	____	19.	Food is not stored in locker rooms, toilet rooms, dressing rooms, garbage rooms, or mechanical rooms. *[3-305.12 pgs. 53 & 54]*
			Food is prepared under sanitary conditions:
____	____	20.	Employees drink and smoke only in designated areas which do not include food preparation or dishwashing areas, except as allowed in (B) of this Food Code section. *[2- 401.11 pg. 38]*
____	____ **X**	21.	There are no more than 2 instances of failure to wash hands by food service employees: _____ after using toilet room _____ after touching bare body parts _____ after coughing, sneezing, or blowing nose _____ after using tobacco _____ after eating or drinking _____ as often as necessary to remove soil and contamination and _____ to prevent cross-contamination when changing tasks from soiled to clean *[2-301.12 pgs.35 & 36; 2-301.14 pg. 36]*
____	____	22.	Single-use gloves are used for only one task, and discarded when damaged or soiled, or when interruptions occur in the operation. *[3-304.15 pg. 52]*
____	____	*23.*	A separate handwashing sink equipped with soap, towel dispenser/waste receptacle or heated air hand drying device is convenient to food preparation and dishwashing area. *[2-301.15 pg. 36; 5-203.11 pg. 107; 5-204.11 pg. 109; 5-205.11 pg. 109; 6-301.11 pg. 123; 6-301.12 pg. 123; and 6-301.13 pg.123]*
____	____	*24.*	Dietary employees wear effective hair restraint when working with food. *[2-402.11 pgs.38 & 39]*
____	____ ***X***	*25.*	Employees working in the food preparation do not exhibit any condition/symptom as specified in the Food Code that would cause likelihood of food borne disease transmission. *[201.12 pgs. 29 & 30]*
____	____ **X**	26.	<u>Potentially hazardous foods</u> are thawed: 1) Under refrigeration 2) Completely submerged under running water of temperature of 70° F or below 3) In a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process 4) As part of the conventional cooking process *[3-501.13 pgs. 62 & 63]*
____	____	27.	Food or food ingredients are free from spoilage, spare filth or other contamination *[3-101.11 pg.39]*
____	____	28.	Employees use a clean utensil each time when tasting food. *[3-301.12 pg. 48]*

Met	Not Met		
____	____X	29.	Ground meat is cooked to an internal temperature of 155° F for 15 seconds except as otherwise specified *[3-401.11(A)(2) pg.56]*
____	____	30.	Poultry is cooked to an internal temperature of 165° F or above for 15 seconds *[3-401.11(A)(3) pg. 56]*
____	____	31.	Whole meat roast including beef, corned beef, lamb, pork and cured port roast such as ham are cooked to an internal temperature of 158 with no hold time except as otherwise specified. *[3-401.11(B)(2) pg. 57]*
____	____	32.	Meat and seafood are cooked to an internal temperature of 145° F for 15 seconds except as otherwise specified. *[3-401.11 pg. 56]*
____	____	33.	Potentially hazardous foods that have been cooked and then refrigerated are reheated within 2 hours to an internal temperature of 165° F for 15 seconds. *[3-403.11 pg. 61]*
			Sanitization of food contact surfaces of equipment and utensils:
____	____X	34.	HOT WATER SANITIZATION -Manual sanitization is completed by immersion for at least 30 seconds at 171° F or above *[4-501.111 pg. 92 and 4-703.11(A) pg. 100]* -Mechanical--during sanitization, surfaces reach a temperature of 160° F *[4-703.11 pg. 100]* CHEMICAL SANITIZATION -Manual & mechanical - a test kit that measures the concentration of sanitizing solutions is available and the concentration when checked meets the product recommendations *[4-302.14 pg. 88; 4-703.11(C) pg. 100; 4-501.114 pg. 92; and 401.116 pg. 94]*
____	____	35.	After cleaning and sanitizing, equipment and utensils may be air-dried and not cloth dried before contact with food. *[4-901.11 pgs. 101 & 102]*
____	____	36.	Food contact surfaces of equipment and utensils are clean to sight and touch. *[4-601.11 pg. 92 and 4-602.11 pg. 95]*
____	____	37.	Non-food contact surfaces of equipment and utensils are clean to sight and touch. *[4-601.11 pg. 94 and 4-602.13 pg. 97]*
____	____	38.	Moist cloths used for wiping food spills on kitchenware and food-contact surfaces of equipment are stored in a sanitizing solution following directions for sanitizer. *[3-304.14 pgs. 51 & 52]* Cloths used for raw animal foods are kept separate as required in *(C)* of this Food Code section.
____	____	39.	Floors, floor coverings, walls, wall coverings, ceilings and attachments are clean. *[6-501.12 pg. 125]*
____	____	40.	Food contact surfaces, floors, floor coverings, walls, wall coverings and ceilings are maintained in good repair. *[4-202.11 pg. 78 and 6-501.11 pg. 125]*
			Food is distributed and served under sanitary conditions:
____	____X	41.	During service <u>potentially hazardous foods</u> are maintained at 45° F or below or 135° F or above. *[81-2,272.01 pg. 64]*
____	____	42.	Food on display is protected by sneeze guards, packaging or other effective means. *[3-306.11 pg. 54]*
____	____	43.	When food is self-service, residents use clean tableware when returning for additional helpings of food. *[3-304.16 pg. 52]*
____	____	44.	During pauses in food serving, utensils are stored: a. In the food with the dispensing utensil handle extended out of the food;

b. On a clean portion of food prep table or cooking equipment;
c. In running water with sufficient velocity to flush particles; or
d. In a clean, protected location if the utensils are used only with non-potentially hazardous foods. *[3-304.12 pg. 51]*

7-006.09 Pharmacotherapy Services

☐ **Met** ☐ **Not Met** **Drug Dispensing Permit:** **Yes**_____ **No**_____
If yes Permit Number: _____

Met **Not Met**

_____ _____ Observation found pharmacotherapy services are under the supervision of a Nebraska licensed pharmacist or physician.
_____ _____ There are current references available to the staff relating to drug interactions, contraindications, dosages, etc.
_____ _____ Emergency drugs, devices and biologicals are observed readily available for emergency use.
_____ _____ There is a current policy and procedure manual regarding the handling of drugs, devices and biologicals in the health clinic available at all times.
_____ _____ Only a pharmacist or a physician with a dispensing permit or in accordance with statutes dispense drugs, devices and biologicals.
_____ _____ Drugs, devices and biologicals are stored in secured areas and according to specific storage instructions.
_____ _____ No drugs, devices and biologicals are available for patient use that are expired, mislabeled, unlabeled or unusable.
_____ _____ All sampled patient medical records specify the drugs, devices and biologicals (including samples) administered, provided or dispensed for the patient including the name, dosage, date, time and route of administration or provision and identification of the person who administered or provided such.
_____ _____ There are records maintained and kept for the previous 5 years of all drugs, devices and biologicals received, stored, administered, provided, dispensed, or disposed of at the clinic.
_____ _____ Abuse or loss of drugs, devices and biologicals are reported according to state and federal law.
_____ _____ Investigational drugs, devices and biologicals are maintained locked and separate from all other drugs, devices and biologicals and are administered only according to the clinical study protocol.
_____ _____ Drugs, devices and biologicals that are expired, mislabeled, unlabeled, or unusable are not available for patient use and are disposed of in accordance with the clinic policy and state and federal law.

7-006.10 Laboratory Services

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met **Not Met**

_____ _____ Laboratory testing provided by the clinic is in compliance with CLIA.
_____ _____ 75% of sampled patient medical records with laboratory tests have the test results filed in the record.

7-006.11 Radiology Services

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met Not Met

_____ _____ Radiology Services are under the direction of a physician and comply with the Radiation Control Act.

_____ _____ Personnel performing medical radiography procedures are licensed according to statutes.

7-006.15 Environmental Services

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ Clinic building and grounds are clean, safe and in good repair.

_____ _____ Observation found facility is collecting, containing, processing and disposing of waste appropriately in covered containers and there is no evidence of offensive odors.

_____ _____ The clinic has appropriate temperature and sound levels.

_____ _____ There are no evidence of rodents, flies and any other insects and vermin in the facility.

_____ _____ There is evidence that routine and preventative maintenance for equipment has been completed.

_____ _____ There is an adequate supply of clean linen that is observed to be free of stains and in good repair.

_____ _____ Clean and dirty linens are stored separate according to clinic procedure.

_____ _____ Water temperatures to clinic laundry equipment exceeds 160 degrees Fahrenheit or manufacturer's instructions are followed for other methods.

_____ _____ When there is a clinic owned pet, there are not negative effects on patients.

_____ _____ When there is a facility owned pet, there are policies and procedures established and implemented regarding 7-006.15D, Items 1-4.

_____ _____ The clinic environment is maintained and there is no evidence of conditions that are a potential risk for patient safety; e.g. surfaces free of sharp edges, floors fee of objects, access to exits are free of objects, etc.

_____ _____ Water temperature at handwashing fixtures does not exceed 120 degrees Fahrenheit.

_____ _____ Water temperature at bathing and therapy fixtures does not exceed 110 degrees Fahrenheit.

_____ _____ Observations found that hazardous and poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation or consumption by patients.

_____ _____ The clinic has plans in place to:

- _____ Protect or move patients to a safe place in case of fire, natural disaster or threat of danger from hazardous materials;
- _____ Ensure food water, medicine and medical supplies and other necessary items are available or obtainable;
- _____ Move patients to a place of safety when there is damage to the facility to the point of being uninhabitable.
- _____ Provide for the comfort, safety and well being of residents in the event of failure of electricity, gas, heating, cooling, sewage disposal or adequate water supply.

7-007 Physical Plant Standards

All items marked with an X must be marked "Met" AND 80% (13 or more) of the 17 remaining items must be marked "Met" to be in substantial compliance.

☐ **Met** ☐ **Not Met**

Met	Not Met		
			Support Areas
_____	_____		1. When laundry service is contracted, there are separate areas for soiled linen pickup from clean linen distribution and storage.
_____	_____	**X**	2. Observation found that the facility collects, contains, processes and disposes of medical and general waste in a manner that minimizes the transmission of infectious disease.
_____	_____		3. There is a room with a service sink and space for storage of housekeeping supplies and equipment.
			Care and Treatment Areas
_____	_____		4. There is an area for charting and patient records.
_____	_____		5. There is an area for medication storage.
_____	_____		6. There is space for patient care and treatment, consultation and a waiting area.
_____	_____		7. There is a separate clean area and a separate work area for soiled materials.
			Equipment and Supplies
_____	_____		8. There is evidence that durable medical equipment is tested and calibrated per manufacturer recommendations.
_____	_____	**X**	9. When sterile processing is completed onsite, there is a separate waste processing area.
_____	_____		10. Equipment and supplies are stored out of the path of normal traffic.
			Construction Standards
_____	_____		11. There is one room with a toilet and sink for patient use.
_____	_____		12. Patients are observed to get around in the facility without difficulty as corridors and doors are designed/equipped to prevent patient injury.
_____	_____		13. There is a handwashing sink equipped with towels and soap dispenser in all examination, treatment, isolation and procedure rooms.
_____	_____		14. Observations found visual privacy is provided to patients in care and treatment areas.
			Building Systems
_____	_____	**X**	15. The facility is connected to a public water supply or if a nonpublic water supply, there is evidence of required testing with reflects safe and sanitary water supply. There is no use of unsanitary water supply.
_____	_____		16. Observations reveal the use of anti-siphon and air gaps as potable water protection devices.

_____ _____ 17. Observations and staff interview affirm sewage system is operating without problems (no odors and sewage problems without lack of corrective action by the facility.)

_____ _____ 18. Observations affirm the heating, air conditioning and exhaust fans are operating.

Met Not Met

_____ _____ 19. Illumination levels when measured conform to the following foot candles:

_____General purpose	5
_____General corridors	10
_____Personal care and dining	20
_____Reading/activity	30
_____Food preparation	40
_____Hazardous work surfaces	50
_____Care and treatment	70
_____Examination task lighting	100
_____Procedure task lighting	200
_____Surgery task lighting	1000

_____ _____ 20. The facility provides medical gas and vacuum as required by patients receiving care and treatment.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – LICENSURE UNIT
P O BOX 94986
LINCOLN, NE 68509-4986

TYPE OF INSPECTION

- ☐ Random Selection
- ☐ Focused Selection
- ☐ Complaint Investigation
- ☐ Re-inspection

HEALTH CLINIC COMPLIANCE INSPECTION REPORT

Facility_____ **Administrator**_____

Address_____ **Inspection Date**_____

City, Zip Code_____ **Days/Hours of Operation**_____

Type of Health Clinic: Public Health _____ **ASC**_____ **Hemodialysis**_____ **Labor & Delivery**_____ **Other** _____

Applicant must demonstrate the capability to meet the following requirements of 175 NAC 7:

		Met	Not Met	Not Applicable	Comments
7-006.01	Licensee Responsibilities				
7-006.02	Administration				
7-006.03 7-006.03A	Staff Requirements Employment Eligibility				
7-006.03B 7-006.03C	Training Employment Record				
7-006.04	Patient Rights				
7-006.04A	Grievances				
7-006.05	Quality Assurance/Performance Improvement				
7-006.06	Patient Care & Treatment				
7-006.06A	Administration of Medications				
7-006.06A1c	Provision of Medication by a Person Other than a Licensed Health Care Professional				
7-006.06A3 7-006.06A4	Medication Error Reporting Medication Adverse Reactions Reporting				
7-006.06A5 7-006.06B	Handling of Medications Verbal Orders				
7-006.06C 7-006.06D	Patient Education Patient Transfers				
7-006.07	Record Keeping Requirements				
7-006.08	Infection Control				
7-006.08C	Food Service				
7-006.09	Pharmacotherapy Services				
7-006.10	Laboratory Services				
7-006.11	Radiology Services				
7-006.12	Ambulatory Surgical Center				
7-006.13	Hemodialysis Services				
7-006.14	Labor and Delivery Services				
7-006.15	Environmental Services				
7-007	Physical Plant Standards				

Corrective Action Required:

This report is a preliminary report of the inspection findings. A final report will be forwarded at a later date.

☐ **In Compliance** ☐ **Not In Compliance**

_____ _____ _____ _____

Surveyor Signature **Date** **Facility Representative** **Date**

9/09

PATIENT SAMPLE SELECTION

Facility Name_____ Survey Date(s)_____

Surveyor(s)_____

PT ID	PATIENT NAME	COMMENTS
1		
2		
3		
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30		

HEALTH CLINIC
SAMPLE PATIENT RECORD KEEPING REVIEW

Facility _____ **Surveyor** _____

Survey Date(s) _____

Patient ID **Date Of Birth**						
1. Chief Complaint						
2. Medical History						
3. Physical Exam						
4. Pathology/Laboratory/ Radiology						
5. Informed Consent						
6. Consultations						
7. Medical Orders						
8. Care & Treatment						
9. Progress Notes						
10. Observations/Events						
11. Instruction to Patients						
12. Dismissal Instruction						
13. Authenticate Each Entry						

Comments:

_____Stored to assure confidentiality AND available only to authorized persons.
_____Records are maintained and preserved for 5 years.
_____Records of minors are kept until three years after the age of majority attained.

_____Administrative records are released only with consent of client/designee.

DHHS – Division of Public Health – Health Licensure & Investigations Section
Licensure Unit-Acute Care Health Facilities

Health Clinic Compliance Inspection – Staff Requirements Review Form

Facility:_____ Surveyor:_____

Survey Dates:_____

Name Title Hire Date	Date of Health History Screen	Current License, Certification and training including med aide	Criminal Background check (Unlicensed direct care staff)	Nurse aide registry check – (Unlicensed direct care staff)	Adult Central Registry (Unlicensed direct care staff)	Child Central Registry (Unlicensed direct care staff)	Sex Offender Registry (Unlicensed direct care staff)	Job duties and responsibilities	Sanitation & Infection control	Organizational structure	Patient Rights	Patient Care Policies and Procedures	Personnel policies and procedures	Emergency procedures	Disaster preparedness plan	Abuse, Neglect, Misappropriation	Ongoing Training

X if information present
O if information not present

Revised 11/16/09

HEALTH CLINIC SURVEY CHECKSHEET

FACILITY NAME:_____

ADMINISTRATOR:_____

ADDRESS:_____

CITY:_____**ZIP:**_____

SURVEYOR/S:_____

SURVEY DATE/S:_____

_____ **CMS-670 -- Team Composition Workload Report Completed**

_____ **STATE FORM – Statement of Deficiencies**

_____ **Compliance Inspection Report**

_____ **Compliance Inspection Protocols**

_____ **Patient Sample Selection**

_____ **Staff Schedule**

_____ **Exit Conference Form**

_____ **Exit Tape**

_____ **Other Documents**

YES NO Revisit Onsite

YES NO Can correct with paper compliance

Following Information to be completed by Staff Assistant:

_____ ***DATE STATE FORM MAILED TO FAC***

_____ ***DATE POC DUE (10TH day after mailing)*** _____ ***DATE POC RETURNED***

_____ ***ACO ENTRY*** _____ ***REVISIT*** _____ ***ACO ENTRY***

NOTES:_____

_____

_____

_____

6/09

EXIT CONFERENCE ATTENDANCE

Facility _____ **Date** _____

Location _____

NAME	TITLE	DEPARTMENT

6/19/09

HEALTH CLINIC
STAFF REQUIREMENTS REVIEW

Staff Name/ Title/Date Hire	Current Credential Including Med Aide	Med Aide Competencies R=Routine A=Add'l	Health Screen/Before Assume Job	Job Duties	Sanitation/Infection Control	Organization Structure	Patient Rights	Patient Care P&P	Personnel P&P	Disaster Preparedness	Abuse, Neglect, Misappropriation Reporting	Ongong Training	**Comments**
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

Facility:

Surveyor:

Date:

X - if information present

O - if information not present

Nebraska Department of Health & Human Services
Division of Public Health
Licensure Unit

LABOR AND DELIVERY SERVICES
COMPLIANCE INSPECTION PROTOCOL ADDENDUM

Facility_____ **Inspection Date**_____
Address_____ **Surveyor**_____
City, Zip Code_____

7-006.14 Labor and Delivery Services
7-006.14A – Care and Treatment

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There are written policies and procedures for safe delivery of care and treatment that include:

- _____ Antepartum Care and Treatment
- _____ Intrapartum Care and Treatment
- _____ Postpartum Care and Treatment
- _____ Newborn Care
- _____ Labor and delivery appropriate attire
- _____ Use of oxytocic drugs
- _____ Administration of anesthetics, sedatives, analgesics and other drugs, devices and biologicals
- _____ Visitation and attendance during the birth process
- _____ Newborn identification

7-006.14B – Staff

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is evidence that appropriate licensed health care professional staff will be on call at all times and available onsite within 30 minutes.

_____ _____ There is evidence a qualified RN supervises nursing care during labor and delivery.

_____ _____ There is evidence a physician has been designated by the governing authority for direction and coordination of all medical aspects of policies.

_____ _____ There is evidence at least one physician, certified nurse midwife or RN is present when a mother or newborn is in the facility.

7-006.14C – Emergency Equipment and Supplies

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ The following emergency equipment is available in the facility to provide care to both adults and newborns:

- _____ Emergency call system
- _____ Oxygen
- _____ Mechanical ventilation assistance equipment including airways and manual breathing bags
- _____ Cardiac defibrillator
- _____ Cardiac monitoring equipment
- _____ Tracheotomy sets
- _____ Laryngoscopes and endotracheal tubes
- _____ Suction equipment

7-006.14D – Emergency Transfer

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is a written agreement for emergency care with a hospital that provides obstetrical services or there is evidence each medical practitioner practicing at the facility must have admitting privileges at a transferring hospital.

_____ _____ There is evidence the facility is able to transfer and transport mother and newborn to the contract hospital(s) or there is written contract with an ambulance service for timely response.

7-006.14E – Admission and Discharge

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is clearly defined written criteria for:

- _____ rejection
- _____ admission
- _____ discharge
- _____ continuing care

_____ _____ There is evidence that only low-risk patients who received antepartum care will be admitted to the facility.

_____ _____ There is evidence Caesarean Section procedures will not be performed.

_____ _____ There is evidence the facility will discharge or transfer the mother and newborn within 24 hours.

_____ _____ There is evidence that verbal and written instructions will be provided for observation and care after discharge of mother and newborn.

_____ _____ There is evidence the mother and newborn will only be discharged to the care of the father or responsible adult.

7-006.14F Records

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is evidence the facility will maintain permanent admission and discharge patient index includes:

- _____ Full patient name and identification number assigned
- _____ Date and time of admission and discharge
- _____ Name of admitting physician or certified nurse midwife
- _____ Type of anesthesia
- _____ Time of birth
- _____ Gender of newborn
- _____ Disposition or place to which mother and newborn were discharged or transferred

7-006.14G Births

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is a process for reporting all births in accordance with §71-604.

Nebraska Department of Health & Human Services
Division of Public Health
Licensure Section

AMBULATORY SURGICAL CENTER
INITIAL LICENSURE INSPECTION PROTOCOL ADDENDUM

Facility_____ **Inspection Date**_____
Address_____ **Surveyor**_____
City, Zip Code_____

7-006.12 Ambulatory Surgical Center
7-006.12A – Admission/Discharge Requirements

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is a policy that specifies patients are admitted to and discharged from the ASC within the same working day cannot be retained past midnight of the day of admission.

7-006.12B Chronological Permanent Admission and Discharge Record.

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is a process for maintaining a permanent chronological patient admission and discharge record that includes:

- _____ Full name of each patient
- _____ Assigned ID number
- _____ Date & Time of admission and discharge
- _____ Surgical procedure(s) performed
- _____ Inclusive time of surgical procedure(s)
- _____ Name of surgeon and any assistant(s)
- _____ Name of nursing personnel (scrub & circulating)
- _____ Type of anesthesia
- _____ Name & title of person administering anesthesia

7-006.12C Discharge Planning

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is a process established for discharge planning and transfer of necessary medical information to a receiving facility or service.

7-006.12D Discharge Criteria

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There are policies and procedures established to assure evaluation of proper recovery of patients which include:

- _____ Qualified personnel remaining with patients until status is stable & protective reflexes have returned to normal.
- _____ Patient discharge only occurs when a medical practitioner and ASC policies determine it is safe and appropriate.
- _____ Medical Criteria for discharge.

42CFR 416 REQUIREMENTS

Any deficiencies cited under the Federal regulations in the following areas will also be licensure violations and the area should be marked "Not Met".

Governing Body and Management (42 CFR 416.41)

☐ **Met** ☐ **Not Met**

Surgical Services (42 CFR 416.42)

☐ **Met** ☐ **Not Met**

Evaluation of Quality (42 CFR 416.43)

☐ **Met** ☐ **Not Met**

Environment (42 CFR 416.44)

☐ **Met** ☐ **Not Met**

Medical Staff (42 CFR 416.45)

☐ **Met** ☐ **Not Met**

Nursing Service (42 CFR 416.46)

☐ **Met** ☐ **Not Met**

Medical Records (42 CFR 416.47)

☐ **Met** ☐ **Not Met**

Pharmaceutical Services (42 CFR 416.48)

☐ **Met** ☐ **Not Met**

Laboratory and Radiologic Services (42 CFR 416.49)

☐ **Met** ☐ **Not Met**

Nebraska Department of Health & Human Services
Division of Public Health
Licensure Unit

HEALTH CLINIC INITIAL LICENSURE INSPECTION PROTOCOLS

Complete Health Clinic Initial Inspection Protocol and The Addendum Specific to the Type of Clinic

Facility_____ **Inspection Date**_____

Address_____ **Surveyor**_____

City, Zip Code_____

Type of Health Clinic: Public Health _____ ***ASC**_____ ***Hemodialysis**_____
***Labor & Delivery**_____ **Other** _____

***Addendum required**

7-006 Through 7-006.11 and 7-006.15 Apply to All Clinic Types

7-006.01 Licensee Responsibilities

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is evidence that the licensee takes responsibility for the total operation of the clinic.
_____ _____ There is an administrator employed.

7-006.02 Administration

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is evidence the administrator is responsible for directing the day to day operation.

_____ _____ There are procedures established for reporting any evidence of abuse, neglect or exploitation as required by state law.
_____ _____ There are procedures for the supervision and training of medical technician-intermediates or emergency medical technician-paramedics if employed by the clinic.

7-006.03 Staff Requirements

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is evidence that sufficient qualified staff are hired or in the process of being hired to begin operation of the facility.

_____ _____ There are job descriptions for each category of staff, which include minimum qualifications.

_____ _____ There is a system in place to verify maintenance of current active credentials for all staff when state law requires credentialing.

_____ _____ There is a mechanism to complete a health history screening for each staff person prior to their assuming job responsibilities.

_____ _____ There is evidence to support criminal background checks and registry checks have been initiated or will be done on each unlicensed direct care staff:

- _____ Criminal Background
- _____ Nurse Aide Registry
- _____ Adult & Child Central Registry
- _____ Sex offender Registry

_____ _____ There is a system in place for orientation of new staff that includes at least the following:

- _____Job duties and responsibilities
- _____Health clinic's sanitation and infection control program
- _____Organizational structure
- _____Patient rights
- _____Patient care policies and procedures
- _____Personnel policies and procedures
- _____Emergency procedures
- _____Disaster preparedness plan
- _____Reporting requirements for abuse, neglect & exploitation

7-006.04 Patient Rights

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There are written policies and procedures available for review that includes the following patient rights:

- _____ Respectful and safe care by competent personnel
- _____ Informed of patient rights during admission process
- _____ Informed in advance about care and treatment and related risks
- _____ Make informed decisions and have necessary information to make those decisions
- _____ Refuse care and treatment and to be informed of the medical consequences
- _____ Formulate advance directive
- _____ Personal privacy and confidentiality of medical records
- _____ Be free of abuse, neglect and exploitation
- _____ Access information in his/her medical record within a reasonable time
- _____ Receive health clinic services without discrimination based on race, color, religion, gender, national origin, or payer.
- _____ Voice complaints and grievances and have them addressed

_____ _____ The clinic has a process in place for addressing grievances that includes submission, time frames or review and provision of a response and how the information will be utilized to improve the quality of patient care and treatment.

7-006.05 Quality Assurance/Performance Improvement

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ There is a written quality assurance/performance improvement program with a plan developed that addresses applicable requirements:

_____Written plan of implementation
_____Evaluation of care and treatment provided both by staff & through contract
_____Appropriate action to address problems found through the program
_____Evaluation of the outcome of any action taken
_____Reporting to the governing authority

_____ _____ **ASCs Only.** The QA/PI program includes tracking of surgical procedures that result in unplanned patient admission to a hospital within 72 hours of a procedure due to post-op complications.

7-006.06 Patient Care and Treatment

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ There are written policies and procedures that cover all care and treatment to be provided to patients.

7-006.06A Administration of Medications
7-006.06B Verbal Orders

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ There are policies and procedures that address administration of medications including:

_____Self-administration
_____Administration by licensed health care professionals
_____Provision by unlicensed persons

_____ _____ When unlicensed persons provide medications, there are policies and procedures that:

_____Ensure medication aides are trained and have demonstrated minimum competency standards.
_____Specify how direction and monitoring will occur when medication aides perform routine/acceptable activities.
_____Specify how direction and monitoring will occur when medication aides perform authorized additional activities (PRN meds, provision by additional routes and participate in monitoring).
_____Specify how competency determinations will be made for medication aides.
_____Specify how written direction will be provided for medication aides to perform additional activities.
_____Specify how records of medication provision will be recorded and maintained.
_____Specify how medication errors and adverse reactions will be reported including preparation of a medication error report and documenting adverse reactions.

_____ _____ There are policies and procedures which address:

_____ Reporting any adverse reaction to a medication to the prescriber and for documenting the event in the patient's record
_____ Reporting any errors in administration to the prescriber in a timely manner
_____ Handling of medications
_____ Counting controlled substances every 24 hours
_____ Access to medications
_____ Verbal orders

7-006.06C Patient Education
7-006.06D Patient Transfers

☐ **Met** ☐ **Not Met**

_____ _____ There is a process established to ensure patient/designee education including written discharge instructions.

_____ _____ There are procedures that ensure patients are not kept longer than 24 hours including transfer to a health care facility when unable to be dismissed within 24 hours. **(Exception – ASCs must dismiss prior to midnight on day of admission)**

7-006.07 Record Keeping Requirements

☐ **Met** ☐ **Not Met**

Met Not Met

_____ _____ There is a record keeping system established that ensures the following record content:

_____ Identification data
_____ Chief complaint
_____ Medical history
_____ Physical examination
_____ All pathology/laboratory and radiology reports
_____ Properly executed informed consent forms
_____ Consultation reports
_____ Medical practitioner orders
_____ Care and treatment provided
_____ Progress notes
_____ Pertinent observations and events
_____ Instructions to patients, including discharge/dismissal
_____ Authentication of entries

_____ _____ There is a record keeping system established that ensures the following:

_____ Retention
_____ Confidentiality
_____ Access
_____ Destruction
_____ Annual report of scope and volume of services

7-006.08 Infection Control

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is an established infection control program that includes:

- _____Responsible person(s) for the program
- _____System for identifying, reporting, investigating and controlling infections and communicable disease of patients and staff
- _____Definition of nosocomial infection
- _____System for reporting known or suspected cases of infection acquired at the health clinic among patients and for maintaining records of such
- _____Maintenance of a record of infection, communicable disease and nosocominal infections
- _____Implementation of corrective action plans
- _____Mechanism for evaluation of the program

_____ _____ There are written policies and procedures for cleaning, sterilization and storage of supplies and equipment.

_____ _____ **ASCs Only.** There is a process for ASCs to provide each surgeon an annual report as to the number and rates of surgical infections in their patients. (175 NAC 7-006.12E)

_____ _____ Handwashing facilities are easily accessible for staff.

7-006.09 Pharmacotherapy Services

Drug Dispensing Permit Number _____

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Pharmacy License Number _____

Met **Not Met**

_____ _____ When a clinic provides pharmacotherapy services, there are policies and procedures that address:

- _____Supervision of the service by a licensed pharmacist or physician
- _____Emergency drugs, devices and biologicals
- _____Prescribing of drugs, devices and biologicals
- _____Preparation and compounding of drugs, devices and biologicals
- _____Dispensing of drugs, devices and biologicals
- _____Storage of drugs, devices and biologicals
- _____Record Keeping
- _____Sample drugs, devices and biologicals
- _____Investigational drugs, devices and biologicals
- _____Disposal of drugs, devices and biologicals

_____ _____ There is information available related to interactions, contraindications, side effects, toxicology, dosage, indications for use, and routes of administration of drugs.

7-006.10 Laboratory Services

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met **Not Met**

_____ _____ When a clinic is going to do laboratory testing, a CLIA certificate is present or an application has been initiated.

7-006.11 Radiology Services

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met **Not Met**

_____ _____ When a clinic is going to provide radiology services, the services are under the direction of a physician.

_____ _____ There is evidence that all personnel who will perform medical radiography procedures are licensed.

7-006.15 Environmental Services

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ All areas of clinic, including grounds and any additional buildings, are clean, safe and in good repair.

_____ _____ Equipment and fixtures are clean and in good repair.

_____ _____ There is a process established for routine and preventative maintenance of equipment and furnishings.

_____ _____ Furnishings in patient areas are clean and are not broken, torn or ripped.

_____ _____ The facility has written plans and procedures in place to:

- _____ Maintaining proper identification of each patient to ensure that care and treatment coincide with the patient's needs
- _____ Protect or move patients to a safe place when all or part of the building is damaged or uninhabitable.
- _____ Protect patients during the treat of exposure to the ingestion, absorption or inhalation of hazardous substances or materials
- _____ Ensure food, water, medicine and medical supplies and other necessary items are available or obtainable
- _____ Provide for the comfort, safety, and well being of patients in the event of failure of electricity, gas, heating, cooling, sewage disposal or water supply for 24 or more consecutive hours.

HEALTH CLINIC INITIAL INSPECTION INFORMATION REQUEST CHECKLIST

Please provide the surveyors with the following for the initial inspection:

_____1. Duties and responsibilities of the Administrator in written format.

_____2. Procedures for reporting evidence of abuse, neglect or exploitation.

_____3. Staff job descriptions.

_____4. Procedure for verifying/maintaining current staff credentials.

_____5. Health history screening form/procedure.

_____6. Content of staff training/orientation.

_____7. Patient rights in written format.

_____8. Procedure for addressing grievances.

_____9. Quality Assurance/Performance Improvement Program.

_____10. Patient care and treatment procedures.

_____11. Medication related procedures.

_____12. Verbal orders procedure.

_____13. Patient education/discharge instruction form/procedure.

_____14. Patient transfer procedure.

_____15. Patient record keeping system and related procedures.

_____16. Infection control program including procedures for cleaning, sterilizing and storing supplies and equipment.

_____17. Pharmacotherapy policies and procedures.

_____18. CLIA certificate, if applicable.

_____19. Radiology service direction/personnel license procedures, if applicable.

_____20. Disaster preparedness and management procedures.

_____21. List of personnel with date of hire and position and employee files.

_____22. Other as requested by surveyor.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – LICENSURE UNIT
P O BOX 94986
LINCOLN, NE 68509-4986

HEALTH CLINIC INITIAL LICENSURE INSPECTION REPORT

Facility_____ **Administrator**_____

Address_____ **Inspection Date**_____

City, Zip Code_____ **Days/Hours of Operation**_____

Type of Health Clinic: **Public Health** _____ **ASC**_____ **Hemodialysis**_____
Labor & Delivery_____ **Other** _____

Applicant must demonstrate the capability to meet the following requirements of 175 NAC 7:

	Met	Not Met	Not Applicable	Comments
7-006.01 Licensee Responsibilities				
7-006.02 Administration				
7-006.03 Staff Requirements				
7-006.04 Patient Rights				
7-006.05 Quality Assurance/Performance Improvement				
7-006.06 Patient Care & Treatment				
7-006.06A Administration of Medications 7-006.06B Verbal Orders				
7-006.06C Patient Education 7-006.06D Patient Transfers				
7-006.07 Record Keeping Requirements				
7-006.08 Infection Control				
7-006.09 Pharmacotherapy Services				
7-006.10 Laboratory Services				
7-006.11 Radiology Services				
7-006.12 Ambulatory Surgical Center				
7-006.13 Hemodialysis Services				
7-006.14 Labor & Delivery Services				
7-006.15 Environmental Services				

Corrective Action Required:

☐ **In Compliance** ☐ **Not In Compliance**

_____ _____ _____ _____
Surveyor Signature **Date** **Facility Representative** **Date**

11/01

CRITICAL ACCESS HOSPITAL SURVEY INFORMATION

The following information is needed to conduct the survey:

Please make available for review the following materials (if copies are needed, surveyors will request):

1. Patient index or computer printout of patients admitted in the last 6 months- **including diagnoses and whether patient was admitted to acute care or swing bed status**
2. Patient index or computer printout of patients who were in observation status at some time during the past 6 months
3. List of patient deaths for the past year
4. Emergency Room log
5. Surgery log (if applicable)
6. Current listing of inpatients for the first day of the survey, including name, room number, diagnosis(es), admission date, age, attending physician and other significant information as it applies to the patient.
7. Service agreements or arrangements as requested by the surveyors
8. Admission packet for both acute and swing bed including patient rights
9. Personnel files with evidence of appropriate licensure, certification (when applicable) and evidence of health screening (surveyors will request specific files during the survey)
10. Credential files for physicians and mid-level practitioners (surveyors will request specific files during the survey)
11. Committee meeting minutes for the past year (e.g., group of professional personnel, infection control, pharmacy, medical staff, quality assurance)
12. Policy and procedures for credentialing of medical staff
13. Medical Staff Bylaws and Rules and Regulations (Do not give us the **ORIGINAL**)
14. Governing Body meeting minutes for the past 6 months
15. Quality Assurance records for the past year
16. Infection control plan
17. Documentation of qualifications for Activity Director of swing bed patients
18. Policy and Procedures for Swing Bed (or index if on computer)
19. Log for Medication Errors/Near Misses/Adverse Drug Reactions and follow up for last 3 months
20. Emergency Preparedness book and Legionella plan to review
21. Current and closed patient medical records (surveyors will request)

Please provide **copies** of the following information:

1. List of medical staff (active and consulting and mid-level practitioners)
2. A listing of all Department heads and key personnel with job title, location and telephone numbers
3. Listing of employees, designating job title and hire date
4. Nursing staff schedules as worked for the current month and past 2 months (Ensure this includes at least first initial, last name and job title)
5. On-call schedules for the past month for physicians, other staff, e.g., mid-level practitioners, laboratory, imaging, etc.
6. Network Agreement and any credentialing or quality assurance agreements
7. Quality Assurance plan
8. Annual Program Evaluation
9. Organizational chart
10. Listing of contracted services
11. Copies of menus for therapeutic diets for week of survey
12. The names and addresses of all off-site locations operating under the same provider number as the hospital
13. Copy of policy and procedure for preventing abuse of patients
14. Copy of your policy and procedure for organ recovery and most recent dashboard from NORS
15. Copy of the facility's floor plan, indicating the location of patient care and treatment areas and patient room numbers
16. Do you use duodenoscopes? If yes, provide a copy of the manufacturer's instructions for cleaning and storing duodenoscopes(s) used in the hospital
17. Do you use an automated endoscope reprocessor (AER)? If yes, provide a copy of the instructions for use.

During the survey, the surveyors may want to meet with the various department heads if possible. If QA requirements are provided by another entity, please request a representative be available to meet with the survey team.

Revised May 2015 – MKK
Revised 3/16 SW

HEALTH CLINIC INITIAL INSPECTION INFORMATION REQUEST CHECKLIST

Please provide the surveyors with the following for the initial inspection:

_____1. Duties and responsibilities of the Administrator in written format.

_____2. Procedures for reporting evidence of abuse, neglect or exploitation.

_____3. Staff job descriptions.

_____4. Procedure for verifying/maintaining current staff credentials.

_____5. Health history screening form/procedure.

_____6. Content of staff training/orientation.

_____7. Patient rights in written format.

_____8. Procedure for addressing grievances.

_____9. Quality Assurance/Performance Improvement Program.

_____10. Patient care and treatment procedures.

_____11. Medication related procedures.

_____12. Verbal orders procedure.

_____13. Patient education/discharge instruction form/procedure.

_____14. Patient transfer procedure.

_____15. Patient record keeping system and related procedures.

_____16. Infection control program including procedures for cleaning, sterilizing and storing supplies and equipment.

_____17. Pharmacotherapy policies and procedures.

_____18. CLIA certificate, if applicable.

_____19. Radiology service direction/personnel license procedures, if applicable.

_____20. Disaster preparedness and management procedures.

_____21. List of personnel with date of hire and position and employee files.

_____22. Other as requested by surveyor.

Nebraska Department of Health and Human Services
Division of Public Health – Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

CRITICAL ACCESS HOSPITAL LICENSURE INSPECTION REPORT

Facility_____ **Administrator**_____

Address_____ **Inspection Date**_____

City, Zip Code_____

Applicant must demonstrate the capability to meet the following requirements of 175 NAC 9:

		MET	NOT MET	COMMENTS
9-006.10	Critical Access Hospital			
9-006	Standards of Operation, Care and Treatment			
9-006.01 9-006.01A 9-006.01B	Governing Authority Administration			
9-006.02	Medical Staff			
9-006.03 9-006.03A 9-006.03B 9-006.03C	Staffing Requirements Employment Eligibility Orientation Employment Record			
9-006.04 9-006.04A	Patient Rights Grievances			
9-006.05	Quality Assurance/Performance Improvement			
9-006.06 9-006.06A 9-006.06B	Patient Care and Treatment Plan of Care Administration of Medications			
9-006.06C	Nutrition			

		MET	NOT MET	COMMENTS
9-006.06D	Patient Education			
9-006.06E	Discharge Planning			
9-006.07	Record Keeping Requirements			
9-006.08	Infections Control			
9-006.09B	Nursing Services			
9-006.09I	Emergency Services			
9-006.14 9-006.14A 9-006.14B 9-006.14C 9-006.14D 9-006.14E	Environmental Services Housekeeping and Maintenance Equipment, Fixtures and Furnishings Linens Pets Environmental Safety			
9-006.14F	Disaster Preparedness and Management			

Additional Comments:

☐ **IN COMPLIANCE** ☐ **NOT IN COMPLIANCE**

Surveyor Signature _____ Date _____ Facility Representative _____ Date _____

Surveyor Signature _____ Date _____

Revised 11/10/09

Nebraska Department of Health & Human Services
Licensure Unit – Public Health Division
P O Box 94986
Lincoln, NE 68509-4986

CRITICAL ACCESS HOSPITAL COMPLIANCE INSPECTION PROTOCOL

Facility _____ Inspection Date(s) _____

Address _____ Surveyor(s) _____

City, Zip Code _____ _____

Complete the following for a Critical Access Hospital Compliance Inspection:
Critical Access Hospital Compliance Inspection Protocol Form

**The highlighted areas must be provided in order for the hospital to meet licensure requirements as a critical access hospital.

9-006.10 Critical Access Hospital ☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence that there are no more than 25 acute care inpatient beds.
_____	_____	There is evidence that the average length of stay for acute care inpatients is not more than 96 hours.
_____	_____	There is evidence that the CAH has a formal agreement with at least one hospital and other providers for services such as patient referral and transfer, communication systems, provision of emergency and nonemergency transportation and backup medical and emergency services.
_____	_____	Deficiencies cited under the Federal regulations in the following areas will also be licensure violations and the area should be marked "Not Met":

Met	Not Met	
_____	_____	Agreements (42 CFR 485.616)
_____	_____	Emergency Services (42 CFR 485.618)
_____	_____	Physical Plant and Environment (42 CFR 485.623)
_____	_____	Staffing and Staff Responsibilities (42 CFR 485.631)
_____	_____	Provision of Services (42 CFR 485.635)
_____	_____	Clinical Record (42 CFR 485.638)
_____	_____	Surgical Services (42 CFR 485.639)
_____	_____	Periodic Evaluation and Quality Assurance Review (42 CFR 485.641)

9-006 9-006.01	Standards of Operation, Care and Treatment Governing Authority
☐ Met	☐ Not Met

Met	Not Met	
____	____	Hospital operation must be described in a set of governing instruments that includes: ____Constitution or articles of incorporation ____Bylaws ____Medical staff bylaws
____	____	Governing instruments describe the makeup of the governing authority, the terms of office and method of election or appointment and removal of governing authority members and officers, and their responsibilities.
____	____	There are written minutes from meetings of the governing authority.
____	____	The duties and responsibilities of the administrator are defined in writing.
____	____	All sampled medical practitioners have been appointed to the medical staff in accordance with the medical staff bylaws and function within delineated clinical privileges.
____	____	There is evidence the governing authority monitors the activities of the medical staff and utilization review committee.
____	____	There is evidence the governing authority acts on recommendations from the Quality Assurance/Performance Improvement activities.
____	____	There is evidence the governing authority approves medical staff bylaws, rules and regulations and policies and procedures.
____	____	There is evidence the governing authority established visitation policies to ensure the health and safety of patients.
____	____	When emergency medical technician-intermediates or emergency medical technician-paramedics perform activities within their scope of practice, there is evidence of the governing authority's approval.

9-006.01B	Administration
☐ Met	☐ Not Met

Met	Not Met	
____	____	An Administrator is responsible for the day-to-day operation of the hospital.
____	____	An Administrator is on the premises at least weekly (exceptions: vacation, illness, etc.) and a sufficient number of hours to permit adequate attention to hospital management.
____	____	There is evidence of adequate staffing to meet patients' needs.
____	____	Procedures for reporting any evidence of abuse, neglect or exploitation are followed and reported in accordance with state statutes.
Met	Not Met	

_____	_____	Investigations are completed on all suspected abuse, neglect or misappropriation of money/property and action taken to prevent reoccurrence until investigation completed.

9-006.02	**Medical Staff**
9-006.02A	**Medical Staff Responsibilities**
9-006.02B	**Medical Staff Appointment**
9-006.02C	**Clinical Privileges**
9-006.02D	**Medical Staff Bylaws**

☐ **Met** ☐ **Not Met**

Met	**Not Met**	
_____	_____	There is evidence the medical staff operates according to the bylaws approved by the governing authority.
_____	_____	There is evidence of medical staff participation in Quality Assurance/Performance Improvement for evaluating patient care and treatment.
_____	_____	There is evidence the disciplinary process is followed when a medical staff member fails to follow hospital and medical staff policies.
_____	_____	There is evidence the medical staff reviews the background, experience, training and current licenses for all sampled medical practitioner credential files reviewed before making recommendations for appointments and reappointments to the governing authority.
_____	_____	The written process for delineating clinical privileges is followed.
_____	_____	There is evidence the medical staff adheres to their bylaws.

9-006.03	**Staff Requirements**
9-006.03A	**Employment Eligibility**
9-006.03B	**Training**
9-006.03C	**Employment Record**

☐ **Met** ☐ **Not Met**

Met	**Not Met**	
_____	_____	There is evidence the hospital is staffed 24 hours per day. **(Not required for Critical Access Hospitals when there are no patients in the hospital.)**
_____	_____	There is evidence of sufficient staff to meet patients' needs.
_____	_____	There is evidence of current active credentials for all sampled staff as required by state law.
_____	_____	All staff files reviewed contain evidence that a health history screening was completed.
_____	_____	Over 75% of health history screenings were completed prior to staff assuming job responsibilities.

Met **Not Met**

_____ _____ There is evidence that the hospital does not employ unlicensed direct care staff with an adverse finding on the Nurse Aide Registry regarding patient abuse, neglect, or misappropriation of patient property.

_____ _____ 75% of sampled staff records reviewed have evidence that orientation was completed on the following:

____Job duties and responsibilities
____Hospital's sanitation and infection control program
____Organizational structure within the hospital
____Patient rights
____Patient care policies and procedures
____Personnel policies and procedures
____Emergency procedures
____Disaster preparedness plan
____Information and reporting procedures for abuse, neglect and misappropriation of money or property by staff or other individuals

_____ _____ All unlicensed direct care staff files reviewed contain evidence of the following background checks:

____Criminal
____Nurse Aide Registry
____Adult Protective Services Central Registry (APS)
____Central Register of Child Protection Cases (CPS)
____Nebraska State Patrol Sex Offender Registry

_____ _____ 75% of inservice/continuing education records reviewed contain date, topic and participants.

_____ _____ 75% of sampled personnel have an employment record and the record contains, when applicable, orientation, inservices, credentialing and health history screening.

_____ _____ When the facility has approved emergency medical technician-intermediates and emergency medical technician-paramedics to provide services as either an employee or a volunteer, there must be evidence of orientation for RNs, physicians and physician assistants that includes:

____Scope of practice
____Supervision requirements

9-006.04 Patient Rights
9-006.04A Grievances

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ Patient rights are available in a written form and include all 13 rights. **(Refer to 9-006.04 items 1-13)**

_____ _____ All sampled patients interviewed affirmed patient rights had not been violated and/or when there was a violation, hospital took appropriate action.

Met **Not Met**

_____	_____	No evidence of patient rights violations observed during the survey.
_____	_____	There is a written grievance process which addresses submission of grievances which is made available to patients or representatives, addresses time frames and procedures for review and how information will be utilized to improve the quality of patient care.
_____	_____	There is evidence that hospital's grievance process is implemented and followed.

9-006.05 Quality Assurance/Performance Improvement

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence of reporting Quality Assurance/Performance activities to the governing authority.
_____	_____	Services provided, including contracted services, are evaluated through the Quality Assurance/Quality Improvement process. (**Not met if more than 2 services not evaluated).**
_____	_____	In the past year, if the Quality Assurance/Performance Improvement process identified a problem, appropriate action was taken to address the problem.
_____	_____	When an action was taken for identified problems, the outcome of the evaluated or there are plans to evaluate the outcome.
_____	_____	Applicable only if hospital does outpatient surgical procedures, there is evidence of a tracking system for outpatient surgical procedures which resulted in unplanned admission to a hospital in 72 hours due to post-surgical complications.

9-006.06 Patient Care and Treatment
9-006.06A Plan of Care

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Current sampled inpatient medical records contained a current interdisciplinary plan of care. (**Not met if more than 2 inpatient records do not have a plan of care.**)
_____	_____	Observations of patient care revealed prevailing professional standards, scope of practice requirements and policies and procedures were followed.

9-006.06B Administration of Medications

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Medications are provided by licensed individuals as allowed by their scope of practice or by Medication Aides as allowed by the Medication Aide Act and in accordance with prevailing professional standards.
_____	_____	Policies and procedures are followed to assure medications are legally prescribed and provided according to the 5 Rights. ____Right drug ____Right patient ____Right resident ____Right time ____Right dose

9-006.06B1c Provision of Medication by a Person other than a Licensed Health Care Professional

☐ Met ☐ Not Met ☐ **Not applicable if all medications are administered by licensed health care professionals within their scope of practice.**

Met	Not Met	
_____	_____	There is evidence that all unlicensed personnel who provide medications are on the Medication Aide Registry.
_____	_____	When medication aides provide medications, policies and procedures are established and implemented and include 9-006.06B1c Items 1 – 8. ____Ensure medication aides are trained and have demonstrated minimum competency standards. ____Specify how direction and monitoring will occur when medication aides perform routine/acceptable activities. ____Specify how direction and monitoring will occur when medication aides perform authorized activities (PRN meds, provision by additional routes and participate in monitoring). ____Specify how competency determinations will be made for medication aides. ____Specify how written direction will be provided for medication aides to perform additional activities. ____Specify how records of medication provision will be recorded and maintained. ____Specify how medication errors and adverse reactions will be reported, including preparation of a medication error report and documenting adverse reactions.

9-006.06B2 Medication Error Reporting
9-006.06B3 Medication Adverse Reactions Reporting

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	All medication errors are reported to the patient's licensed health care professional and/or prescriber in a timely manner when found and a written report prepared and maintained of the error.
_____	_____	All adverse reactions to medication were reported immediately when discovered to the patient's licensed healthcare professional and recorded in the patient's record in accordance with policies and procedures.

9-006.06B4 Handling of Medications

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence of establishment and implementation of policies and procedures for handling of drugs.
_____	_____	There is evidence of a shift count of all controlled substances at each nursing unit which has multi-dose floor stock or individual patient prescriptions. 24-hour unit dose systems or systems that have perpetual inventory are exempt.
_____	_____	Only authorized personnel have access to medications.

9-006.06B5 Medication Record

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Medication administration records reviewed of sampled patients contain the following:

____Patient identification – 100%
____Name of medication – 100%
____Date, time, dosage, method of administration and identification of person who administered/provided or notation of refusal – 75%
____Patient's medication allergies and sensitivities – 100%

9-006.06C Nutrition

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Patient meals observed were served in accordance with the medical practitioner's order. (**Not met if more than 2 meals not served correctly.**)
_____	_____	A current diet manual is available to dietary, nursing and medical staff.
_____	_____	100% of sampled patients needing nutrition education as identified in the medical record received this education.
_____	_____	100% of sampled patient records reviewed that contained a nutritional assessment or had medical practitioner orders for an assessment had that assessment completed by a licensed medical nutrition therapist.

9-006.06D Patient Education

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	100% of sampled patient records reviewed that had identified needs for patient education had those needs met in accordance with the established process.

9-006.06E Discharge Planning

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	75% of sampled patient records reviewed that contained requests for or identified needs for discharge planning contained a discharge plan.
_____	_____	The hospital has identified staff responsible for discharge planning.
_____	_____	The hospital has a complete and accurate list of community-based services, resources and facilities.
_____	_____	100% of sampled patient records reviewed that identified a transfer to another facility had evidence the transfer included necessary medical information.

9-006.07 / 9-006.07A — Record Keeping Requirements / Medical Records

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	All sampled patients reviewed had a medical record established. Note: Sample records must include: Inpatient and any other services the facility provides, such as, Outpatient, Surgical, Critical Care, Emergency, Obstetrical, Newborns, Pediatric, Rehabilitation, and Respiratory.
_____	_____	75% of sampled patient records have entries written legibly in ink, dated and authenticated.
_____	_____	75% of sampled patient records reviewed contain all the information, when applicable, listed in 9-006.07A1.
_____	_____	75% of sampled patient records reviewed with a discharge date more than 30 days prior are complete, including authentication of verbal and telephone orders.
_____	_____	Patient records are stored to assure confidentiality and are not accessible to unauthorized persons.

9-006.07B — Other Records/Reports

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is an established permanent patient index that includes: ____Name and identification numbers of each patient ____Dates of admission and discharge ____Name of admitting physician ____Disposition or place to which patient was discharged/transferred
_____	_____	Records are maintained regarding reporting of abuse, neglect or exploitation.

9-006.08 — Infection Control

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a person(s) responsible for infection control in the hospital.
_____	_____	There is a definition for nosocomial infection.
_____	_____	There is evidence the nosocomial infections are identified, investigated And controlled.
_____	_____	There is a system for early detection of infectious outbreaks and Prevention of further spread of infections.
_____	_____	There is evidence of monitoring for treatment appropriateness.
_____	_____	There is evidence of implementation of corrective action plans.
_____	_____	There is evidence the infection control program was evaluated.

9-006.09B Nursing Services

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is an organized nursing department with job descriptions for each category of nursing staff.
_____	_____	There is a registered nurse on duty 24 hours a day, 7 days a week available for all patients at all times. **(Not required for CAH if there are no acute patients in the hospital)**
_____	_____	Director of Nursing (or similar title) is fulltime (at least 36 hours/week) and has a current license in the State of Nebraska.
_____	_____	There is evidence that a registered nurse is responsible for the supervision of nursing care.
_____	_____	Observations revealed nursing staff follows care policies and procedures.
_____	_____	There is a record of all nursing staff development programs that includes date, topic and participants.
_____	_____	There are written policies and procedures for receiving telephone and verbal orders from physicians and record reviews indicate policies are followed. (Mark not met if policy not followed in more than 10% of total records reviewed.)
_____	_____	There is evidence of sufficient nursing staff to meet patient care and treatment needs.

9-006.09I Emergency Services

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence the emergency department is under the direction of a qualified physician member of the medical staff.
_____	_____	There is evidence that the emergency department is staffed and/or has staff on call 24 hours per day 7 days per week with medical staff and registered nurses.
_____	_____	Medical and nursing personnel are qualified in emergency care to carry out the written emergency procedures and needs anticipated by the hospital.
_____	_____	The emergency department has established and implemented written policies and procedures to ensure that emergency drugs, devices, biologicals, equipment and supplies are available for immediate use in the emergency area.
_____	_____	100% of patients selected from the emergency room log for review had a medical record of that visit to the emergency department.

Met	Not Met	
_____	_____	75% of entries in the emergency room log contain the following information: ____Patient name ____Date, time and method of arrival ____Physical findings ____Care and treatment provided ____Name of treating medical practitioner ____Disposition, including time
_____	_____	The emergency department has established and implemented written policies and procedures to ensure patients receive written and oral instructions for care.

9-006.14 Environmental Services
9-006.14A Housekeeping and Maintenance

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Buildings and grounds are observed clean, safe and in good repair.
_____	_____	75% of patient rooms observed revealed table tops, floors, appliances, fixtures and other surfaces were free of dirt and debris.
_____	_____	Facility garbage and rubbish is found stored in covered containers and there is no evidence of offensive odors present.
_____	_____	75% of sampled patients interviewed affirmed the facility maintains adequate lighting, environmental temperatures and sound levels.
_____	_____	There is maintenance to prevent entrance of rodents, flies or other insects and vermin in or around the facility premises (e.g., holes in screens, holes in outside walls, openings under outside doors) and no evidence of an infestation of such (large amounts of insects or vermin) observed in the facility.

9-006.14B Equipment, Fixtures and Furnishings

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Facility equipment, fixtures and furnishings are observed clean, safe and in good repair.
_____	_____	Common areas and patient areas are furnished with the necessary items to meet the patients' needs and for the comfort of patients.
_____	_____	Facility has a routine/preventive maintenance process in place to assure all medical equipment is maintained and safe for patient use and there is no evidence that repair is required for equipment. (Preventive maintenance on an annual basis or in accordance with manufacturer's directions.) (**Not met if more than 2 pieces of medical equipment not receiving preventive maintenance.**)

9-006.14C Linens

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Linens are observed to be clean, in good repair, not soiled/stained, frayed or have holes present.
_____	_____	When the facility launders bed and bath linens in the bulk, the linens are appropriately sanitized or disinfected, e.g., water temperatures to laundry equipment exceed 160 degrees F or manufacturer's instructions are followed for other methods.

9-006.14D Pets

☐ Met ☐ Not Met ☐ **Not applicable if there is not a pet owned by the facility**

Met	Not Met	
_____	_____	When there is a facility-owned pet, 75% of sampled patients interviewed affirm there are no negative effects on patients.
_____	_____	When there is a facility-owned pet, there are policies and procedures established and implemented regarding: _____Annual examination by a licensed veterinarian _____Vaccinations recommended by a licensed veterinarian (vaccinations for rabies is current if pet is a dog, cat or ferret) _____Adequate care is provided to prevent/care for fleas, ticks and other parasites _____Care or supervision responsibility of the pet

9-006.14E Environmental Safety

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Environment is well maintained and there is no evidence of conditions that will be a potential risk for patient safety, e.g., floors are not slippery or uneven, electrical cords are not frayed or bare, electrical switches/outlets have covers.
_____	_____	Hot water temperature at patient bathing and therapy fixtures measured 110 degrees or below when checked.
_____	_____	Hot water temperature at patient handwashing fixtures measured 120 degrees or below when checked.
_____	_____	Observations found that hazardous/poisonous materials are secured and not available to patients with confusion, dementia or to children.
_____	_____	Access to mechanical equipment areas is restricted. (**Not met if more than 1 area not restricted.**)

9-006.14F	Disaster Preparedness and Management
☐ Met	☐ Not Met

Met	Not Met	
_____	_____	The facility has written plans and procedures in place to:

____Maintain proper identification of each patient to ensure that care and treatment coincide with the patient's needs

____Protect or move patients to a safe place when all or part of the building is damaged or uninhabitable

____Protect patients during the threat of exposure to the ingestion, absorption, or inhalation of hazardous materials

____Ensure food, water, medicine and medical supplies and other necessary items are available or obtainable

____Provide for the comfort, safety, and well being of patients in the event of failure of electricity, gas, heating, cooling, sewage disposal or water supply for 24 or more consecutive hours

Revised 5/23/07

Nebraska Department of Health and Human Services
Division of Public Health - Licensure Unit
P O Box 94986
Lincoln, NE 68509-4986

INITIAL INSPECTION PROTOCOLS FOR CRITICAL ACCESS HOSPITALS

Facility _____ Inspection Date _____

Address _____ Surveyor(s) _____

City, Zip Code _____ _____

Complete the following for a Critical Access Hospital Initial Inspection:

9-006.10 **Critical Access Hospital**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence that there are no more than 25 acute care inpatient beds.
_____	_____	There is evidence that the average length of stay for acute care inpatients will be monitored so that it does not exceed 96 hours.
_____	_____	There is evidence that the CAH has a formal agreement with at least one hospital and other providers for services such as patient referral and transfer, communication systems, provision of emergency and nonemergency transportation and backup medical and emergency services.
_____	_____	The CAH is in compliance with the following Federal regulations

Met	Not Met	
_____	_____	Agreements (42 CFR 485.616)
_____	_____	Emergency Services (42 CFR 485.618)
_____	_____	Physical Plant and Environment (42 CFR 485.623)
_____	_____	Staffing and Staff Responsibilities (42 CFR 485.631)
_____	_____	Provision of Services (42 CFR 485.635)
		_____ Patient Care Policies [42 CFR 485.635(a)]
		_____Drug & Biological Requirements
		_____Nutritional Services
		_____Infection Control
		_____ Laboratory Services [42 CFR 485.635(b)(2)]
		_____ Radiology Services [42CFR 485.635(b)(3)]
		_____ Services provided through Agreement [42 CFR 485.635(c)]
		_____ Nursing Services [42 CFR 485.635(d)]
		_____ Rehabilitation Therapy Services [42CFR 485.635(e)]
_____	_____	Clinical Record (42 CFR 485.638)
_____	_____	Surgical Services (42 CFR 485.639) [If provided]
_____	_____	Periodic Evaluation and Quality Assurance Review (42 CFR 485.641)

9-006 Standards of Operation, Care and Treatment

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There are governing instruments appropriate to the type of hospital, which includes: _____ Governing authority bylaws _____ Medical staff bylaws. _____ Constitution or articles of incorporation
_____	_____	Governing instruments describe the makeup of the governing authority, the terms of office and method of election or appointment and removal of governing authority members and officers, and their responsibilities.
_____	_____	There are written minutes from meetings of the governing authority.

9-006.01 9-006.01A 9-006.01B Governing Authority Administration

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	The duties and responsibilities of the administrator are defined in writing.
_____	_____	All sampled medical practitioners have been appointed to the medical staff in accordance with the medical staff bylaws.
_____	_____	There is evidence the governing authority established visitation policies to ensure the health and safety of patients.
_____	_____	When emergency medical technician-intermediates or emergency medical technician-paramedics perform activities within their scope of practice, there is evidence of the governing authority's approval.
_____	_____	There is evidence that the governing authority takes responsibility for the total operation of the hospital.
_____	_____	There is an administrator employed.
_____	_____	There are procedures established for reporting and investigating any evidence of abuse, neglect or exploitation as required by state law.

9-006.02 **Medical Staff**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is a medical staff.
_____	_____	There is criteria for appointment and reappointment to the medical staff
_____	_____	There is a written process for delineating clinical privileges that includes: _____Disciplines and procedures/task requiring privileges _____Process for application _____Process for notification of clinical privilege decisions _____Process for appealing decisions to deny, limit or modify privileges
_____	_____	The Medical Staff Bylaws include the following: _____ Description of medical staff organization _____ Time frames for medical staff meetings _____ Rules for conducting business _____ Methods for evaluating clinical practice in the CAH _____ Criteria and procedures for membership and clinical privileges _____ Procedures for adoption and amendment of medical staff bylaws _____ Provision for establishing a utilization review committee

9-006.03 **Staff Requirements**
9-006.03A **Employment Eligibility**
9-006.03B **Orientation**
9-006.03C **Employment Record**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence that staff have been hired.
_____	_____	There is a system in place to verify maintenance of current active credentials for all staff when state law requires credentialing.
_____	_____	There is a mechanism for completion of a health history screening for each staff person prior to their assuming job responsibilities.
_____	_____	There is a process in place to complete criminal background and registry checks for unlicensed direct care staff members and includes: _____Criminal _____Nurse Aide Registry _____Adult Protective Services Central Registry (APS) _____Central Registry of Child Protection Cases (CPS) _____Nebraska State Patrol Sex Offender Registry
_____	_____	All unlicensed direct care staff reviewed contain evidence of background checks.

Met	Not Met	
_____	_____	There is a process that describes how criminal background and registry information will be used that ensures anyone with findings on the Nurse Aide Registry are not hired and documentation of decision to hire a person with a criminal background or adverse registry findings regarding abuse, neglect or misappropriation of patient property.
_____	_____	When the facility has approved emergency medical technician-intermediates and emergency medical technician-paramedics to provide services as either an employee or a volunteer, there must be evidence of orientation for RNs, physicians and physician assistants that includes: _____Information regarding the scope of practice each category of emergency medical technicians hired _____Supervision requirements as spelled out by the medical staff
_____	_____	There is a system in place for orientation of new staff that includes at least the following: _____ Job duties and responsibilities _____ Hospital's sanitation and infection control program _____ Organizational structure within the hospital _____ Patient rights _____ Patient care policies and procedures _____ Personnel policies and procedures _____ Emergency procedures _____ Disaster preparedness plan and _____ Reporting requirements for abuse, neglect and exploitation
_____	_____	Employee records were available for review and contained orientation, credentialing and health history screening

9-006.04 Patient Rights
9-006.04A Grievances

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Patient rights are available for review in a written format.
_____	_____	Patient rights contain all 13 rights as outlined in regulations. _____ Respectful and safe care by competent personnel _____ Informed of patient rights during admission _____ Informed in advance about care and treatment and any changes _____ Participate in development and implementation of plan of care _____ Make informed decision on care and receive information necessary to make decision _____ Refuse treatment and informed of the medical consequences _____ Formulate advance directives, compliance by hospital or notify patient of inability _____ Personal privacy and confidentiality of medical records _____ Be free from abuse, neglect and exploitation _____ Access information contained in medical record within reasonable time _____ Be free from chemical and physical restraints that are not medically necessary _____ Receive hospital services without discrimination _____ Voice complaints and file grievance and have them addressed

_____ _____ The hospital has written policies and procedures for implementation and protection of patient rights.

_____ _____ The hospital has a written process for addressing grievances.

9-006.05 Quality Assurance/Performance Improvement

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is a written quality assurance/performance improvement program developed that addresses at least the following:

- _____ Establishment of committees for the review of medical and hospital care
- _____ Written implementation plan
- _____ All services provided, including contracted services
- _____ Tracking outpatient surgical procedures that result in unplanned admissions
- _____ Evaluation of care and treatment provided both by staff and through contract
- _____ Appropriate action to address problems found through the program
- _____ Evaluation of outcome for actions taken
- _____ Reporting to governing authority

9-006.06 Patient Care and Treatment
9-006.06A Plan of Care
9-006.06B Administration of Medications

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There are written policies and procedures that cover all care and treatment to be provided to patients.

_____ _____ There is a form established for patient plans of care.

_____ _____ There are policies and procedures that address administration of medications including:

- _____ Methods of administration
- _____ If medications will be provided by persons other than a licensed health care professional, 172 NAC 95 & 96 requirements are evident in policies and procedures
- _____ Reporting of medication errors to the patient's attending physician
- _____ Reporting of adverse drug reaction to the patient's attending physician
- _____ Handling of medications
- _____ Counting controlled substances as required in regulation (9-006.06B5)
- _____ Access to medications
- _____ There is a form established for recording medication administration

9-006.06C Nutrition

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There are policies and procedures established addressing daily nutritional needs of patients, including: _____ A current diet manual _____ Education of patients on diet/nutrition when appropriate _____ Nutritional assessments completed by a licensed medical nutrition Therapist

9-006.06D Patient Education

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a process for providing patient/designee education.

9-006.06E Discharge Planning

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a system in place for discharge planning. The system includes at least the following: _____ Timely evaluation _____ Identification of staff responsible _____ Development of a discharge plan _____ Maintenance of a list of community-based services and facilities for referral _____ Arrangement for initial implementation and transfer of medical information

9-006.07 Record Keeping Requirements

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a record keeping system established that addresses:

_____Medical record content
- _____Identification data
- _____Chief complaint
- _____Present illness
- _____History and physical examination
- _____Admitting diagnosis
- _____All pathology/laboratory and radiology reports
- _____Properly executed informed consent forms
- _____Consultation reports
- _____Medical practitioner orders
- _____Documentation of all care & treatment, medical and surgical
- _____Tissue Report
- _____Progress notes of all disciplines
- _____Discharge summary and final diagnosis
- _____Autopsy findings
- _____Advance directives, if available

_____Authentication of entries

_____Telephone or verbal orders

_____Completion within 30 days of discharge

_____Retention

_____Confidentiality

_____Access

_____Destruction

_____Permanent patient index that includes: name, date of admission and discharge, name of admitting physician, disposition or place discharged to

_____Administrative records and reports and

_____Reports regarding abuse, neglect or exploitation

9-006.08 Infection Control

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is an established infection control program that includes at least the following: _____ All departments/services _____ Responsible person(s) _____ System for identifying, reporting, investigating and controlling infections _____ Definition of nosocomial infection _____ System for early detection of infectious outbreaks _____ Method of monitoring treatment of infection for appropriateness _____ Implementation of corrective action plans and _____Mechanism for evaluation of the program

9-006.09B Nursing Services

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence that sufficient staff are hired or in the process of being hired to begin operation of the facility
_____	_____	There will be an RN on duty 24 hours a day 7 days a week unless there is not acute patients
_____	_____	There are job descriptions for each category of nursing staff.
_____	_____	There is a fulltime Director of Nursing or other similar title employed who is a Registered Nurse.
_____	_____	There are written nursing care policies and procedures.
_____	_____	There is a planned staff development program for all nursing department personnel and the program provides specialized training to perform particular procedures/specialized care.
_____	_____	There are written policies and procedures for receiving telephone and verbal physician orders.

9-006.09I **Emergency Services**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is a physician member of the medical staff designated and qualified to direct emergency services.
_____	_____	There are policies and procedures that include at least the following:

____Provision for 24 hour medical and nursing services
____Personnel are qualified in emergency care
____Availability of emergency drugs, devices, biologicals, equipment and supplies
____Medical record integration
____Emergency room log
_____Patient name
_____Date, time and method of arrival
_____Physical findings
_____Care and treatment provided
_____Name of treating medical practitioner
_____Disposition including time
____Provision for written/oral instructions to patients

9-006.14 **Environmental Services**
9-006.14A **Housekeeping and Maintenance**
9-006.14B **Equipment, Fixtures and Furnishings**
9-006.14C **Linens**
9-006.14D **Pets**
9-006.14E **Environmental Safety**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Hospital areas, grounds and any additional buildings are clean, safe and ready for admission of patients.
_____	_____	Common areas and patient areas are furnished with chairs, beds, sofas, tables and storage areas reflective of patient needs.
_____	_____	There is a process established for routine and preventative maintenance of equipment and furnishings.
_____	_____	There is a supply on hand of bed, bath and other linens or evidence that such has been ordered or contract provision for such.

_____ _____ There are policies and procedures regarding pets, if hospital plans on owning pets.

_____ _____ Hot water at patient handwashing fixtures measures no more than 120 degrees Fahrenheit.

_____ _____ Hot water at patient bathing and therapy fixtures measures no more than 110 degrees Fahrenheit.

_____ _____ There are policies and procedures established regarding:

_____ Hazardous/poisonous materials

_____ Access to mechanical equipment

9-006.14F **Disaster Preparedness and Management**

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ The facility has written plans and procedures in place to:

_____Maintain proper identification of each patient to ensure that care and treatment coincide with the patient's needs.

_____Protect or move patients to a safe place when all or part of the building is damaged or uninhabitable.

_____Protect patients during the treat of exposure to the ingestion, absorption or inhalation

_____Ensure food, water, medicine and medical supplies and other necessary items are available or obtainable.

_____Provide for the comfort, safety, and well being of patients in the event of failure of electricity, gas, heating, cooling, sewage disposal or water supply for 24 or more consecutive hours.

Revised 1/26/12 MKK

CAH/ACH SURVEY CONTACT PERSONNEL

Facility/Provider Number_____ Surveyor_____

Dates of Survey_____

Service	Manager/Director Supervisor	Scheduled Review of Service (Date & Time)
ADMINISTRATOR		
NURSING		
RADIOLOGY/IMAGING		
LABORATORY		
DIETARY		
MAINTENANCE/ PLANT OPERATIONS		
HOUSEKEEPING		
LAUNDRY		
QUALITY ASSURANCE/ PERFORMANCE MPROVEMENT		
CREDENTIALING		
HUMAN RESOURCES		
PT/OT/ST THERAPY		
CARDIAC REHABILITATION		
OUTPATIENT/OUTREACH CLINICS		
RESPIRATORY THERAPY		
HIM/MEDICAL RECORDS		
MIDLEVEL PRACTITIONER		
EMERGENCY ROOM		
PHARMACY		
STAFFING		
INFECTION CONTROL		

SURGERY		
ANESTHESIA		
SWING BED		
ORGAN/TISSUE PROCUREMENT		
OTHER		

REVISED 3/16- SW

ACUTE CARE HOSPITAL INITIAL LICENSURE INSPECTION REQUEST INFORMATION

The following information is needed to conduct the initial inspection

Please provide **COPIES** of the following information

1. Listing of all Department heads and key personnel with job title, location and telephone numbers.
2. List of all hospital staff hired, including license/certification numbers as appropriate
3. List of all contracted services
4. Policy and procedure for reporting abuse, neglect or exploitation
5. Patient rights provided to the patients
6. Visitation policy established by the governing body
7. Policy and procedure for patient grievances
8. Proposed on-call schedules for physicians and other staff
9. Organizational Chart
10. Medical Staff Bylaws
11. Written description of duties and responsibilities of the Administrator
12. Process for appointment and reappointment of Medical Staff
13. List of all Medical Staff members indicating category of medical staff (e.g. active, courtesy, etc.)
14. CLIA Certificate

Please make available for review the following materials (**IF copies are needed, surveyors will request):**

1. Governing Body meeting minutes for past 6 months
2. Medical Staff meeting minutes
3. Governing Body Bylaws
4. Credential files for all active staff
5. Personnel files as requested by surveyors
6. Orientation program for staff
7. A proposed nursing staff schedule
8. An example of a medical record which includes forms that will be utilized
9. All consultant and outside resource contracts/agreements

10. Policy and procedure manuals for:

- Nursing Services
- Dietary
- Patient Rights and Grievances
- Infection Control
- Medical Records
- Surgical Services (if applicable)
- Anesthesia Services (if applicable)
- Pharmacy Services
- Radiology Services
- Laboratory Services
- Any other services that will be provided by the hospital

11. Personnel files including background and registry check and health history screen as requested

12. Quality Assurance/Performance Improvement Plan and Process

13. Diet Manual

14. Proposed Menus

15. Written disaster preparedness plan

16. Process for the permanent patient index that includes: name and identification numbers of each patient; dates of admission and discharge; name of admitting physician; and disposition or place to which patient was discharged/transferred.

During the course of the inspection, the surveyors may request additional information as needed.

ACUTE CARE HOSPITAL INITIAL LICENSURE INSPECTION REQUEST INFORMATION

The following information is needed to conduct the initial inspection

Please provide **COPIES** of the following information

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During the course of the inspection, the surveyors may request additional information as needed.

Nebraska Department of Health and Human Services
Licensure Unit – Public Health Division
P O Box 94986
Lincoln, NE 68509-4986

COMPLIANCE INSPECTION PROTOCOLS FOR ACUTE GENERAL HOSPITALS

Facility _____ Inspection Date _____

Address _____ Surveyor(s) _____

City, Zip Code _____ _____

****Regulation sections 9-006.01 through 9-006.09H and 9-006.14 must be provided in order for the hospital to meet licensure requirements as an acute care hospital. These sections have the heading highlighted with gray.**

Regulation sections 9-006.09I through 9-006.09P are optional services an acute care hospital may choose to provide. Complete the applicable sections for the services the hospital is providing. These sections do not have the headings highlighted in gray but are white.

9-006 Standards of Operation, Care and Treatment
9-006.01 Governing Authority

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Hospital operation must be described in a set of governing instruments that includes: ____Constitution or articles of incorporation ____Governing authority bylaws ____Medical staff bylaws
_____	_____	Governing instruments describe the makeup of the governing authority, the terms of office and method of election or appointment and removal of governing authority members and officers, and their responsibilities.
_____	_____	There are written minutes from meetings of the governing authority.
_____	_____	The duties and responsibilities of the administrator are defined in writing.
_____	_____	All sampled medical practitioners have been appointed to the medical staff in accordance with the medical staff bylaws and function within delineated clinical privileges.
_____	_____	There is evidence the governing authority monitors the activities of the medical staff and utilization review committee.
_____	_____	There is evidence the governing authority acts on recommendations from the Quality Assurance/Performance Improvement activities.

Met	Not Met	Standards of Operation, Care and Treatment continued:
_____	_____	There is evidence the governing authority approves medical staff bylaws, rules and regulations and policies and procedures.
_____	_____	There is evidence the governing authority established visitation policies to ensure the health and safety of patients.
_____	_____	When emergency medical technician-intermediates or emergency medical technician-paramedics perform activities within their scope of practice, there is evidence of the governing authority's approval.

9-006.01B Administration

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	An Administrator is responsible for the day-to-day operation of the hospital.
_____	_____	An Administrator is on the premises at least weekly (exceptions: vacation, illness, etc.) and a sufficient number of hours to permit adequate attention to hospital management.
_____	_____	There is evidence of adequate staffing to meet patients' needs.
_____	_____	Procedures for reporting any evidence of abuse, neglect or exploitation are followed and reported in accordance with state statutes.
_____	_____	Investigations are completed on all suspected abuse, neglect or misappropriation of money/property and action taken to prevent reoccurrence until investigation completed.

9-006.02 Medical Staff
9-006.02A Medical Staff Responsibilities
9-006.02B Medical Staff Appointment
9-006.02C Clinical Privileges
9-006.02D Medical Staff Bylaws

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence the medical staff operates according to the bylaws approved by the governing authority.
_____	_____	There is evidence of medical staff participation in Quality Assurance/Performance Improvement for evaluating patient care and treatment.
_____	_____	There is evidence the disciplinary process is followed when a medical staff member fails to follow hospital and medical staff policies.
_____	_____	There is evidence the medical staff reviews the background, experience, training and current licenses for all sampled medical practitioner credential files reviewed before making recommendations for appointments and reappointments to the governing authority.
_____	_____	The written process for delineating clinical privileges is followed.

9-006.03	**Staff Requirements**
9-006.03A	**Employment Eligibility**
9-006.03B	**Training**
9-006.03C	**Employment Record**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence the hospital is staffed 24 hours per day.
_____	_____	There is evidence of sufficient staff to meet patients' needs.
_____	_____	There is evidence of current active credentials for all sampled staff as required by state law.
_____	_____	All staff files reviewed contain evidence that a health history screening was completed.
_____	_____	Over 75% of health history screenings were completed prior to staff assuming job responsibilities.
_____	_____	There is evidence that the hospital does not employ unlicensed direct care staff with an adverse finding on the Nurse Aide Registry regarding abuse, neglect, or misappropriation of patient property.
_____	_____	75% of sampled staff records reviewed have evidence that orientation was completed on the following: ____Job duties and responsibilities ____Hospital's sanitation and infection control program ____Organizational structure within the hospital ____Patient rights ____Patient care policies and procedures ____Personnel policies and procedures ____Emergency procedures ____Disaster preparedness plan ____Information and reporting procedures for abuse, neglect and misappropriation of money or property by staff or other individuals
_____	_____	All unlicensed direct care staff files reviewed contain evidence of the following background checks: ____Criminal Background Check ____Nurse Aide Registry ____Adult Protective Services Central Registry (APS) ____Central Register of Child Protection Cases (CPS) ____Nebraska State Patrol Sex Offender Registry
_____	_____	75% of inservice/continuing education records reviewed contain date, topic and participants.
_____	_____	75% of sampled personnel have an employment record and the record contains, when applicable, orientation, in-services, credentialing and health history screening.
_____	_____	When the facility has approved emergency medical technician-intermediates and emergency medical technician-paramedics to provide services as either an employee or a volunteer, there must be evidence of orientation for RNs, physicians and physician assistants that includes: ____Scope of practice ____Supervision requirements

9-006.04 Patient Rights
9-006.04A Grievances

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Patient rights are available in a written form and include all 13 rights. (**Refer to 9-006.04 items 1-13**)
_____	_____	All sampled patients interviewed affirmed patient rights had not been violated and/or when there was a violation, hospital took appropriate action.
_____	_____	No evidence of patient rights violations observed during the survey.
_____	_____	There is a written grievance process which addresses submission of grievances which is made available to patients or representatives, addresses time frames and procedures for review and how information will be utilized to improve the quality of patient care.
_____	_____	There is evidence that hospital's grievance process is implemented and followed.

9-006.05 Quality Assurance/Performance Improvement

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence of reporting Quality Assurance/Performance Improvement activities to the governing authority.
_____	_____	Services provided, including contracted services, are evaluated through the Quality Assurance/Quality Improvement process. (**Not met if 2 or more services not evaluated**.)
_____	_____	In the past year, if the Quality Assurance/Performance Improvement process identified a problem, appropriate action was taken to address the problem.
_____	_____	When an action was taken for identified problems, the outcome of the action was evaluated or there are plans to evaluate the outcome.
_____	_____	Applicable only if hospital does outpatient surgical procedures, there is evidence of a tracking system for outpatient surgical procedures which resulted in unplanned admission to a hospital in 72 hours due to post-surgical complications.

9-006.06 Patient Care and Treatment
9-006.06A Plan of Care

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Current sampled inpatient medical records contained a current interdisciplinary plan of care. (**Not met if more than 2 inpatient records do not have a plan of care.**)
_____	_____	Observations of patient care revealed prevailing professional standards, scope of practice requirements and policies and procedures were followed.

9-006.06B Administration of Medications

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Medications are provided by licensed individuals as allowed by their scope of practice or by Medication Aides as allowed by the Medication Aide Act and in accordance with prevailing professional standards.
_____	_____	Policies and procedures are followed to assure medications are legally prescribed and provided according with the 5 Rights.

_____Right drug
_____Right resident
_____Right dose
_____Right patient
_____Right time

9-006.06B1c Provision of Medication by a Person other than a Licensed Health Care Professional

☐ Met ☐ Not Met ☐ **Not applicable if all medications are administered by licensed health care professionals within their scope of practice.**

Met	Not Met	
_____	_____	There is evidence that all unlicensed personnel who provide medications are on the Medication Aide Registry.
_____	_____	When medication aides provide medications, policies and procedures are established and implemented and include 9-006.06B1c Items 1 – 8.

_____Ensure medication aides are trained and have demonstrated minimum competency standards.
_____Specify how direction and monitoring will occur when medication aides perform routine/acceptable activities.
_____Specify how direction and monitoring will occur when medication aides perform authorized activities (PRN meds, provision by additional routes and participate in monitoring).
_____Specify how competency determinations will be made for medication aides.
_____Specify how written direction will be provided for medication aides to perform additional activities.
_____Specify how records of medication provision will be recorded and maintained.
_____Specify how medication errors and adverse reactions will be reported, including preparation of a medication error report and documenting adverse reactions.

9-006.06B2 Medication Error Reporting
9-006.06B3 Medication Adverse Reactions Reporting

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	All medication errors are reported to the patient's licensed health care professional and/or prescriber in a timely manner when found and a written report prepared and maintained of the error.
_____	_____	All adverse reactions to medication were reported immediately when discovered to the patient's licensed healthcare professional and recorded in the patient's record in accordance with policies and procedures.

9-006.06B4 Handling of Medications

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence of establishment and implementation of policies and procedures for handling of drugs.
_____	_____	There is evidence of a shift count of all controlled substances at each nursing unit which has multi-dose floor stock or individual patient prescriptions. 24-hour unit dose systems or systems that have perpetual inventory are exempt.
_____	_____	Only authorized personnel have access to medications.

9-006.06B5 Medication Record

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Medication administration records reviewed of sampled patients contain the following: _____Patient identification – 100% _____Name of medication – 100% _____Date, time, dosage, method of administration and identification of person who administered/provided or notation of refusal – 75% _____Patient's medication allergies and sensitivities – 100%

9-006.06C Nutrition

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Patient meals observed were served in accordance with the medical practitioner's order and in accordance with policies and procedures. (**Not met if more than 2 meals not served correctly.**)
_____	_____	A current diet manual is available to dietary, nursing and medical staff.
_____	_____	100% of sampled patients needing nutrition education as identified in the medical medical record received this education or plans made for completing.
_____	_____	100% of sampled patient records reviewed that contained a nutritional assessment or had medical practitioner orders for an assessment had that assessment completed by a licensed medical nutrition therapist.

9-006.06D Patient Education

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	100% of sampled patient records reviewed that had identified needs for patient education had those needs met in accordance with the established process.

9-006.06E Discharge Planning

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	75% of sampled patient records reviewed that contained requests for or identified needs for discharge planning contained a discharge plan.
_____	_____	The hospital has identified staff responsible for discharge planning.
_____	_____	The hospital has a complete and accurate list of community-based services, resources and facilities.
_____	_____	100% of sampled patient records reviewed that identified a transfer to another facility had evidence the transfer included necessary medical information.

9-006.07 Record Keeping Requirements
9-006.07A Medical Records

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	All sampled patients reviewed had a medical record established. Note: Sample records must include: Inpatient and any other services the facility provides, such as, Outpatient, Surgical, Critical Care, Emergency, Obstetrical, Newborns, Pediatric, Rehabilitation, and Respiratory.
_____	_____	75% of sampled patient records have entries written legibly in ink, dated and authenticated.
_____	_____	75% of sampled patient records reviewed contain all the information listed in 9-006.07A1, when applicable.
_____	_____	75% of sampled patient records reviewed with a discharge date more than 30 days prior are complete, including authentication of verbal and telephone orders.
_____	_____	Patient records are stored to assure confidentiality and are not accessible to unauthorized persons.

9-006.07B Other Records/Reports

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is an established permanent patient index that includes: ____Name and identification numbers of each patient ____Dates of admission and discharge ____Name of admitting physician ____Disposition or place to which patient was discharged/transferred
_____	_____	Records are maintained regarding reporting of abuse, neglect or exploitation.

9-006.08 Infection Control

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a person(s) responsible for infection control in the hospital.
_____	_____	There is a definition for nosocomial infection.
_____	_____	There is evidence the nosocomial infections are identified, investigated and controlled.
_____	_____	There is a system for early detection of infectious outbreaks and prevention of further spread of infections.
_____	_____	There is evidence of monitoring for treatment appropriateness.
_____	_____	There is evidence of implementation of corrective action plans.
_____	_____	There is evidence the infection control program was evaluated.

9-006.09A Medical Services

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Medical services are under the direction and supervision of a physician member of medical staff.
_____	_____	There are written policies and procedures governing medical services approved by the medical staff.
_____	_____	There is a system to review the quality of services furnished to both inpatients and outpatients.

9-006.09A Nursing Services

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is an organized nursing department with job descriptions for each category of nursing staff.
_____	_____	There is a registered nurse on duty 24 hours a day, 7 days a week available for all patients at all times.
_____	_____	Director of Nursing (or similar title) is fulltime (at least 36 hours/week) and has a current license in the State of Nebraska.
_____	_____	There is evidence that a registered nurse is responsible for the supervision of nursing care.
_____	_____	Observations revealed nursing staff follows care policies and procedures.
_____	_____	There is a record of all nursing staff development programs that includes date, topic and participants.
_____	_____	There are written policies and procedures for receiving telephone and verbal orders from Physicians and record reviews indicate policies are followed. (Mark not met if policy Not followed in more than 10% of total records reviewed.)
_____	_____	There is evidence of sufficient nursing staff to meet patient care and treatment needs.

9-006.09C Surgical Services

☐ Met ☐ Not Met ☐ Not Applicable

Met	Not Met	
_____	_____	Surgical services must be under the direction of a qualified physician who is a member of the medical staff.

Met	Not Met	Surgical Services continued:
_____	_____	Services are provided by practitioners within their scope of practice and who have received privileges that define the surgical services that can be performed at the hospital. (Mark not met if 2 or more practitioners lack privileges.
_____	_____	There are written policies and procedures that are implemented regarding: _____Restricted access to the surgical suite and recovery area _____Proper attire in the surgical suite and recovery area _____Sterilization and disinfection of equipment _____Aseptic practice _____Delineation of surgical privileges for each practitioner _____Operating room log _____Responsibility of supervision _____Emergency procedures _____Availability of blood and blood products _____Patient History and Physical requirement _____Requirements for testing and disposal of surgical specimens _____Circumstances requiring assistants _____Procedures for infectious cases _____Immediate post-surgical care and discharge _____Operative report requirements
_____	_____	There are annual reports provided to the surgeons for surgical infections
_____	_____	If outpatient surgical services are provided, medical record reviews revealed patients are discharged by a medical practitioner and in accordance with hospital policies/criteria.

9-006.09D **Anesthesia Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met	
_____	_____	Anesthesia is administered by qualified personnel
_____	_____	There are written policies and procedures that are implemented regarding _____Equipment Maintenance _____Safety measures _____Infection control _____Pre and post anesthesia evaluations for both inpatients and outpatients (Mark not met if 2 or more surgical records reviewed lacked evaluations).

9-006.09E Laboratory Services

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	The hospital provides clinical laboratory services either on the premises or by agreement.
Met	**Not Met**	**(Laboratory Services continued)**
_____	_____	There is evidence the laboratory has a current CLIA certificate.
_____	_____	There is evidence that a qualified physician provides direction to the laboratory.
_____	_____	There is evidence that the medical staff has determined which tissue specimens require macroscopic examination and which require both macroscopic and microscopic.
_____	_____	The hospital must have accessible emergency lab services available as identified in 9-006.90E2.
_____	_____	There are pathology reports for tissue specimens sent to the laboratory. (Mark not met if more than 10% of records with specimens sent to laboratory lack the pathology report.)

9-006.09F Radiology Services

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	The hospital provides radiology services either on the premises or by agreement.
_____	_____	There is evidence that the radiology department is under the direction of a qualified physician.
_____	_____	There is evidence that the radiology personnel performing the radiologic procedures are licensed.
_____	_____	There are emergency radiology services available.
_____	_____	X-rays are reviewed and interpreted by a physician and reports are kept on file.

9-006.09G Pharmacy Services

Met Not Met

☐ **Met** ☐ **Not Met**

Check type of pharmacy services provided:
(Per 71-1,143)

_____Retail Pharmacy **When hospital compounds/dispenses drugs for persons not registered as patients and within the confines of the hospital. Facility must have a Pharmacy License. Pharmacy premises are inspected by Pharmacy inspector. Health facility inspection includes only review of the hospital practices related to meeting patient needs, drug storage, control, handling etc.**

_____Hospital Pharmacy **When hospital compounds/dispenses drugs only for persons registered as patients and within the confines of the hospital. Facility is not required to have a separate Pharmacy License and May provide services under the hospital license. Health facility Inspection includes review of the pharmacy and hospital practices.**

Met	Not Met	
_____	_____	The hospital provides pharmacy services either on the premises or by agreement to meet the needs of the patients.
_____	_____	There is evidence the pharmacy is under the direction of a licensed pharmacist.
_____	_____	There are emergency drugs and biological readily available.
_____	_____	There are current and accurate records of controlled substances.
_____	_____	Medications are stored in locked areas. (Mark "Not Met" if more than 1 instance Found of medication stored in unlocked areas.)
_____	_____	Medications are stored in accordance with storage instructions. (Mark "Not Met" if more than 2 medications not stored in accordance with storage instructions.)
_____	_____	Only designated personnel have access to medications.
_____	_____	There is information available relating to interactions, contraindications, side effects, toxicology, dosage, indications for use and route of administration.
_____	_____	Medications which are expired, mislabeled, unlabeled or unusable are not available For patient use.

9-006.09H Dietary Services

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence that the full-time director of dietary services is responsible for the daily management of dietary services.
_____	_____	The dietary department is supervised by a registered dietitian.
_____	_____	The dietary department has established and implemented policies and procedures to ensure patient nutritional needs are met.

Met	Not Met	(Dietary Services continued)
_____	_____	Special diets are provided in accordance with physician's diet order and planned menu for that diet. (Mark "Not Met" if special diets are not provided to 2 or more patients.
_____	_____	There is evidence of sufficient dietary staff to prepare and serve meals in accordance with planned menus and meal times.

9-006.09H5 Food Code

☐ **Met** ☐ **Not Met**

References in brackets are from Nebraska Food Code or Title 175 Chapter 9

All regulations marked with an X <u>must</u> be marked "Met" <u>AND</u> 80% (28 or more) of the other 35 items must be marked "Met" in order to be in substantial compliance.

Met	Not Met		
			Food is procured from approved sources:
_____	_____	1.	Home canned foods are not used. *[3-201.12 pg. 40]* (Exception: Home canned food brought in when desired by individual residents)
_____	_____	2.	Fluid milk and fluid milk products meet the Grade A quality standards. *[3-201.13 pg.40]*
_____	_____	3.	Shell eggs are obtained from a source that has an egg-handling permit and are clean and are not cracked. *[3-202.13 pg. 43]*
_____	_____	4.	Fish is commercially and legally harvested and processed. *[3-201.14 pg.40]*
_____	_____	5.	Game animals when used meet Nebraska Food Code requirements. *[3-201.17 pgs. 41 & 42]*
_____	_____	6.	Beef, pork, poultry and lamb are obtained from sources that are under a routine inspection program. *[3-201.11 pgs. 39 & 40]*
			Food is stored under sanitary conditions:
_____	_____ **X**	7.	Temperature of <u>potentially hazardous foods</u> is maintained at 41° F or below or 135° F or above at all times, except during preparation, cooking or cooling. *[81-2,272.01 pgs. 64 & 65]*
_____	_____	8.	Frozen foods are maintained frozen. *[3-501.11 pg. 62]*
_____	_____	9.	Cooked <u>potentially hazardous foods</u> are cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or below within an additional 4 hours. *[3-501.14 pg. 63]*
_____	_____	10.	<u>Potentially hazardous foods</u> that are made from ingredients at room temperature are cooled to 41° F within 4 hours. *[3-501.14 pg. 63]*
_____	_____ **X**	11.	Food is protected from cross-contamination, by separating raw animal foods, unwashed and soiled foods from ready-to-eat foods. *[3-302.11 pgs. 48 & 49]*
_____	_____ **X**	12.	Poisonous or toxic materials are stored separately from food. *[7-201.11 pg. 129]*
_____	_____	13.	All containers of poisonous or toxic materials stored in the kitchen area are clearly and individually labeled as to contents. *[7-101.11, 7-102.11 pg.129]*
_____	_____	14.	Food packages are resealed after opening and have no holes or tears in the packaging so that food is protected from contamination. *[3-202.15 pg. 44]*

Met	Not Met		
____	____	15.	Food is stored in clean, dry locations where exposure to splash, dust or other contaminants will not occur, food is not stored on the floor, except as allowed by (B) & (C) of this Food Code section. *[3-305.11 pg. 53]*
____	____	16.	Containers holding food or food ingredients that are removed from their original packages and not easily recognized are identified with the common name of the food. *[3-302.12 pg.49]*
____	____	**17.**	Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours is marked with date of preparation. *[81-2,272.24 pgs. 65 - 67]*
____	____	18.	There are no containers of potentially hazardous food available for consumption past 7 days of preparation or opening and no containers of food that are available past food processor's expiration date. *[81-2,272.24 pgs. 65 - 67]*
____	____	19.	Food is not stored in locker rooms, toilet rooms, dressing rooms, garbage rooms, or mechanical rooms. *[3-305.12 pgs. 53 & 54]*

Food is prepared under sanitary conditions:

____	____	20.	Employees drink and smoke only in designated areas which do not include food preparation or dishwashing areas, except as allowed in (B) of this Food Code section *[2-401.11 pg. 38]*
____	____**X**	21.	There are no more than 2 instances of failure to wash hands by food service employees: ____ after using toilet room ____ after touching bare body parts ____ after coughing, sneezing, or blowing nose ____ after using tobacco ____ after eating or drinking ____ as often as necessary to remove soil and contamination and ____ to prevent cross-contamination when changing tasks from soiled to clean *[2-301.12 pgs.35 & 36; 2-301.14 pg. 36]*
____	____	22.	Single-use gloves are used for only one task, and discarded when damaged or soiled, or when interruptions occur in the operation. *[3-304.15 pg. 52]*
____	____	*23.*	A separate handwashing sink equipped with soap, towel dispenser/waste receptacle or heated air hand drying device is convenient to food preparation and dishwashing area. [2-301.15 pg. 36; 5-203.11 pg. 107; 5-204.11 pg. 109, 5-*205.11 pg. 109; 6-301.11 pg. 123; 6-301.12 pg. 123; 6-301.13 pg.123]*
____	____	*24.*	Dietary employees wear effective hair restraint when working with food. *[2-402.11 pgs. 38 & 39]*
____	____***X***	*25.*	Employees working in the food preparation do not exhibit any condition/symptom as specified in the Food Code that would cause likelihood of food borne disease transmission. *[2-201.11 pgs. 29 & 30]*
____	____ **X**	26.	Potentially hazardous foods are thawed: 1) Under refrigeration 2) Completely submerged under running water of temperature of 70° F or below

Met	Not Met			
				3) In a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process
				4) As part of the conventional cooking process *[3-501.13 pgs.62 & 63]*
____	____		27.	Food or food ingredients are free from spoilage, spare filth or other contamination *[3-101.11 pg.39]*
____	____		28.	Employees use a clean utensil each time when tasting food. *[3-301.12 pg. 48]*
____	____	**X**	29.	Ground meat is cooked to an internal temperature of 155° F for 15 seconds except as otherwise specified *[3-401.11(A)(2) pg. 56]*
____	____		30.	Poultry is cooked to an internal temperature of 165° F or above and held for 15 seconds *[3-401.11(A)(3) pg. 56]*
____	____		31.	Whole meat roast including beef, corned beef, lamb, pork and cured pork roast Such as ham are cooked to an internal temperature of 158° F with no hold time except as otherwise specified. *[3-401.11(B)(2) pg. 57]*
____	____		32.	Meat and seafood are cooked to an internal temperature of 145° F for 15 seconds except as otherwise specified. *[3-401.11 pg. 56]*
____	____		33.	Potentially hazardous foods that have been cooked and then refrigerated are reheated within 2 hours to an internal temperature of 165° F for 15 seconds. *[3-403.11 pg. 61]*

Sanitization of food contact surfaces of equipment and utensils:

____	____	**X**	34.	HOT WATER SANITIZATION -Manual sanitization is completed by immersion for at least 30 seconds at 171° F or above *[4-501.111 pg. 92 and 4-703.11(A) pg. 11]* -Mechanical--during sanitization, surfaces reach a temperature of 160° F *[4-703.11 pg. 100]* CHEMICAL SANITIZATION -Manual & mechanical - a test kit that measures the concentration of sanitizing solutions is available and the concentration when checked meets the product recommendations. *[4-302.14 pg. 88; 4-703.11(C) pg. 100; 4-501.114 pg. 92 and 4-501.116 pg.94]*
____	____		35.	After cleaning and sanitizing, equipment and utensils may be air-dried and not cloth dried before contact with food. *[4-901.11 pgs. 101 & 102]*
____	____		36.	Food contact surfaces of equipment and utensils are clean to sight and touch. *[4-601.11 pg. 92 and 4-602.11 pg. 95]*
____	____		37.	Non-food contact surfaces of equipment and utensils are clean to sight and touch. *[4-601.11 pgs. 94 & 68 and 4-602.13 pg. 97]*
____	____		38.	Moist cloths used for wiping food spills on kitchenware and food-contact surfaces of equipment are stored in a sanitizing solution following directions for sanitizer. *[3-304.14 pgs. 51 & 52]* Cloths used for raw animal foods are kept separate as required in (C) of this Food Code section.
____	____		39.	Floors, floor coverings, walls, wall coverings, ceilings and attachments are clean. *[6-501.12 pg. 125]*
____	____		40.	Food contact surfaces, floors, floor coverings, walls, wall coverings and ceilings are maintained in good repair. *[4-202.11 pg. 78 and 6-501.11 pg. 125]*

Food is distributed and served under sanitary conditions:

_____	_____ X	41.	During service potentially hazardous foods are maintained at 45° F or below or 135° F or above. *[81-2,272.01 pg. 64]*
_____	_____	42.	Food on display is protected by sneeze guards, packaging or other effective means. *[3-306.11 pg. 54]*
_____	_____	43.	When food is self-service, residents use clean tableware when returning for additional helpings of food. *[3-304.16 pg. 52]*
_____	_____	44.	During pauses in food serving, utensils are stored: a. In the food with the dispensing utensil handle extended out of the food; b. On a clean portion of food prep table or cooking equipment; c. In running water with sufficient velocity to flush particles; or *d.* In a clean, protected location if the utensils are used only with non-potentially hazardous foods. *[3-304.12 pg. 51]*

9-006.09I **Emergency Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met	
_____	_____	There is evidence the emergency department is under the direction of a qualified physician member of the medical staff.
_____	_____	There is evidence that the emergency department is staffed and/or has staff on call 24 hours per day 7 days per week with medical staff and registered nurses.
_____	_____	Medical and nursing personnel are qualified in emergency care to carry out the written emergency procedures and needs anticipated by the hospital.
_____	_____	The emergency department has established and implemented written policies and procedures to ensure that emergency drugs, devices, biologicals, equipment and supplies are available for immediate use in the emergency area.
_____	_____	100% of patients selected from the emergency room log for review had a medical record of that visit to the emergency department.
_____	_____	75% of entries in the emergency room log contain the following information: ____Patient name ____Date, time and method of arrival ____Physical findings ____Care and treatment provided ____Name of treating medical practitioner ____Disposition, including time
_____	_____	The emergency department has established and implemented written policies and procedures to ensure patients receive written and oral instructions for care.

9-006.09J Critical Care Unit Services

Check those that apply:

Intensive care_____
Coronary care_____
Intensive newborn nursery____
Burn unit____
Transplant unit____
Other_____ (specify)

Note: The hospital must meet the requirements for each type of critical care unit that is checked above.

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met	
_____	_____	There is evidence that all critical care unit(s) are under the direction of a physician member of the medical staff qualified to direct such services.
_____	_____	There is evidence that the critical care unit(s) are supervised by a registered nurse.
_____	_____	The critical care unit(s) have established written admission and discharge criteria and 75% of sample patients reviewed met this admission and/or discharge criteria.
_____	_____	The critical care unit(s) have established and implemented written policies and procedures regarding:

____Qualifications needed for personnel assigned on the unit(s)
____Medical and nursing staff coverage of the unit(s)
____Scope and care for patients specific to the critical care unit(s) services
____Special equipment, medications and supplies that are to be available for immediate use in the unit(s)

9-006.09K Obstetrical and Newborn Services

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met	
_____	_____	There is evidence that the obstetrical and newborn services are under the direction of a physician member of the medical staff qualified to direct that service.
_____	_____	The obstetrical and newborn services has established and implemented written policies and procedures regarding:

_____Scope of care for patients receiving obstetrical and newborn services
_____Supervision of nursing care including labor, delivery, and nursery by a qualified registered nurse
_____Drugs, devices, biologicals, equipment and supplies that are to be immediately Available for provision of services
_____Appropriate attire to be worn during labor and delivery and in the nursery
_____Flow of hospital staff between the obstetric and newborn units and other patient care areas

Met **Not Met** **(Obstetrical and Newborn Services continued)**

_____Use of oxytocic drugs and administration of anesthetics, sedatives, analgesics and other drugs, devices and biologicals
_____Care and staff responsibilities during induction or augmentation of labor
_____Presence of fathers or other support persons during labor and delivery
_____Method for correct identification of the newborn and mother
_____Immediate care of the newborn

_____ _____ 100% of sampled patient records followed written policies for:
____Use of oxytoxic drugs and administration of anesthetic, sedatives, analgesics and other drugs
____Care provided during induction or augmentation of labor
____Immediate care of a newborn

9-006.09L **Pediatric Services (Applies when hospital provides in a distinct unit)**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met **Not Met**

_____ _____ There is evidence that the pediatric service is under the direction of a physician member of the medical staff qualified to direct the service.

_____ _____ The pediatric service has established and implemented written policies and procedures regarding:
____Scope and care for pediatric patients
____Supervision by a qualified registered nurse
____Location of pediatric patients apart from adult patients and newborn infants
____Availability of drugs, devices, biological, equipment and supplies suitable for use with pediatric patients
____Conditions under which parents or support persons may stay or "room in" with pediatric patients

9-006.09M **Rehabilitation Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Check therapies provided: ____**Physical Therapy**
____**Speech Therapy**
____**Occupational Therapy**

Met **Not Met**

_____ _____ The individual directing the rehabilitation services meets the qualifications specified by the hospital.

_____ _____ The rehabilitation services has established and implemented written policies and procedures regarding:

Met **Not Met** **(Rehabilitation Services continued)**

____Scope and care of patients receiving rehabilitation services
____Supervision by a qualified therapist
____Licensure and/or certification of rehabilitation personnel in accordance with State licensure/certification laws
____Equipment maintenance to ensure patient safety
____Coordination with other services in the hospital
____Treatment plan and recordkeeping requirements

_____ _____ 90% of sampled patient records reviewed (those receiving rehabilitation services) contained the following information:
____Practitioner's order for the therapy provided
____Treatment plan
____Evidence that treatment plan is being followed

9-006.09N **Respiratory Care Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met **Not Met**

_____ _____ There is evidence that respiratory care services is under the direction of a physician member of the medical staff.

_____ _____ The respiratory care services has established and implemented written policies and procedures regarding:
____Scope and care of patients receiving respiratory care services
____Supervision by a qualified respiratory care practitioner
____Provision of respiratory care services by qualified personnel as allowed by their scope of services
____Treatment plan documentation and record keeping requirements
____Coordination with other services in the hospital
____Equipment maintenance to ensure patient safety

_____ _____ 90% of sampled patient records reviewed (those receiving respiratory services) contained the following information:
____Medical practitioner's orders for the respiratory treatments
____Documentation of treatments provided per established policies

9-006.09O **Social Work Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met **Not Met**

_____ _____ There is evidence that Social Services is under the direction of a certified social worker.

_____ _____ The social work services has established and implemented written policies and procedures regarding:

Met	Not Met	(Social Work Services continued)
		____Scope and care of patients receiving social work services ____Assessment of personal and social functioning of patients ____Coordination with other services in the hospital ____Role in intervention, discharge planning and referral of patients ____Documentation and record keeping requirements
_____	_____	90% of sampled patient records reviewed contained the following information when social services was necessary according to the department's policies and procedures: ____Assessment of personal and social functioning of patients ____Documentation of interventions, if necessary, discharge planning and referral of patients

9-006.09P **Outpatient Services**

Note: Applies when provided in a distinct area on the hospital premises or at another offsite location included on the hospital license.

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	Not Met	
_____	_____	The individual directing the outpatient department has the qualifications specified by the hospital.
_____	_____	The outpatient department has established and implemented written policies and procedures concerning the following: ____Scope and care of outpatient services ____Provision of outpatient services in accordance with medical practitioner orders ____Number and qualifications of staff necessary to meet patient needs based on the type and volume of services ____Documentation and record keeping requirements ____Integration of the outpatient medical records with existing inpatient records ____Maintenance of equipment to ensure patient safety
_____	_____	90% of sampled outpatient records reviewed contained the following information: ____Medical practitioner orders ____Documentation of services provided in accordance with written policies and procedures

9-006.14 Environmental Services
9-006.14A Housekeeping and Maintenance

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Buildings and grounds are observed clean, safe and in good repair.
_____	_____	75% of patient rooms observed revealed table tops, floors, appliances, fixtures and other surfaces were free of dirt and debris.
_____	_____	Facility garbage and rubbish is found stored in covered containers and there is no evidence of offensive odors present.
_____	_____	75% of sampled patients interviewed affirmed the facility maintains adequate lighting, environmental temperatures and sound levels.
_____	_____	There is maintenance to prevent entrance of rodents, flies or other insects and vermin in or around the facility premises (e.g., holes in screens, holes in outside walls, openings under outside doors) and no evidence of an infestation of such (large amounts of insects or vermin) observed in the facility.

9-006.14B Equipment, Fixtures and Furnishings

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Facility equipment, fixtures and furnishings are observed clean, safe and in good repair.
_____	_____	Common areas and patient areas are furnished with the necessary items to meet the patients' needs and for the comfort of patients.
_____	_____	Facility has a routine/preventive maintenance process in place to assure all medical equipment is maintained and safe for patient use and there is no evidence that repair is required for equipment. (Preventive maintenance on an annual basis or in accordance with manufacturer's directions.) (**Not met if more than 2 pieces of medical equipment not receiving preventive maintenance.**)

9-006.14C Linens

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Linens are observed to be clean, in good repair, not soiled/stained, frayed or have holes present.
_____	_____	When the facility launders bed and bath linens in the bulk, the linens are appropriately sanitized or disinfected, e.g., water temperatures to laundry equipment exceed 160 degrees F or manufacturer's instructions are followed for other methods.

9-006.14D **Pets**

☐ **Met** ☐ **Not Met** ☐ **Not applicable if there is not a pet owned by the facility**

Met	Not Met	
_____	_____	When there is a facility-owned pet, 75% of sampled patients interviewed affirm there are no negative effects on patients.
_____	_____	When there is a facility-owned pet, there are policies and procedures established and implemented regarding: ____Annual examination by a licensed veterinarian ____Vaccinations recommended by a licensed veterinarian (vaccinations for rabies is current if pet is a dog, cat or ferret) ____Adequate care is provided to prevent/care for fleas, ticks and other parasites ____Care or supervision responsibility of the pet

9-006.14E **Environmental Safety**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Environment is well maintained and there is no evidence of conditions that will be a potential risk for patient safety, e.g., floors are not slippery or uneven, electrical cords are not frayed or bare, electrical switches/outlets have covers.
_____	_____	Hot water temperature at patient bathing and therapy fixtures measured 110 degrees or below when checked.
_____	_____	Hot water temperature at patient handwashing fixtures measured 120 degrees or below when checked.
_____	_____	Observations found that hazardous/poisonous materials are secured and not available to patients with confusion, dementia or to children.
_____	_____	Access to mechanical equipment areas is restricted. (**Not met if more than 1 area not restricted.**)

9-006.14F **Disaster Preparedness and Management**

☐ **Met** ☐ **Not Met**

Met	**Not Met**	
_____	_____	The facility has written plans and procedures in place to: ____Maintain proper identification of each patient to ensure that care and treatment coincide with the patient's needs ____Protect or move patients to a safe place when all or part of the building is damaged or uninhabitable

Met	**Not Met**	**Disaster Preparedness and Management**
		____Protect patients during the threat of exposure to the ingestion, absorption, or inhalation of hazardous materials ____Ensure food, water, medicine and medical supplies and other necessary items are available or obtainable ____Provide for the comfort, safety, and well being of patients in the event of failure of electricity, gas, heating, cooling, sewage disposal or water supply for 24 or more consecutive hours

GENERAL ACUTE HOSPITALS ONLY

Health Care Facility Licensure Act

71-467. General acute hospital; employees; influenza vaccinations; tetanus-diphtheria-pertussis vaccine; duties; record.(1) Each general acute hospital shall take all of the following actions in accordance with the guidelines of the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services as the guidelines existed on January 1,2013:
(a) Annually offer onsite influenza vaccinations to all hospital employees;
(b) Offer to all hospital employees a single dose of tetanus-diphtheria-pertussis vaccine if they have not previously received such vaccine and regardless of the time since their most recent vaccination with such vaccine; and
(c) Require all hospital employees to be vaccinated against influenza, tetanus, diphtheria, and pertussis, except that an employee may elect not to be vaccinated.
(2) The hospital shall keep a record of which hospital employees receive the annual vaccination against influenza and a single dose of tetanus-diphtheria-pertussis vaccine and which hospital employees do not receive such vaccinations.
(3) This section shall not apply in individual cases when contraindicated or if a national shortage of the vaccine exists.
Source: Laws 2011, LB542, § 2; Laws 2013, LB458, § 1.Effective Date: September 6, 2013. Revised Statutes Supplement, 2013.

71-468. Onsite vaccinations for influenza and pneumococcal disease. In order to prevent, detect, and control pneumonia and influenza outbreaks in Nebraska, each general acute hospital, intermediate care facility, nursing facility, and skilled nursing facility shall annually, beginning no later than October 1 and ending on the following April 1, offer onsite vaccinations for influenza and pneumococcal disease to all residents and to all inpatients prior to discharge, pursuant to procedures of the facility and in accordance with the recommendations of the advisory committee on immunization practices of the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services as the recommendations existed on January 1, 2012. This section shall not apply in individual cases when contraindicated or if a national shortage of the vaccine exists. Nothing in this section shall be construed to require any facility listed in this section to cover the cost of a vaccination provided pursuant to this section.
Source: Laws 2012, LB1077, § 2.Effective Date: July 19, 2012.

-469. Onsite vaccinations for diphtheria, tetanus, and pertussis. In order to prevent, detect, and control diphtheria, tetanus, and pertussis in Nebraska, each general acute hospital, intermediate care facility, nursing facility, and skilled nursing facility shall offer onsite vaccinations for diphtheria, tetanus, and pertussis to all residents and to all inpatients prior to discharge, pursuant to procedures of the facility and in accordance with the recommendations of the advisory committee on immunization practices of the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services as the recommendations existed on January 1, 2013. This section shall not apply in individual cases when contraindicated or if a national shortage of the vaccine exists. Nothing in this section shall be construed to require any facility listed in this section to bear the cost of a vaccination provided pursuant to this section.
Source: Laws 2013, LB459, § 2.Effective Date: September 6, 2013.

Met	Not Met	
_____	_____	The facility **established and implemented** written policies and procedures regarding the Health Care Facility Licensure Act 71-467, 71-468 and 71-469.

Revised 5/24/12 mkk
Revised 7/12/12 to include requirements of LB1077 – mkk
Revised 6/11/13 to change Food Code References to current Food Code – mkk
Revised 10/19/13 to include LB459-2013 – mkk
Revised 7/23/14 to include new verbiage - mkk

Nebraska Department of Health and Human Services
Licensure Unit – Public Health Division
P O Box 94986
Lincoln, NE 68509-4986

INITIAL INSPECTION PROTOCOLS FOR ACUTE CARE HOSPITALS

Facility _____ Inspection Date _____

Address _____ Surveyor(s) _____

City, Zip Code _____ _____

**** Regulation sections 9-006.01 through 9-006.09H and 9-006.14 must be provided in order for the hospital to meet licensure requirements as an acute care hospital. These section have the heading highlighted with gray.**

Regulation sections 9-006.09I through 9-006.09P are optional services an acute care hospital may choose to provide. Complete the applicable sections for the services the hospital is providing. These sections do not have the headings highlighted in gray but are white.

9-006 Standards of Operation, Care and Treatment

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There are governing instruments appropriate to the type of hospital, which includes: _____ Governing authority bylaws _____ Medical staff bylaws. _____ Constitution or articles of incorporation
_____	_____	Governing instruments describe the makeup of the governing authority, the terms of office and method of election or appointment and removal of governing authority members and officers, and their responsibilities.
_____	_____	There are written minutes from meetings of the governing authority.
_____	_____	The duties and responsibilities of the administrator are defined in writing.
_____	_____	All sampled medical practitioners have been appointed to the medical staff in accordance with the medical staff bylaws.
_____	_____	There is evidence the governing authority established visitation policies to ensure the health and safety of patients.
_____	_____	When emergency medical technician-intermediates or emergency medical technician-paramedics perform activities within their scope of practice, there is evidence of the governing authority's approval.

9-006.01
9-006.01A **Governing Authority**
9-006.01B **Administration**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence that the governing authority takes responsibility for the total operation of the hospital.
_____	_____	There is an administrator employed.
_____	_____	There are procedures established for reporting and investigating any evidence of abuse, neglect or exploitation as required by state law.

9-006.02 **Medical Staff**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is a medical staff.
_____	_____	There is criteria for appointment and reappointment to the medical staff.
_____	_____	There is a written process for delineating clinical privileges.
_____	_____	The Medical Staff Bylaws include the following:

_____ Description of medical staff organization
_____ Time frames for medical staff meetings
_____ Rules for conducting business
_____ Methods for evaluating clinical practice in the CAH
_____ Criteria and procedures for membership and clinical privileges
_____ Procedures for adoption and amendment of medical staff bylaws
_____ Provision for establishing a utilization review committee

9-006.03 **Staff Requirements**
9-006.03A **Employment Eligibility**
9-006.03B1 **Orientation**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	There is evidence that staff have been hired.
_____	_____	There is a system in place to verify maintenance of current active credentials for all staff when state law requires credentialing.
_____	_____	There is a mechanism for completion of a health history screening for each staff person prior to their assuming job responsibilities.

Met	Not Met	
_____	_____	There is a process in place to complete criminal background and registry checks for unlicensed direct care staff members and includes: _____Criminal _____Nurse Aide Registry _____Adult Protective Services Central Registry (APS) _____Central Registry of Child Protection Cases (CPS) _____Nebraska State Patrol Sex Offender Registry
_____	_____	All unlicensed direct care staff reviewed contain evidence of background checks.
_____	_____	There is a process to ensure that no unlicensed direct care staff with an adverse finding regarding abuse, neglect of misappropriation of patient property is hired.
_____	_____	When the facility has approved emergency medical technician-intermediates and emergency medical technician-paramedics to provide services as either an employee or a volunteer, there must be evidence of orientation for RNs, physicians and physician assistants that includes:
_____	_____	There is a system in place for orientation of new staff that includes at least the following: _____ Job duties and responsibilities _____ Hospital's sanitation and infection control program _____ Organizational structure within the hospital _____ Patient rights _____ Patient care policies and procedures _____ Personnel policies and procedures _____ Emergency procedures _____ Disaster preparedness plan and _____ Reporting requirements for abuse, neglect and exploitation
_____	_____	Employee records were available for review and contained orientation, credentialing and health history screening

9-006.04 Patient Rights
9-006.04A Grievances

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Patient rights are available for review in a written format.
_____	_____	Patient rights contain all 13 rights as outlined in regulations. _____ Respectful and safe care by competent personnel _____ Informed of patient rights during admission _____ Informed in advance about care and treatment and any changes _____ Participate in development and implementation of plan of care _____ Make informed decision on care and receive information necessary to make decision _____ Refuse treatment and informed of the medical consequences _____ Formulate advance directives, compliance by hospital or notify patient of inability _____ Personal privacy and confidentiality of medical records _____ Be free from abuse, neglect and exploitation _____ Access information contained in medical record within reasonable time

_____ Be free from chemical and physical restraints that are not medically necessary
_____ Receive hospital services without discrimination
_____ Voice complaints and file grievance and have them addressed

_____ _____ The hospital has written policies and procedures for implementation and protection of patient rights.

_____ _____ The hospital has a written process for addressing grievances.

9-006.05 Quality Assurance/Performance Improvement

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There is a written quality assurance/performance improvement program developed that addresses at least the following:

_____ Establishment of committees for the review of medical and hospital care
_____ Written implementation plan
_____ All services provided, including contracted services
_____ Tracking outpatient surgical procedures that result in unplanned admissions
_____ Evaluation of care and treatment provided both by staff and through contract
_____ Appropriate action to address problems found through the program
_____ Evaluation of outcome for actions taken
_____ Reporting to governing authority

9-006.06 Patient Care and Treatment
9-006.06A Plan of Care
9-006.06B Administration of Medications

☐ **Met** ☐ **Not Met**

Met **Not Met**

_____ _____ There are written policies and procedures that cover all care and treatment to be provided to patients.

_____ _____ There is a form established for patient plans of care.

_____ _____ There are policies and procedures that address administration of medications including:

_____ Methods of administration
_____ If medications will be provided by persons other than a licensed health care professional, 172 NAC 95 & 96 requirements are evident in policies and procedures
_____ Reporting of medication errors to the patient's attending physician
_____ Reporting of adverse drug reaction to the patient's attending physician
_____ Handling of medications
_____ Counting controlled substances as required in regulation (9-006.06B5)
_____ Access to medications
_____ There is a form established for recording medication administration

9-006.06C Nutrition

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There are policies and procedures established addressing daily nutritional needs of patients, including: _____ A current diet manual _____ Education of patients on diet/nutrition when appropriate _____ Nutritional assessments completed by a licensed medical nutrition Therapist

9-006.06D Patient Education

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a process for providing patient/designee education.

9-006.06E Discharge Planning

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a system in place for discharge planning. The system includes at least the following: _____ Timely evaluation _____ Identification of staff responsible _____ Development of a discharge plan _____ Maintenance of a list of community-based services and facilities for referral _____ Arrangement for initial implementation and transfer of medical information

9-006.07 Record Keeping Requirements

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is a record keeping system established that addresses:

_____ Medical record content
_____ Authentication of entries
_____ Telephone or verbal orders
_____ Completion within 30 days of discharge
_____ Retention
_____ Confidentiality
_____ Access
_____ Destruction
_____ Permanent patient index
_____ Administrative records and reports and
_____ Reports regarding abuse, neglect or exploitation

9-006.08 Infection Control

☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is an established infection control program that includes at least the following:

_____ All departments/services
_____ Responsible person(s)
_____ System for identifying, reporting, investigating and controlling infections
_____ Definition of nosocomial infection
_____ System for early detection of infectious outbreaks
_____ Method of monitoring treatment of infection for appropriateness
_____ Implementation of corrective action plans and
_____ Mechanism for evaluation of the program

9-006.09A Medical Services ☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Medical Services are under the direction and supervision of a physician member of medical staff.
_____	_____	There are written policies and procedures governing medical services.
_____	_____	There is a system for evaluation of medical services furnished to both inpatients and outpatients.

9-006.09B Nursing Services ☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence that sufficient staff are hired or in the process of being hired to begin operation of the facility and there will be a RN on duty 24 hours a day 7 days a week.
_____	_____	There are job descriptions for each category of nursing staff.
_____	_____	There is a fulltime Director of Nursing or other similar title employed who is a Registered Nurse.
_____	_____	There are written nursing care policies and procedures.
_____	_____	There is a planned staff development program for all nursing department personnel and the program provides specialized training to perform particular procedures/specialized care.
_____	_____	There are written policies and procedures for receiving telephone and verbal physician orders.

9-006.09C Surgical Services ☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence surgical services are provided in the hospital or there is a contract with another licensed hospital for these services.
_____	_____	When provided in the hospital, there are policies and procedures that include at least the following:

____Restricted access
____Proper attire
____Sterilization and disinfection
____Aseptic practice
____Surgical privileges roster
____Maintenance of operating room log
____Responsibility for supervision
____Emergency system and supplies
____Availability of blood/products
____H & P requirement
____Testing and disposal of surgical specimens
____Circumstances requiring assistants
____Handling infectious cases
____Post-surgical care including safe and appropriate discharge
____Operative reports, annual surgeons report

9-006.09D Anesthesia Services ☐ Met ☐ Not Met

Met	Not Met	
_____	_____	There is evidence anesthesia services are provided in the hospital or there is a contract with another licensed hospital for these services.
_____	_____	When provided in the hospital, there are policies and procedures, approved by the medical staff that minimally include: ____Equipment maintenance ____Safety measures ____Infection control measures ____Pre and post anesthesia evaluations for inpatients and outpatients

9-006.09E Laboratory Services ☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Laboratory services are under the direction of a physician.
_____	_____	A CLIA certificate is present or an application has been initiated.
_____	_____	Emergency laboratory services are available.

9-006.09F Radiology Services ☐ Met ☐ Not Met

Met	Not Met	
_____	_____	Radiology services are under the direction of a physician.
_____	_____	There is evidence that licensed personnel will perform medical radiography procedures.
_____	_____	Emergency radiology services are available.

9-006.09G **Pharmacy Services** ☐ **Met** ☐ **Not Met**

Check type of pharmacy services provided:
(Per71-1,143)

_____Retail Pharmacy **When hospital compounds/dispenses drugs for persons not registered as patients and within the confines of the hospital. Facility must have a Pharmacy License. Pharmacy premises are inspected by pharmacy inspector. Health facility inspection includes only review of the hospital practices related to meeting patient needs, drug storage, control, handling etc.**

_____Hospital Pharmacy **When hospital compounds/dispenses drugs only for persons Registered as patients and within the confines of the hospital. Facility is not required to have a separate Pharmacy License and may provide services under the hospital license. Health facility inspection includes review of the pharmacy and hospital practices.**

Met	Not Met	
_____	_____	Pharmacy services are under the direction of a licensed pharmacist.
_____	_____	There is evidence emergency drugs, devices and biologicals determined by the medical staff will be available at designated locations.
_____	_____	There is a system for receipt and disposition of all controlled substances.
_____	_____	There are policies and procedures designating which personnel can remove drugs from the pharmacy or storage area.
_____	_____	There are drugs, devices and biologicals available on site or evidence that arrangements are being made.
_____	_____	There is information available to staff relating to interactions, contraindications, side effects, toxicology, dosage, indications for use and routs of administration.

9-006.09H **Dietary Services** ☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Dietary services will be supervised by a registered dietitian.
_____	_____	If the registered dietitian is not full-time there is a designated full-time director of dietary services who is responsible for the daily management of dietary services.
_____	_____	There is evidence that dietary services will be available when the facility begins operation.
_____	_____	There are policies and procedures established for dietary services to meet patient needs. Including storing, preparing, protectin, serving and siposing of food in a safe and sanitary manner and in accordance with the Food Code.
_____	_____	There is a planned written menu.

The following services are optional services an acute care hospital may choose to provide. Complete the applicable sections for the services the hospital is providing.

9-006.09I **Emergency Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	**Not Met**	
_____	_____	There is a physician member of the medical staff designated and qualified to direct emergency services.
_____	_____	There are policies and procedures that include at least the following: ____Provision for 24 hour medical and nursing services ____Personnel are qualified in emergency care ____Availability of emergency drugs, devices, biologicals, equipment and supplies ____Medical record integration ____Emergency room log ____Provision for written/oral instructions to patients

9-006.09J **Critical Care Unit Services**

Check those that apply:
Intensive care_____
Coronary care_____
Intensive newborn nursery_____
Burn unit_____
Transplant unit_____
Other_____) specify

Note: The hospital must meet the requirements for each type of critical care Unit that is checked above.

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	**Not Met**	
_____	_____	There is a physician member of the medical staff designated and qualified to direct each critical care unit.
_____	_____	There are policies and procedures that include at least the following: ____Scope and care for patients receiving critical care services ____Supervision of critical care nursing by a qualified registered nurse ____Availability of special equipment, medications and supplies ____Qualifications of assigned personnel ____Medical and nursing staff coverage ____Admission and discharge criteria into and from the critical care units

9-006.09K **Obstetrical and Newborn Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	**Not Met**	
_____	_____	There is a physician member of the medical staff designated and qualified to direct the obstetrical and newborn services.
_____	_____	There are policies and procedures that include at least the following:

____Scope and care for patients receiving obstetrical and newborn services
____Supervision of nursing care including labor, delivery, and nursery by a qualified registered nurse
____Availability of drugs, devices, equipment and supplies or immediate use
____Appropriate attire to be worn during labor and delivery and in the nursery
____Flow of staff between the obstetric and newborn units and other patient care areas
____Use of oxytocic drugs and administration of anesthetics, sedatives, analgesics and other drugs
____Care and staff responsibilities during induction or augmentation of labor
____Presence of fathers or other support persons during labor and delivery
____Method for correct identification of newborn and mother
____Immediate care of a newborn

9-006.09L **Pediatric Services (Applies when hospital provides in a distinct unit)**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	**Not Met**	
_____	_____	There is a physician member of the medical staff designated and qualified to direct pediatric services.
_____	_____	There are policies and procedures that include at least the following:

____Scope and care for pediatric patients
____Supervision by a qualified registered nurse
____Location of pediatric patients apart from adult patients and newborn infants
____Availability of drugs, devices, equipment and supplies suitable for use with pediatric patients
____Conditions under which parents or support persons may stay or "room in" With pediatric patients

9-006.09M **Rehabilitation Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Check therapies provided: _____**Physical Therapy**
_____**Speech Therapy**
_____**Occupational Therapy**
_____**Recreational Therapy**

Met	**Not Met**	
_____	_____	There is evidence that a qualified individual has been hired to direct rehabilitation services and meets the qualifications specified by the hospital.
_____	_____	There are policies and procedures that include at least the following:

____Scope and care of patients receiving rehabilitation services
____Supervision by a qualified therapist
____Provision of rehab services by qualified and credentialed personnel
____Provision of therapy in accordance with medical practitioner orders
____Coordination with other services in the hospital
____Treatment plan and record keeping requirements
____Equipment maintenance to ensure patient safety

9-006.09N **Respiratory Care Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	**Not Met**	
_____	_____	There is a physician member of the medical staff designated and qualified to direct respiratory care services.
_____	_____	There are policies and procedures that include at least the following:

____Scope and care of patients receiving respiratory care services
____Supervision by a qualified respiratory care practitioner
____Provision of respiratory care by qualified personnel as allowed by their scope of practice
____Provision of therapy in accordance with medical practitioner orders
____Coordination with other services in the hospital
____Treatment plan documentation and record keeping requirements
____Equipment maintenance to ensure patient safety

9-006.09O **Social Work Services**

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	**Not Met**	
_____	_____	There is evidence that a qualified individual has been hired to direct Social Services who is a certified social worker.
_____	_____	There are policies and procedures that include at least the following: ____Scope and care of patients receiving social work services ____Assessment of personal and social functioning of patients ____Coordination with other services in the hospital ____Role in intervention, discharge planning and referral of patients ____Documentation and record keeping requirements

9-006.09P **Outpatient Services**

Note: Applies when provided in a distinct area on the hospital premises or at another offsite location included on the hospital license.

☐ **Met** ☐ **Not Met** ☐ **Not Applicable**

Met	**Not Met**	
_____	_____	The individual directing the outpatient department has the qualifications specified by the hospital.
_____	_____	The outpatient department has established and implemented written policies and procedures concerning the following: ____Scope and care of outpatient services ____Provision of outpatient services in accordance with medical practitioner orders ____Number and qualifications of staff necessary to meet patient needs based on the type and volume of services ____Documentation and record keeping requirements ____Integration of the outpatient medical records with existing inpatient records ____Maintenance of equipment to ensure patient safety

9-006.14	**Environmental Safety**
9-006.14A	**Housekeeping and Maintenance**
9-006.14B	**Equipment, Fixtures and Furnishings**
9-006.14C	**Linens**
9-006.14D	**Pets**
9-006.14E	**Environmental Safety**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	Hospital areas, grounds and any additional buildings are clean, safe and ready for admission of patients.
_____	_____	Common areas and patient areas are furnished with chairs, beds, sofas, tables and storage areas reflective of patient needs.
_____	_____	There is a process established for routine and preventative maintenance of equipment and furnishings.
_____	_____	There is a supply on hand of bed, bath and other linens or evidence that such has been ordered or contract provision for such.
_____	_____	There are policies and procedures regarding pets, if hospital plans on owning pets.
_____	_____	Hot water at patient handwashing fixtures measures no more than 120 degrees Fahrenheit.
_____	_____	Hot water at patient bathing and therapy fixtures measures no more than 110 degrees Fahrenheit.
_____	_____	There are policies and procedures established regarding: _____ Hazardous/poisonous materials _____ Access to mechanical equipment

9-006.14F	**Disaster Preparedness and Management**

☐ **Met** ☐ **Not Met**

Met	Not Met	
_____	_____	The facility has written plans and procedures in place to: _____Maintain proper identification of each patient to ensure that care and treatment coincide with the patient's needs. _____Protect or move patients to a safe place when all or part of the building is damaged or uninhabitable. _____Protect patients during the treat of exposure to the ingestion, absorption or inhalation _____Ensure food, water, medicine and medical supplies and other necessary items are available or obtainable. _____Provide for the comfort, safety, and well being of patients in the event of failure of electricity, gas, heating, cooling, sewage disposal or water supply for 24 or more consecutive hours.

GENERAL ACUTE HOSPITALS ONLY

Health Care Facility Licensure Act

71-467. General acute hospital; employees; influenza vaccinations; tetanus-diphtheria-pertussis vaccine; duties; record.(1) Each general acute hospital shall take all of the following actions in accordance with the guidelines of the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services as the guidelines existed on January 1,2013:
(a) Annually offer onsite influenza vaccinations to all hospital employees when no national vaccine shortage exists;
(b) Offer to all hospital employees a single dose of tetanus-diphtheria-pertussis vaccine if they have not previously received such vaccine and regardless of the time since their most recent vaccination with such vaccine; and
(c) Require all hospital employees to be vaccinated against influenza, tetanus, diphtheria, and pertussis, except that an employee may elect not to be vaccinated.
(2) The hospital shall keep a record of which hospital employees receive the annual vaccination against influenza and a single dose of tetanus-diphtheria-pertussis vaccine and which hospital employees do not receive such vaccinations.
(3) This section shall not apply in individual cases when contraindicated or if a national shortage of the vaccine exists.
Source: Laws 2011, LB542, § 2; Laws 2013, LB458, § 1.Effective Date: September 6, 2013. Revised Statutes Supplement, 2013

71-468. Onsite vaccinations for influenza and pneumococcal disease. In order to prevent, detect, and control pneumonia and influenza outbreaks in Nebraska, each general acute hospital, intermediate care facility, nursing facility, and skilled nursing facility shall annually, beginning no later than October 1 and ending on the following April 1, offer onsite vaccinations for influenza and pneumococcal disease to all residents and to all inpatients prior to discharge, pursuant to procedures of the facility and in accordance with the recommendations of the advisory committee on immunization practices of the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services as the recommendations existed on January 1, 2012. This section shall not apply in individual cases when contraindicated or if a national shortage of the vaccine exists. Nothing in this section shall be construed to require any facility listed in this section to cover the cost of a vaccination provided pursuant to this section.
Source: Laws 2012, LB1077, § 2.Effective Date: July 19, 2012.

-469. Onsite vaccinations for diphtheria, tetanus, and pertussis. In order to prevent, detect, and control diphtheria, tetanus, and pertussis in Nebraska, each general acute hospital, intermediate care facility, nursing facility, and skilled nursing facility shall offer onsite vaccinations for diphtheria, tetanus, and pertussis to all residents and to all inpatients prior to discharge, pursuant to procedures of the facility and in accordance with the recommendations of the advisory committee on immunization practices of the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services as the recommendations existed on January 1, 2013. This section shall not apply in individual cases when contraindicated or if a national shortage of the vaccine exists. Nothing in this section shall be construed to require any facility listed in this section to bear the cost of a vaccination provided pursuant to this section.
Source: Laws 2013, LB459, § 2.Effective Date: September 6, 2013.

Met	Not Met	
_____	_____	The facility has written policies and procedures regarding the Health Care Facility Licensure Act 71-467, 71-468 and 71-469.

Revised 4/23/10
Revised 7/12/12 to include information from LB1077 - 2012 – mkk
Revised 10/19/13 to include LB459-2013
Revised 7/23/14 – verbiage clarification - mkk

Nebraska Department of Health and Human Services
Division of Public Health – Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

HOSPITAL LICENSURE INSPECTION REPORT

Facility_____ **Administrator**_____

Address_____ **Inspection Date**_____

City, Zip Code_____

Applicant must demonstrate the capability to meet the following requirements of 175 NAC 9:

		MET	NOT MET	COMMENTS
9-006.10	Hospital			
9-006	Standards of Operation, Care and Treatment			
9-006.01 9-006.01A 9-006.01B	Governing Authority Administration			
9-006.02	Medical Staff			
9-006.03 9-006.03A 9-006.03B 9-006.03C	Staffing Requirements Employment Eligibility Orientation Employment Record			
9-006.04 9-006.04A	Patient Rights Grievances			
9-006.05	Quality Assurance/Performance Improvement			
9-006.06 9-006.06A 9-006.06B	Patient Care and Treatment Plan of Care Administration of Medications			
9-006.06C	Nutrition			

		MET	NOT MET	COMMENTS
9-006.06D	Patient Education			
9-006.06E	Discharge Planning			
9-006.07	Record Keeping Requirements			
9-006.08	Infections Control			
9-006.09B	Nursing Services			
9-006.09I	Emergency Services			
9-006.14 9-006.14A 9-006.14B Furnishings 9-006.14C 9-006.14D 9-006.14E	Environmental Services Housekeeping and Maintenance Equipment, Fixtures and Linens Pets Environmental Safety			
9-006.14F Management	Disaster Preparedness and			

Additional Comments:

☐ **IN COMPLIANCE** ☐ **NOT IN COMPLIANCE**

Surveyor Signature _____ Date _____

Facility Representative _____ Date _____

Surveyor Signature _____ Date _____

Revised 11/10/09

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)

Licensure Preliminary Inspection Report

Department of Health and Human Services
Division of Public Health-Licensure Unit
301 Centennial Mall South, P.O. Box 94986
Lincoln, Nebraska 68509

Facility Name:
Address:
City/State/Zip:
Telephone Number: **Date of Inspection:**

Facility Expected Census: **Current Census:**

This is a preliminary findings report only.

DHHS, Licensure Unit Signature(s)/ Date

Facility Administrator Signature/Date

Directions: Mark met or not met for each regulation area. Add comments as necessary.

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
W102 CoP GOVERNING BODY	**17.006 Standard of Operation, Care and Treatment: In addition to the requirements that follow in this section, the Department incorporates by references in these regulations:** **1. 42.CFR 483.410-483.480; and** **2. Appendix J to the State Operations Manual, Survey Procedures and Interpretive Guidelines for ICFs/MR**				
W103, W104, W106 Standard: Governing Body **W117, W118, W119, W120** Standard: Services provided under agreements with outside sources	**17-006.01 Licensee Responsibilities**				Name of Licensee:
W105 Standard: Governing Body **W149, W150, W151, W152, W153, W154, W155, W156, W157:** Standard : Staff treatment of Clients	**17-006.02Administration**				Name of Administrator:
W170-W181 Standard: Professional Program Services	**17-006.03 Staff Requirements**:				

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)

Licensure Preliminary Inspection Report

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
W104, and W105 Standard: Governing Body	**17-006.03A Administrator**				
W160, W161, W162, and W163- Standard: Qualified mental retardation professional	**17-006.03A1** Qualified mental retardation professional **17-006.03A2** Administrator-Nursing home administrator qualifications				
W318 CoP HEALTH CARE **W104** Standard: Governing Body **W340, W342** Standard: Nursing Staff **W347** Standard: Nursing Staff	**17-006.03B Nursing Assistant**				
W167-Standard: Professional program services	**17-006.03C Paid Dining Assistant**:				
W122 CoP CLIENT PROTECTIONS & FACILITY STAFFING **W152-**Standard: Staff Treatment of Clients	**17-006.03D Criminal Background and Registry Checks**				
W318 CoP HEALTH CARE **W347** Standard: Nursing Staff **W170-W181** Standard: Professional Program Services **W370-W392** **Standard:** Drug storage and record keeping	**17-006.04 Administration of Medication**				
W197 and W198 Standard: Admission, Transfers and Discharge	**17.006.05 Admission and Retention**				
	17-006.06 Quality Assurance/ Performance Improvement				
W125 Standard: Protection of Client's Rights	**17-006.007 Complaints and Grievances**				
	17-006.08 Pets				
W406 CoP PHYSICAL ENVIRONMENT **W438 and W439-**Emergency plan and procedures	**17-006.09 Disaster Preparedness and Management**:				

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)

Licensure Preliminary Inspection Report

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
	17-007.01 Support Areas:				
W459 CoP DIETETIC SERVICES	**17-007.01A Dietary**				
W437-Standard Space and Equipment	**17-007.01B Laundry**				
	17-007.01C Waste Processing:				
	17-007.01D Cosmetology and Barber				
	17-007.01E Pharmaceutical				
	17-007.02 Construction Standards				
	17-007.02A Codes and Guidelines				
	17-007.02A1 New Construction				
	17-007.02A2 All Facilities				
	17-007.02B Conflicts in Standards				
W414-Standard: Client Bedrooms **W431, W432, W433, and W434** Standard: Floors	**17-007.02C Floor Area**				
W435-Standard Space and Equipment	**17-007.02D Dining/Activity Areas**				
W424, W425, and W426-Standard: Client Bathrooms	**17-007.02E Bathing Rooms**				

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)

Licensure Preliminary Inspection Report

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
W424 and W425-Standard: Client Bathrooms	**17-001.02F Toilet Rooms**				
W409, W412, W413, W417, W481, W419 and W420-Standard Client Bedrooms **W427-** Standard Heating and Ventilation **W436-**Standard: Space and Equipment	**17-007.02G Bedrooms**				
	17-007.02H Corridors				
	17-007.02I Doors				
	17-007.02J Outdoor Areas				
W438 and W439-Emergency plan and procedures	**17-007.02K Emergency Telephone**				
	17-007.02L Privacy				
	17-007.03A Water and Sewer Systems				
W426-Standard: Client Bathrooms	**17-007.03B Hot Water System**				
W429-Standard Heating and Ventilation	**17-007.03C Heating and Cooling System**				
W428-Standard Heating and Ventilation	**17-007.03D Ventilation System**				
	17-007.03E Electrical System				
	17-007.03F Emergency Power System				

LB 1077 - Vaccination System

Additional Comments:

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)

Licensure Preliminary Inspection Report

Revised 08/17/12

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)
Licensure Inspection Worksheet

Department of Health and Human Services
Division of Public Health-Licensure Unit
301 Centennial Mall South, P.O. Box 94986
Lincoln, Nebraska 68509

Facility Name:
Address:
City/State/Zip:
Telephone Number: **Date of Inspection:**

Facility Expected Census: **Current Census:**

The ICF/MR facility must be in compliance with the following requirements that are in addition to these that are incorporated by reference in the Standards of Operation, Care and Treatment as described in 175 NAC 14-006:

DHHS, Licensure Unit Signature(s)

Directions: Mark met or not met for each regulation area. Add comments as necessary.

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
CoP W102 GOVERNING BODY	**17.006 Standard of Operation, Care and Treatment: In addition to the requirements that follow in this section, the Department incorporates by references in these regulations:** **1. 42.CFR 483.410-483.480; and** **2. Appendix J to the State Operations Manual, Survey Procedures and Interpretive Guidelines for ICFs/MR**				
W103 The facility must identify an individual or individuals to constitute the governing body of the facility. **W104** The governing body must exercise general policy, budget, and operating direction over the facility.	**17-006.01 Licensee Responsibilities:** The licensee must assume responsibility for the total operation of the facility. The licensee responsibilities include:				Name of Licensee:
	1. Monitoring policies to assure the appropriate administration and management of the ICF/MR; 2. Ensuring the ICF/MR is in compliance with all applicable state statutes and rules and regulations;				

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
W117-W120: Services provided under agreements with outside sources. If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and health care. The agreement must contain the responsibilities, functions, objectives, and other terms agreed to by both parties; and provide that the facility is responsible for assuring that the outside services meet the standards for quality of services contained in this subpart. The facility must assure that outside services meet the needs of each client.	3. Ensuring quality services are provided to all individuals whether services are furnished directly by the facility or through contract with the facility;				
	4. Periodically reviewing and recommendations regarding the Quality Assurance/Performance Improvement program and implementing programs and polices to maintain and improve the quality of services;				
W106 The governing body must appoint the administrator of the facility.	5. Designating an administrator who is responsible for the management of the ICF/MR and defining the duties and responsibilities of the administrator in writing;				
	6. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs including who will be responsible for the position duties until another administrator is appointed; and				
	7. Notifying the Department in writing within five working days when the vacancy of the administrator position is filled including the effective date and name of the person appointed.				

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)
Licensure Inspection Worksheet

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
W105 Set the qualifications (in addition to those already set by State law, if any) for the administrator of the facility;	**17-006.02 Administration:** The administrator is responsible for planning, organizing, and directing the operation of the ICF/MR. The administrator must report in all matters related to maintenance, operation, and management of the ICF/MR to the licensee and be responsible to the licensee. The Administrator's responsibilities include: 1. Ensuring that the facility protect and promote the health, safety and welling being of the individuals. 2. Maintaining staff appropriate to meet individual's needs; 3. Designating a substitute, who is responsible and accountable for management of the ICF/MR, to act in the absence of the Administrator;				Name of Administrator:
W149-W157 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Staff of the facility must not use physical, verbal, sexual or psychological abuse or punishment. Staff must not punish a client by withholding food or hydration that contributes to a nutritionally adequate diet. The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment. The facility must ensure that all allegations of mistreatment, neglect or abuse as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress. The results of the investigations must be reported to administrator or designated representative or to other officials in accordance with State law within five working days of the incident and if the alleged violation is verified, appropriate corrective action must be taken.	4. Developing procedures which require the reporting of any evidence of abuse, neglect, or exploitation of any individual served by the facility in accordance with Neb. Reg. Stat.§§ 28-372 of the Adult Protective Services Act or in the case of child in accordance with Neb. Reg. Stat.§§ 28-711				*Surveyors: Assess the system from the date the application was accepted. Who is the administrator that reviews incidents of abuse/neglect?*

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
W170-W181 Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. Those professional program staff who do not fall under the jurisdiction of State licensure, certification, or registration requirements, specified in §483.410(b), must meet qualifications. To be an OT, PT, Psychologist, Social Worker, Speech-Language Pathologist, Recreation staff, Dietician, and Human Services Professional (QMRP).	**17-006.03 Staff Requirements**: The facility must ensure all persons who provide a service to individuals meet applicable state laws. The facility must ensure that all persons for whom a license, certification or registration is required hold the license, certification, or registration in accordance with applicable state laws.				*What's the facility's procedure/system? How verify?*
W104 Exercise general policy, budget, and operating direction over the facility; **W105** Set the qualifications (in addition to those already set by State law, if any) for the administrator of the facility;	**17-006.03A Administrator**: The ICF/MR must develop and implement policies and procedures to specify the responsibilities and qualifications of the administrator in accordance with Neb. Rev. Stat. §§ 71-6053 to 71-6068. The Administrator of an ICF/MR must meet the requirements to be either a QMRP or a licensed nursing home administrator in the state of Nebraska.				
W160-Has at least one year of experience working directly with persons with mental retardation or other developmental disabilities; and **W161-**A doctor of medicine [or] osteopathy. **W162-**A registered nurse. **W163-**An individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section.	**17-006.03A1** To be a qualified mental retardation professional, the administrator must meet the qualifications specified in 42 CFR 483.430(a). **17-006.03A2** To be a nursing home administrator, the administrator must meet the requirements and hold a current license in accordance with Neb. Rev. Stat. §§ 71-6053 to 71-6068.				
CoP W318 HEALTH CARE **W104** The governing body must exercise general policy, budget, and operating direction over the facility. **W340** Training clients and staff as needed in appropriated health and hygiene methods. **W342** Training direct care staff in detecting signs and symptoms of illness of dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.	**17-006.03B Nursing Assistant**: The ICF/MR must develop and implement policies and procedures to specify the responsibilities and qualifications of the nursing assistant, and development and approval of a basic care course in accordance with Neb. Rev. Stat. §§ 71-6038 to 71-6039.				*Review Policies and Procedures; Interview about system*

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
W347 Non-licensed nursing personnel who work with clients under a medical care plan must do so under the supervision of licensed persons.	**17-006.03B1** A nursing assistant may be utilized to perform the duties of aiding a licensed registered or practical nurse through the performance of non-specialized tasks related to the personal care and comfort of individuals.				
W340-Training clients and staff as needed in appropriated health and hygiene methods. **W342** Training direct care staff in detecting signs and symptoms of illness of dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.	**17-006.03B2** A nursing assistant must have the following qualifications: 1. Be at least 16 years of age; 2. Cannot have been convicted of a crime rationally related to his or her practice involving moral turpitude; 3. Be able to speak and understand the English language or a language understood by a substantial portion of the facility's individuals; and 4. Successfully complete 20 hours of training in basic care within 120 days of initial employment in the capacity of a nursing assistant.				
W340-Training clients and staff as needed in appropriated health and hygiene methods. **W342** Training direct care staff in detecting signs and symptoms of illness of dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.	**17-006.03B3 Basic Care Course:** The provider must develop a basic care course, ~~and submit it to the Department for approval.~~ The course must be no less than 21 hours in duration and include at least 15 hours of basic personal care training, 5 hours of basic therapeutic and emergency procedure training and 1 hour of instruction on the responsibility to report suspected abuse or neglect in accordance with state law. The training must be administered by a licensed registered nurse.				*Note: not required to be on the registry.*
W167-The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.					

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
	17-006.03C Paid Dining Assistant: When the facility utilizes persons other than a licensed registered or practical nurse or a nursing assistant for the feeding of individuals, the facility must follow 172 NAC 105. Each facility must establish and implement policies and procedures: 1. To ensure that paid dining assistants providing assistance with feeding to individuals in the facility meet the qualification, training and competency requirements specified in 172 NAC 105; 2.To ensure that competency assessments and/or courses for paid dining assistants have been completed in accordance with the provisions of 172 NAC 105; 3. That specify how the facility will meet the role requirements at 172 NAC 105-004, which state that paid dining assistants must: a. Only feed individuals who have no complicated feeding problems as selected by the facility based on the individual's latest assessment, individual program plan, and determinations by the licensed nurse that the individual's condition at the time of such feeding meets that plan and that the paid dining assistant is competent to feed that particular individual; b. Work under the supervision of a licensed registered nurse or practical nurse who is on duty, physically present in the facility, and immediately available; and c. Call a supervisor for help in an emergency; 4. That specify how the facility will meet the requirements at 172 NAC 105-007, which state that the facility must maintain: a. A listing of all paid dining assistants employed at the facility and the number of hours worked; and b. For each individual paid dining assistant:				

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
	(1) Verification of successful completion of an approved paid dining assistant training course and competency evaluation; and (2) Verification that the facility has made checks with the Nurse Aide Registry, the Adult Protective Services Central Registry, and the central register of child protection cases maintained by the Department of Health and Human Services if applicable; an 5. That address how supervision of paid dining assistants will occur and how paid dining assistants will be identified as single-task workers.				
CoP W122 CLIENT PROTECTIONS & FACILITY STAFFING **W152-**The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.	**17-006.03D Criminal Background and Registry Checks**: Criminal Background and Registry Checks: Each ICF/MR must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff member.				
	17-006.03D1 Criminal Background Checks: The ICF/MR must complete criminal background checks through a governmental law enforcement agency or a private entity that maintains criminal background information.				
	17-006.03D2 Registry Checks: The ICF/MR must check for adverse findings on the following registries: 1. Nurse Aide Registry; 2. Adult Protective Services Central Registry; 3. Central Register of Child Protection Cases; 4. Nebraska State Patrol Sex Offender Registry				
W152-The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.	**17-006.03D3** The facility must comply with 42 CFR 483.420 (d) (1) (iii) and Appendix J to the State Operations Manual, specifically interpretive guideline W152, in its hiring decisions. The facility must not employ staff with a conviction or prior employment history of child or vulnerable adult abuse, neglect, or mistreatment.				

Federal Certification Regulations	State Licensure Regulation	MET	NOT MET	NA	Comments:
	17-006.03D4 The facility must also: 1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions; 2. Decide whether employment can begin prior to receiving the criminal background information; and 3. Document any decision to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to individuals' safety or property. The facility must not employ staff with adverse findings on the Nurse Aide Registry regarding abuse or neglect of individuals served, or misappropriation of the property of individuals served.				*Who makes the hiring decisions with a criminal background? Does the Administrator know this system?*
CoP W318 HEALTH CARE **W370-W392** Medication Administration, Storage, and Labeling Standards.	**17-006.04 Administration of Medication**: The facility must establish and implement policies and procedures to ensure individuals receive medications only as legally prescribed by a medical practitioner in accordance with the 5 rights and prevailing professional standards.				
	17-006.04A Methods of Administration of Medication: When the facility is responsible for the administration of medication, it must be accomplished by the following methods:				
W371-W373 Clients are taught to administer their own medications; the client's physician is informed of the IDT's decision that self-administration of medication is an objective for the client; No client self-administers medication until he or she demonstrates the competency to do so.	**17-006.04A1 Self Administration**: The facility must allow individuals to self-administer medications if desired, with or without supervision, when the interdisciplinary team has determined the individual is capable to do so.				

W170-W181 Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices	**17-006.04A2 Licensed Health Care Professional**: When the facility utilizes licensed health care professionals for whom medication administration is included in their scope of practice, the facility must ensure the medications are properly administered in accordance with prevailing professional standards.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
W370 Unlicensed personnel are allowed to administer drugs only if State Law permits.	**17-006.04A3 Persons Other Than a Licensed Health Care Professional:** When the facility utilizes persons other than a licensed health care professional in the provision of medications, the facility must follow 172 NAC 95 and 96. Each facility must establish and implement policies and procedures: 1. To ensure that medication aides who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 95-004; 2. To ensure that competency assessments and/or courses for medication aides have been completed in accordance with the provisions of 172 NAC 96-005; 3. That specify how direction and monitoring will occur when the facility allows medication aides to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows: a. Provide routine medication; and b. Provide medications by the following routes: (1) Oral, which includes any medication given by mouth, including sublingual (placing under the cheek and tongue) and buccal (placing between the cheek and gum) routes and oral sprays; (2) Inhalation, which includes inhalers and nebulizers, including oxygen given by inhalation; (3) Topical application of sprays, creams, ointments, and lotions and transdermal patches; (4) Instillation by drops, ointments, and sprays into the eyes, ears, and nose;				*Request/Ask about CLIA certificate*

	4. That specify how direction and monitoring will occur when the facility allows medication aides to perform the additional activities authorized by 172 NAC 95-007 which include but are not limited to: a. Provision of PRN medications; b. Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or c. Participation in monitoring;				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	5. That specify how competency determinations will be made for medication aides to perform routine and additional activities pertaining to medication provision; 6. That specify how written direction will be provided for medication aides to perform the additional activities authorized by 172 NAC 95-009; 7. That specify how records of medication provision by medication aides will be recorded and maintained; and 8. That specify how medication errors made by medication aides and adverse reactions to medications will be reported. The reporting must be: a. Made to the identified person responsible for direction and monitoring; b. Made immediately upon discovery; and c. Documented in the individual's records. The facility is responsible to review, follow up and take appropriate action regarding medication errors and adverse reactions to medications.				
W370 Unlicensed personnel are allowed to administer drugs only if State Law permits.	**17-006.04A4** When the facility is not responsible for medication administration or provision of medication, the facility must maintain responsibility for the overall supervision, safety and welfare of the individual.				

W392 Drugs and biological's packaged in containers designated for particular client must be immediately removed from the client's current medication supply if discontinued by the physician.	**17-006.04A5 Disposal of Medications**: Medications that are discontinued by the medical practitioner, and those medications which are beyond their expiration date, must be destroyed. The facility must identify who will be responsible for disposal of medications and the method to dispose of medications in a timely and safe manner.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
W197 Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of continuous active treatment program. **W198** Clients who are admitted by the facility must be in need of and receiving active treatment services.	**17.006.05 Admission and Retention**: The facility must develop and implement addition and retention policies and procedures to ensure admission only of individuals who have mental retardation or related conditions and are in need of an active treatment program and retention only of those individuals who have mental retardation or related conditions and are receiving the benefiting from active treatment unless the following exception applies to the individual.				*What system is in place to address admits and discharges from one building to another as they are separate ICFs/MR.*
	17.006.05A Exception: If the facility chooses to participate in providing serviced to individuals who meet the exception to the retention requirements, the facility must develop and implement policies and procedures to address the retention of individuals who have been receiving and benefiting from active treatment in the ICF/MR and who have developed conditions where they no longer can benefit from an active treatment program. These conditions are associated with aging, dementia, decline in health and terminal illness. The facility must ensure the following: 1. Documentation from the individual's attending physician that the transfer or discharge of the individual would be harmful to their physical, emotional, or mental health; 2. Current and accurate assessments relevant to the individual's condition and needs; 3. The individual program plan or plan of care must document:				

	a. The continued stay is in the best interest of the individual, and that transfer or discharge would be harmful to the individual; b. The interdisciplinary team rationale for the decision for continued stay; c. The specific current needs of the individual; and d. The plan and treatment approach to address the individual's current needs and conditions;				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	4. The facility must provide services to meet the individual's current needs and condition(s); and 5. The ICF/MR must primarily serve individuals who are receiving and benefiting from an active treatment program.				
	17-006.06 Quality Assurance/ Performance Improvement: The facility must develop and implement a quality assurance/performance improvement program that is an ongoing, comprehensive, and proactive internal review of the facility to ensure and improve quality, appropriateness, efficiency and effectiveness of services and supports to individuals. The program must maintain documentation of activities and include the following, but is not limited to: 1. Identification of responsible party; 2. Identification of problems, recommendations, and 3. Identification of resolution; and 4. Recommendations for improvement.				*What data is specific to the ICFMR? Are they aware of confidentiality?*
W125 Allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the US, including the right to file complaints and the right to due process. **W125** Allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the US, including the right to file complaints and the right to due process.	**17-006.007 Complaints and Grievances**: The facility must establish and implement procedures for addressing complaints and grievances from individuals, employees and others. **T17-006.07A** The facility must have a procedure regarding submission of complaints and grievances available to individuals, employees and others.				

	17-006.07B The facility must document efforts to address complaints and grievances received in a timely manner.				
	17-006.08 Pets: The facility must assure that a facility-owned pet does not negatively affect individuals. The facility must establish and implement policies and procedures regarding pets that include:				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	3. Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks, and other parasites; and 4. Primary responsibility for care and supervision of the pet by facility staff.				
CoP 406 PHYSICAL ENVIRONMENT **W438**-The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients. **W439**-The facility must communicate, periodically review, make the plan available, and provide training to the staff.	**17-006.09 Disaster Preparedness and Management**: The facility must establish and implement disaster preparedness plans and procedures to ensure that individuals' care and treatment, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) and other disasters, disease outbreaks, or other similar situations. The plans and procedures must address and delineate: 1. How the facility will maintain the proper identification of each individual to ensure that care and treatment coincide with the individual's needs; 2. How the facility will move individuals to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster; 3. How the facility will protect individuals during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials; 4. How the facility will provide food, water, medicine, medical supplies, and other necessary items for care and treatment in the event of a natural or other disaster; and				

	5. How the facility will provide for the comfort, safety, and well-being of individuals in the event of 24 or more consecutive hours of: a. Electrical or gas outage; b. Heating, cooling, or sewer system failure; or c. Loss or contamination of water supply.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	17-07.01 Support Areas: The facility may share the following support service areas among detached structures, and with other licensed facilities.				
	For facilities licensed for 16 or fewer individuals or for areas of the facility used only for training or activity purposes may follow the food code or must develop policies and procedures to ensure the following: 1. Automatic dishwasher final rinse cycle temperature of not less than 150 degrees Fahrenheit; 2. Foods are stored, prepared, transported, and served at proper temperatures. Temperatures of potentially hazardous foods must be 45 degrees Fahrenheit or below or 140 degrees Fahrenheit or above at all times; 3. Food preparation and eating areas are maintained in a sanitary manner; and 4. All equipment and utensils, including dishes, glassware, and silverware used in the serving or preparation of food or drink for individuals is thoroughly cleaned after each use and stored in a manner to assure they are kept free of dust, insects, and contamination.				
W437-Provide adequate clean linen and dirty linen storage areas	**17-007.01B Laundry**: The facility must provide laundry services. Laundry service may be provided by contract or on-site by the facility.				
W437-Provide adequate clean linen and dirty linen storage areas	**17-007.01B1 Contract**: If contractual services are used, the facility must have areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen.				

W437-Provide adequate clean linen and dirty linen storage areas	**17-007.01B2 On-Site**: If on-site services are provided, the facility must have areas dedicated to laundry.				
W437-Provide adequate clean linen and dirty linen storage areas	**17.007.01B2a** Laundry areas must be provided and equipped with a washer and dryer.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	17-007.01C Waste Processing: The facility must provide areas to collect, contain, process, and dispose of waste produced within the facility in a manner to prevent the attraction of rodents, flies, and all other insects and vermin, and to minimize the transmission of infectious diseases.				
	17-007.01D Cosmetology and Barber: When provided, cosmetology and barber services must be in conformance with the Nebraska Cosmetology Act, Neb. Rev. Stat. §§ 340 to 3,238 and the Barber Act, Neb. Rev. Stat. §§ 71-201 to 71-248.				
	17-007.01E Pharmaceutical: If the facility provides pharmacy services as defined in Neb. Rev. Stat. §§ 71-1,142 to 71-1,147.61, the services must be provided in conformance with that law.				
	17-007.02 Construction Standards: The facility must be designed, constructed, and maintained in a manner to provide ICF/MR services. The standards are set forth below: **17-007.02A Codes and Guidelines** **17-007.02A1 New Construction**: New construction must comply with the following: 1. Building: Building Construction Act, Neb. Rev. Stat. §§ 71-6401 to 71-6407; 2. Plumbing: Plumbing Ordinance or Code, Neb. Rev. Stat. § 18-1915; 3. Electrical: State Electrical Act, Neb. Rev. Stat. §§ 81-2101 to 81-2143; 4. Elevators: Nebraska Elevator Code, Neb. Rev. Stat. § 48-418.12 and Department of Labor Regulations, 230 NAC 1;				

	5. Boiler: Boiler Inspection Act, Neb. Rev. Stat. §§ 48-719 to 48-743; 6. Accessibility: Nebraska Accessibility Requirements, State Fire Marshal Regulations, 156 NAC 1 to 12, and 1. Fire Codes: Nebraska State Fire Code Regulations, State Fire Marshal, 153 NAC 1; and				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	2. The Food Code, Neb. Rev. Stat. § 81-2,244.01, as published by the Nebraska Department of Agriculture, except for compliance and enforcement provisions, and except as noted in 175 NAC 17-007.01A.				
W451-General. (i) Except as specified in paragraph (j)(2) of this section, the facility must meet the applicable provisions of either the Health Care Occupancies Chapters or the Residential Board and Care Occupancies Chapter of the Life Safety Code (LSC) of the National Fire Protection Association, 1985 edition, which is incorporated by reference.	**17-007.02A2 All Facilities:** All facilities must comply with the following applicable codes and standards to provide a safe environment. 1. Fire Codes: Nebraska State Fire Code Regulations, State Fire Marshal, 153 NAC 1; and 2. The Food Code, Neb. Rev. Stat. § 81-2,244.01, as published by the Nebraska Department of Agriculture, except for compliance and enforcement provisions, and except as noted in 175 NAC 17-007.01A.				

	17-007.02A3 Existing and New Facilities: Existing and new facilities must comply with the physical plant standards contained in 175 NAC 17-007. The facility must maintain all building materials and structural components so that total loads imposed do not stress materials and components more than one-half times the working stresses allowed in the building code for new buildings of similar structure, purpose and location.				
	17-007.02B Conflicts in Standards: In situations where the referenced codes and guidelines conflict with 175 NAC 17, the adopted rules and regulations of the Department and the Nebraska State Fire Marshal will prevail.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
W414-In all facilities initially certified, or in buildings constructed or with major renovations or conversions on or after October 3, 1988, have walls that extend from floor to ceiling. **W431-W434** Floors that have a resilient, nonabrasive, and slip-resistant surface. Nonabrasive carpeting, if the area used by clients is carpeted and serves clients who lie on the floor or ambulate with parts of their bodies, other than feet, touching the floor; and Exposed floor surfaces and floor coverings that promote mobility in areas used by clients, and promote maintenance of sanitary conditions.	**17-007.02C Floor Area:** Floor area is the space with ceilings at least seven feet in height and excludes enclosed storage, toilet and bathing rooms, corridors, and halls. The space beyond the first two feet of vestibules and alcoves less than five feet in width is not included in the required floor area. In rooms with sloped ceilings at least half of the ceiling must be at least seven feet in height. Areas less than five feet in height are not included in the required floor area.				
W435-Provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.	**17-007.02D Dining/Activity Areas:** The facility must provide adequate space for dining, socialization, and leisure activities.				
	17-007.02D1 The space must provide a minimum of 15 square feet per individual in existing facilities and 20 square feet per individual in new construction.				

	17-007.02D2 Dining/activity areas must not be used for sleeping, offices, or corridors.				
W424-W426 Provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the clients; provide for individual privacy in toilets, bathtubs, and showers; and in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 Fahrenheit.	**17-007.02E Bathing Rooms:** The facility must provide a bathing room consisting of a tub and/or shower equipped with hand grips or other assistive devices as needed or desired by the individual. The facility must have one bathing fixture per 20 licensed beds in existing facilities, and 1 fixture per 8 licensed beds in new facilities and new construction.				
W424-W425 Provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the clients; and provide for individual privacy in toilets, bathtubs, and showers.	**17-001.02F Toilet Rooms:** The facility must provide a room with a sink and toilet for individuals' use with 1 fixture per 8 licensed beds in existing facilities, and 1 fixture per 4 licensed beds in new facilities and new construction.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
W420-Functional furniture, appropriate to the clients needs, **W417-W419-**A separate bed of proper size and height for the convenience of the client; a clean, comfortable, mattress; and bedding appropriate to the weather and climate. **W436-** Furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. **W409-**Be rooms that have at least one outside wall; **W427-**At least one window to the outside; and	**17-007.02G Bedrooms:** The facility must provide bedrooms that provide for sleeping, afford privacy, provide reasonable access to furniture and belongings, and accommodate the needs of the individual. All bedrooms must: 1. Not be accessed through a bathroom, food preparation area, laundry, office, or another bedroom; 2. Be located on an outside wall with an operable window with a minimum glass size of six square feet per individual in new construction and new facilities;				
W412-W413 At least 60 square feet per client in multiple client bedrooms and at least 80 square feet in single client bedrooms	4. Have 80 square feet of floor area for a single bed room and 60 square feet of floor area per individual in a multiple bed room; and				

	17-007.02H Corridors: The facility's corridors must be wide enough to allow passage and be equipped as needed by the individuals with safety and assistive devices. All stairways and ramps must have handrails.				
	17-007.02I Doors: The facility's doors must be wide enough to allow passage and be equipped as needed by the individuals for privacy and safety.				
	17-007.02J Outdoor Areas: The facility must provide an outdoor area for individuals' use. It must be equipped and situated to provide for safety and the abilities of the individuals.				
W438-W439-The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients. The facility must communicate, periodically review, make the plan available, and provide training to the staff.	**17-007.02K Emergency Telephone:** The facility must provide non-coin operated telephone(s) in working order, accessible to individuals based on their needs, located on the premises for local calls and emergencies. Emergency numbers must be easily accessible near the telephone.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	17-007.02L Privacy: The facility must provide window coverings to ensure visual privacy of the individuals.				
	17-.007.03 Building Systems: The facility must have building systems that are designed, installed, and that operate in a manner to provide for the safety, comfort, and well being of the individuals.				
	17-007.03A Water and Sewer Systems: The facility must have and maintain an accessible, adequate, safe, and potable supply of water. Where an authorized public water supply of satisfactory quantity, quality, and pressure is available, the facility must be connected to it and its supply used exclusively.				

	17-007.03A1 The system for collection, treatment, storage, and distribution of potable water of a facility that regularly services 25 or more individuals must be constructed, maintained, and operated in accordance with all provisions of the Nebraska Safe Drinking Water Act and Title 179, Regulations Governing Public Water Systems.				
	17-007.03A2 The system for collection, treatment, storage and distribution of potable water in a facility that serves less than 25 individuals on a regular basis must be maintained and operated as if it were a public water system, in accordance with 179 NAC 2-002, 3 and 4. These facilities must report to the Department the results of all tests that indicate the water is in violation of the standards set out in 179 NAC 2-002 or 3. These facilities must construct all water wells in accordance with 178 NAC 12, Water Well Construction, Pump Installation and Water Well Decommissioning Standards.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	17-007.03A3 The water distribution system must have anti-siphon devices and air-gaps to prevent potable water system and equipment contamination.				
	17-007.03A4 The facility must provide continuously circulated, filtered, and treated water systems as required for the services provided.				
	17-007.03A5 The facility must maintain a sanitary and functioning sewage system.				
W426-In areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 Fahrenheit.	**17-007.03B Hot Water System:** The facility must maintain hot and cold water to all hand washing and bathing locations with water temperatures for the comfort and safety of each individual. Hot water temperatures must not exceed 120 degrees Fahrenheit.				

W429-Maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means;	**17-007.03C Heating and Cooling Systems:** The facility must provide a heating and air conditioning system for the comfort of the individuals and capable of maintaining temperatures of at least 70 degrees Fahrenheit during heating conditions and that does not exceed 85 degrees Fahrenheit during cooling conditions.				
W428-Direct outside ventilation by means of windows, air conditioning, or mechanical ventilation.	**17-007.03D Ventilation System**: The facility must provide exhaust and clean air to prevent the concentrations of contaminants which impair health or cause discomfort to individuals and employees.				
W428-Direct outside ventilation by means of windows, air conditioning, or mechanical ventilation.	**17-007.03D1** Existing and new facilities must have adequate ventilation.				
W428-Direct outside ventilation by means of windows, air conditioning, or mechanical ventilation.	**17-007.03D2** New construction must provide a mechanical exhaust ventilation system for windowless toilets, baths, and kitchens that provides five air changes per hour.				
Federal Certification Regulations	**State Licensure Regulation**	MET	NOT MET	NA	Comments:
	17-007.03E Electrical System: The facility must have an electrical system that has sufficient capacity to maintain the services that are provided and that provides proper grounds.				
	17-007.03E1 New construction and new facilities must have outlets that are ground fault circuit interrupter-protected in wet areas and within six feet of sinks.				
	17-007.03E2 All facilities must provide the minimum illumination levels as follows: 1. General purpose areas – 5 foot candles; 2. General corridors and individuals' living areas–10 foot candles; 3. Personal care and food preparation areas–20 foot candles; and 4. Activity areas – 30 foot candles.				

	Light levels are measured at 30 inches above the floor in multiple areas in the room being evaluated and the readings are averaged.				
	17-007.03F Emergency Power System: If the facility provides services to individuals who need electrical life support equipment, the facility must maintain an emergency power system.				

Describe additional information regarding the facility system reviewed:

Record Keeping System: Assess the system per W110-W116
Where are records kept? Are the appropriate records kept at the ICFMR? How available is the information to the ICFMR?

Abuse/Neglect System

Staffing Training System

Rights System
How ensure these?

Medication Administration System

Behavioral System

Financial System: Assess W126
Who has access to the client finances? Where are they stored? Is it accessible?

Outside Contracts:
How get day services? Does the Administrator have control?

LB 1077 Facility Vaccination System
Additional Comments

Note: Federal Certification Regulations specific to State Law include: W106, W101, W105, W153, W156, W170, W265, W328, W345, W370, and W374.

Kerns, Pamela

From: Pelley, Jacqueline
Sent: Wednesday, July 3, 2019 3:43 PM
To: Kerns, Pamela
Subject: FW: Attached Image
Attachments: 2213_001.pdf

Licensure forms used for Home Health Agency surveys

Jacqueline Pelley | *Nursing Svs Surveyor Consultant*
PUBLIC HEALTH
Nebraska Department of Health and Human Services
OFFICE: 402-937-3023
DHHS.ne.gov | Facebook | Twitter | LinkedIn

From: dhhs.donotreply@nebraska.gov [mailto:dhhs.donotreply@nebraska.gov]
Sent: Wednesday, July 3, 2019 3:39 PM
To: Pelley, Jacqueline <Jacqueline.Pelley@nebraska.gov>
Subject: Attached Image

HHA Inspection forms

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

LICENSURE INSPECTION
Consent for Home Visit

Patient Name: _____

Address: _____

Name of Home Health Agency: _____

Date of Home Visit: _____

Name of Surveyor: _____

This consent statement permits the Department of Health and Human Services, Division of Public Health, Licensure Unit personnel to conduct a home visit to determine the Agency's compliance with the State Regulations governing the licensure of Home Health Agencies and to evaluate the quality of services provided to their patients.

I understand that consent for this visit is voluntary and the visit will only be performed with my permission.

_____ _____
Patient Signature Date

If you have any questions or concerns, contact the Licensure Unit at (402) 471-4967.

Distribution: White - Patient Pink - Licensure Unit Yellow - Provider Agency

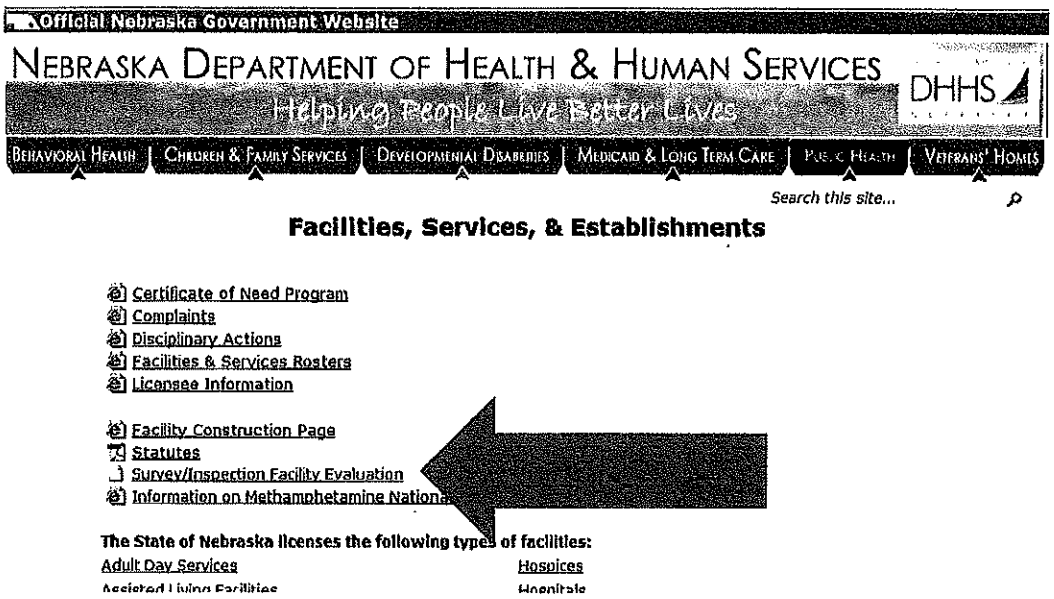
We Value Your Opinion!

Dear Administrator,
We depend on your feedback to help us know how to improve our survey process. If you have not already done so, will you please take a few minutes to tell us how we did on your recent survey? If you have already completed the evaluation form, please accept out thanks and disregard this notice.

You can access the evaluation form directly at:

https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Or you can access the evaluation form from our website at:



https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Thank you for taking a moment to let us know what we are doing well and where we need to improve. Your responses are confidential and are used for data analysis and quality improvement purposes only. We appreciate your feedback!

PATIENT SAMPLE LIST

FACILITY NAME: _____
PROVIDER NUMBER: _____
SURVEYOR: _____
DATE OF SURVEY: _____

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____

LIST OF PERSONNEL

FACILITY NAME: _____

PROVIDER NUMBER: _____

SURVEYOR: _____

DATE OF SURVEY: _____

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

M. _____

N. _____

O. _____

P. _____

Q. _____

R. _____

S. _____

T. _____

U. _____

V. _____

W. _____

X. _____

Y. _____

Z. _____

EXIT CONFERENCE ATTENDEES

Facility Type: Hospice ADS HHA ESRD OPT CORF Respite X-ray HMO CDHS

Facility Name: _____

City: _____

CCN/ Lic Number: _____

Survey Date: _____

Surveyor(s) Name: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

15 _____

Home Health Agency Licensure Patient Record Audit Form

Facility Name: _____ License #: _____ Surveyor: _____ Date: _____

Documentation of:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:	Pt. # & Name:
Plan of Care: Informed Consent form (signed)										
MD Name & Address										
MD Orders (signed/returned 30 days)										
Pertinent past/current Med. HX										
Medical Diagnosis										
Medication Orders										
Dietary Orders										
Treatment Orders										
Activity Orders										
Safety Orders										
Initial & Periodic Assessments & POC										
Admission/Observation/ Progress Notes (Clinical Notes)										
N. N. Follow Dr. orders										
Coordination of services (Case Conferences)										
Copy of 62 day Physician Summary Report										
POC review every 62 days										
Discharge Summary										
Home Health Aides: POC/Assignment Sheet										
Doc. POC done per assignment										
RN Supervisor Visits every 2 weeks										
Basic Therapeutic Supervisor Q 2 weeks										
Personal Cares Supervisor Q 62 days										
Observe Care & V.S. Q 6 months by RN										
Self Admin. of Meds. on Care Plan										
Code: (✔) if present; (-) if not applicable; (O) if not present										

HOME HEALTH AGENCY LICENSURE PATIENT RECORD AUDIT FORM

Date of review: _____ **Surveyor** _____

Agency: _____

Patient Name: _____ ID # _____

Home Visit: _____ Date & Time: _____ With: _____

Diagnosis: _____

Pertinent past/current medical history: _____

Plan of Care: Informed Consent form signed _____ Date: _____

Initial & Periodic Assessments & POC: _____

POC Reviewed every 62 days: _____

Admission/Observation/Progress Notes (clinical Notes) _____

Coordination of services: _____

Copy of 62 day Physician Summary Reports _____

MD Name & Address _____

MD Orders (Signed/returned W/I 30 days) _____

_____

_____

_____

_____

_____

_____

_____

_____

Medication Orders: _____

_____

_____

Self Administration of Medications addressed on Care Plan _____

Dietary orders: _____; Activity orders: _____

TreatmentOrders: _____

_____

_____

Home Health Aide POC/Assignment Sheet _____ Updated _____

HHA POC done per assignment; _____

RN Supervisory Visits every 2 weeks? _____

Basic Therapeutic Supervisory visit every 2 weeks? _____

Personal Cares Supervisory visit every 62 days? _____

Observation of HHA Performing cares and Vital signs every 6 months? _____

Discharge Summary (if applicable)? _____

Calendar Worksheet

Patient:

Orders for Disciplines:

Month

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCIPINES																															

Month

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCIPINES																															

Month

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCIPINES																															

See Surveyor Notes on reverse side

EMPLOYEE RECORD

FACILITY NAME:
SURVEYOR:

CCN/LIC:
DATE:

NAME/TITLE	DOH	JOB DESCRIPTION	LIC/CERT APPROVAL	BACKGROUND CHECKS	EVALS- 6 MO/ANNUAL	HEALTH SCREEN	ORG STRUCTURE	PATIENT RIGHTS	PT CARE POLICIES AND PROCEDURES	PERSONNEL POLICIES AND PROCEDURES	ABUSE REPORTING	INSERVICES	EP P&P TRAINING (F)	SPECIAL TRAINING

HOME HEALTH AIDE PERSONNEL FILES REVIEW WORKSHEET

Facility Name_____Provider #_____ Surveyor Name/Number _____

Name	DOH	Training Program	Competency Evaluation		Inservices			6mo SV by RN to Observe cares and vital signs	Evals
			Written	Skills	Date	Topic	Hours		

Revised 11/3/17 JF

HOME HEALTH AIDE PERSONNEL FILES REVIEW WORKSHEET

Facility Name_____Provider #_____ Surveyor Name/Number _____

Date of Inservice	Topic of Inservice	Facilitator	Hours

Revised 11/3/17 JF

Agency Name: _____

License #: _____

Home Health Care
Patient Rights

Surveyor: _____

Date Reviewed: _____

HHA F/S	Met	Not Met	Patient Rights
S			1. The right to choose an agency.
F/S			2. Notified in advance of the right to participate in the planning of their care, participate in the POC & planning of changes.
F/S			3. Receive instructions and education regarding plan of care prior to care being provided.
F/S			4. Is made aware of changes in the POC prior to the changes occurring.
S			5. Right to request information regarding diagnosis, prognosis, and treatment.
S			6. Right to be informed of alternatives to care and the risk involved.
S			7. Information is provided in plain language and is easily understood.
S			8. Right to refuse home health care and be informed of possible health consequences.
S			9. Care is given without discrimination.
S			10. Admitted only if the agency has the ability to provide the necessary care.
F/S			11. Right of confidentiality of all records, communications, and personal information.
S			12. Right to review all health records *unless the physician has documented otherwise in the medical record.
S			13. Right to receive BOTH oral and written explanation regarding termination of services.
S			14. Right to receive information regarding community services.
S			15. Right to receive two (2) week notice prior to termination of services.
F/S			16. Right to voice grievances/complaints and suggest changes in services or staff without fear of reprisal.
F/S			17. Complaints must be investigated.
F/S			18. The agency must document both existence and resolution of complaint/grievance.
S			19. Patient/designee informed of outcome/resolution of investigation of complaint/grievance.
F/S			20. Right to be fully informed of agency policies and charges for services.
F/S			21. Be free of abuse including injury of unknown origin, neglect & misappropriation of property & be treated with dignity.
F/S			22. Right to have property treated with respect.
F/S			23. Right to receive information on advance directives.
F/S			24. Are given verbal and written notice of rights and responsibilities prior to commencement of services.
F/S			25. The agency must maintain documentation that the patient received a copy of the Bill of Rights.
F			26. Patient and family or guardian may exercise the patient rights when the patient has been judged incompetent.
F			27. Right to be notified in advance of the disciplines that will furnish care.
F			28. Right to be notified in advance of the frequency of visits proposed to be furnished.
F			29. Right to be made aware of the agency's policy regarding disclosure of clinical records.

HHA F/S	Met	Not Met	Patient Rights
F			30. Right to be advised regarding payment before care is initiated; when change occurs/prior to next HHA visit.
			from Medicare or other sources
			extent to which payment may be required from the patient
F			31. Must be informed in writing of:
			* Extent of payment from Medicare, Medicaid, or other federally funded or aided program
			* Charges for services not covered by Medicare
			* Charge the individual will have to pay
F			32. Receive proper written notice in advance if agency believes service(s) may not be covered.
			* Notification in advance of HHA reducing or terminating on-going care
F			33. Right to be advised of the availability of the toll free HHA hotline in the state.
			* Must be advised in writing of: Phone number, hours of operation, and purpose of the hotline
F			34. Verbal notice in individual's preferred language.
F			35. Provided written notification of transfer/discharge policies at time of admission.
F			36. Contact information for administrator to file complaint/grievance. Administrator's name, business address, and phone number
F			37. Aware transfer or discharge is necessary for patient's welfare because HA & MD agree HA can no longer meet needs.
F			38. The HA must make efforts to resolve problem(s) presented by the patient's behavior or the behavior of other persons in the patient's home or situation and document the problem and efforts made to resolve in the clinical record.
F			39. Any HA staff must report potential abuse, neglect, misappropriation, or injuries of unknown origin immediately to HA and other appropriate authorities.
F			40. Patient has the right to receive all services as outlined in the plan of care.
F			41. Right to be informed regarding access auxiliary aides and language services and how to access these services.
F			42. The HHA must arrange a safe and appropriate transfer when the needs of the patient exceed the HHA's capabilities.
F			43. Be advised of names, addresses, and phone numbers of state & Fed funded entities serving area where patient resides.
F			44. Patient and representative provided with contact info for other agencies that may be able to provide care.
F			45. Action taken to prevent other violations including retaliation while complaint is being investigated.

HOME HEALTH AGENCY CERTIFICATION/LICENSURE SURVEY PACKET CHECKLIST

Agency Name: _____ City: _____

License or Provider Number: _____

Surveyor(s): _____

Survey Dates: _____

_____ CMS 670 Team Composition Workload Report ©

_____ CMS – 1513 Disclosure of Ownership (Complete for Medicaid only agencies)

_____ CMS 1572 Survey Report ©

_____ CMS 1515 Module E © Agency Care Summary

_____ CMS 1515 Modules #_____ © Includes: →

A= Copy of POC
B= Clinical Record Review
C= Home Visits
D= Patient Care Summary
Calendar Worksheet

_____ Home Visit Consent Forms # _____

_____ QBQM & QBQI – Presurvey & Sample Selection work sheet ©

_____ Patient Sample List
- Include review of patients across state lines

_____ List of Agency Personnel

_____ List of Exit Conference Attendees

Deficiency Statements –
Recert Survey (CMS 2567) COPS: Yes – No
Deficiencies cited Yes No

Licensure Inspection Yes No
Licensure Deficiencies cited Yes No

Complaint w/survey _____
Submit Separate
CMS 670
Investigative Notes
Finding Statement

_____ Licensure Inspection Form – Initial – Compliance – Focused

_____ Licensure Patient Audit Form (Licensure Compliance Inspection Only)

_____ Copy of Patient Rights (Initial Cert or Licensure Only)

_____ Fiscal Year End _____ ©

_____ Exit Tape (**TAPE ALL EXITS**)

_____ Revisit: Yes – No PCV or Cert Visit Licensure revisit
_____ Paper or On Site

_____ Resurvey Date: _____

© = Certification only
Revised: 5/2011

INFORMATION NEEDED FOR INITIAL LICENSURE INSPECTION

Services:
List services agency is selecting to provide_____
List services provided directly by agency staff _____
List services provided by contracted staff_____
Does the agency utilize medication aides?_____

Geographic area:
List by county the area agency will serve_____

Branch offices:
List location of branch offices (if applicable)_____

Operations:
To complete the inspection the surveyor will need the following as appropriate for the services the agency will provide:

1. Written governing authority bylaws which govern the operation of the agency

2. Agency policies and procedures which address the following areas:
   a. Range of services to be provided
   b. Geographic area to be served
   c. Administration of the agency
   d. If there are branch offices, how the agency will supervise the branch, including onsite supervision
   e. Criteria for admission, discharge, and transfer of patients
   f. Patient care policies, including all services the agency will provide
   g. Coordination of services
   h. Availability of supervising nurse for skilled care and home health aide services
   i. Abuse and neglect reporting and investigation
   j. Personnel policies and procedures, including performance evaluations
   k. Patient rights
   l. Advance directives
   m. In-home assessments
   n. Patient consents
   o. Complaints/grievances
   p. Quality Assurance/improvement program policies
   q. Patient care and treatment policies and procedures, including the development and review of the plan of care
   r. Administration of medications
   s. Provision of direction and monitoring/supervision for home health aides and medication aides
   t. Verification of home health aide and medication aide qualifications
   u. Recordkeeping
   v. Infection control

3. Examples of patient record forms

4. Example of patient admission packet, must contain:
    a. Patients rights form
    b. Advance directive form
    c. Consent form

5. Job descriptions and duties for all employee positions

6. Written evidence to show employees are qualified for the positions they hold in the agency

7. Current employment records, which must include:
    a. Title of individual's position, qualifications, and description of the duties and functions assigned to that position;
    b. Evidence of licensure, certification, or approval, if required;
    c. Performance evaluations within six months of employment;
    d. Post hire/pre-employment health history screening.

8. Staff orientation and ongoing training program and planned listing of future inservice training

9. List of current employees. Please include:
    (a) All contracted personnel
    (b) The discipline of the employee
    (c) Licensure numbers, where applicable
    (d) Date of hire

10. Written contracts with individuals providing services for the agency

11. Home Health Aide competency evaluation/test

12. Medication Aide verification of competency

13. Patient Rights

14. Grievance/Complaint File

15. Quality Assurance/Improvement program and any reports the agency has completed to date

Home Health Agency
INSPECTION REPORT

Department of Health and Human Services
Division of Public Health
P.O. BOX 94986
Lincoln, Nebraska 68509
(402) 471-4967

Applicant must demonstrate the capability to meet the Standards of Operation, Care and Treatment as prescribed in 175 NAC 14-006.

Type of Inspection: INITIAL LICENSURE

Agency: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Owner: _____

Regulatory Citation		Met	Not Met	N/A	Comments
14-006.01	**Governing Authority:** Each home health agency must have a governing authority that assumes legal responsibility for the total operation and maintenance of the agency. The governing authority must approve written policies and procedures and ensure the policies and procedures are followed so as to provide quality health care. The governing authority must maintain responsibility for all services furnished by the agency whether or not they are furnished under contract. Each home health agency must: 1. Have bylaws, rules, or equivalent which govern the operation of the agency and which must be updated as necessary; 2. Employ a qualified administrator as defined in 175 NAC 14-006.02; 3. Oversee the management and fiscal affairs of the agency; 4. Adopt, revise, and approve policies for the operation and administration of the agency as needed, including but not limited to; a. Range of services to be provided; b. Geographical areas to be served; c. Branch office(s), if applicable; d. Personnel qualifications, policies, and job descriptions; e. Criteria for admission, discharge; and transfer of patients; and f. Patient care policies.				Application lists the following services: Services to be provided per application match polices.
006.02	**Administration:** The governing authority must select and employ an administrator to carry out the policies and directives of the governing authority. The governing authority must define the duties and responsibilities of the administrator in writing. Whether employed, elected, contracted, or appointed, the administrator must report and be directly responsible to the governing authority in all matters related to the maintenance, operation, and management of the home health agency.				**Name of Administrator:**

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the 175 NAC 14-006.

Date of Inspection: _____

Inspection Rating: θ **NONCOMPLIANCE** θ **PASS** θ **FAIL**

_____
Facility Representative's Signature

_____
Surveyor's Signature

		Met	Not Met	N/A	
	The home health agency must organize, manage, and administer its resources to assure that each patient admitted for services receives the necessary level of care and treatment in a manner consistent with the patient's needs and desires.				
006.02A	The administrator must: 1. Be a physician; or 2. Be a registered nurse; or 3. Have training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or related health program.				
006.02B	The administrator must be responsible for the management of the agency to the extent authority is delegated by the governing authority. A person must be designated in writing to act in the absence of the administrator. The administrator must have at least the following responsibilities: 1. Oversee and be responsible for the provision and coordination of patient services; 2. Organize and direct the agency's ongoing functions; 3. Maintain communication between the governing authority and staff; 4. Employ qualified personnel in accordance with job descriptions; 5. Provide written personnel policies, job descriptions, and current agency policies and procedures that are made available to all personnel; 6. Maintain appropriate personnel and administrative records; 7. Provide orientation for new staff, scheduled inservice education programs, and opportunities for continuing education of the staff; 8. Ensure the completion, maintenance, and submission of reports and records as required by the Department; and 9. Supervise branch offices. Onsite supervision of branch staff must be provided by the administrator's designated person(s) of the parent home health agency at least once a month. Documentation of these visits must be maintained in the parent agency				

006.03	**Medical Director:** A home health agency may choose to have a physician as the medical director. Any home health agency providing respiratory care services must have a licensed physician to serve as the medical director.				

		Met	Not Met	N/A	
006.04	**Staff Requirements:** Each home health agency must maintain staff with the required training and skills to provide the services as approved on the agency license and as necessary to meet the needs of each patient accepted for care. Each home health agency must have job descriptions for each staff position, which includes minimum qualifications required for the position.				*See Governing authority: Services provided.*
006.04A	**Employment Eligibility:** Each home health agency must insure and maintain evidence that unlicensed staff assisting in the provision of care or treatment are supervised by the appropriate licensed health care professional.				
006.04A1	**Criminal Background and Registry Checks**: The home health agency must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff.				
006.04A1a	**Criminal Background Checks**: The home health agency must complete a criminal background check on each unlicensed direct care staff through a governmental law enforcement agency or a private entity that maintains criminal background information.				
006.04A1b	**Registry Checks**: The home health agency must check for adverse findings with each of the following registries: 1. Nurse Aide Registry; 2. Adult Protective Services Central Registry; 3. Central Register of Child Protection Cases; and 4. Nebraska State Patrol Sex Offender Registry.				
006.04A1c	**Each home health agency must:** 1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions; 2. Decide whether employment can begin before receiving the criminal background and registry information; and 3. Document any decisions to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to patient safety or patient property.				
006.04A1d	The home health agency must not employ a person with an adverse finding on the Nurse Aide Registry regarding patient abuse, neglect, or misappropriation of patient property.				

		Met	Not Met	N/A	
006.04B	**Employment Record**: Each home health agency must maintain a current employment record for each staff person which includes: 1. The title of that individual's position, qualifications, and description of the duties and functions assigned to that position; 2. Evidence of licensure, certification, or approval, if required; 3. Performance evaluations made within six months of employment and annually thereafter; and 4. Post hire/pre-employment health history screening. All employees must have a health history screening after accepting an offer of employment and prior to assuming job responsibilities. A physical examination is at the discretion of the employer based on results of the health history screening.				
006.04C	**Initial Orientation**: Each home health agency must provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program includes, but is not limited to: 1. Job duties and responsibilities; 2. Organizational structure; 3. Patient rights; 4. Patient care policies and procedures; 5. Personnel policies and procedures; and 6. Reporting requirements for abuse, neglect, and exploitation in accordance with the Adult Protective Services Act, Neb. Rev. Stat. § 28-372, or in the case of a child in accordance with Neb. Rev. Stat. § 28-711 and with home health agency policies and procedures.				
006.04D	**Training**: Each home health agency must ensure staff receive training in order to perform job responsibilities.				
006.04D1	**Ongoing Training**: Each home health agency must provide and maintain evidence of ongoing/continuous inservices or continuing education for staff. A record must be maintained including date, topic, and participants.				
006.04D2	**Specialized Training**: Each home health agency must provide training of staff to permit performance of particular procedures or to provide specialized care, whether as part of a training program or as individualized instruction. This training must be documented in personnel records.				
006.04E	**Individuals Under Hourly or Per Visit Contracts**: If individuals under hourly or per visit contracts are utilized by the home health agency, there must be a written contract between the agency and the individual. The contract must include but is not limited to:				

		Met	Not Met	N/A	
	1. A statement that patients are accepted for care only by the parent home health agency; 2. A description of the services and the manner in which they are to be provided; 3. A statement that the contractor must conform to all applicable agency policies, including those related to qualifications; 4. A statement that the contractor is responsible for participating in the development of plans of care; 5. A statement that the services are controlled, coordinated, and evaluated by the parent agency; 6. The procedures for submitting clinical and progress notes, scheduling patient care, and continuing periodic patient evaluations; and 7. The procedures for determining charges and reimbursement.				
006.04F	**Skilled Nursing**				
006.04F1	Skilled nursing services must be provided by registered and/or licensed practical nurses in accordance with the physician's approved written plan of care and/or acceptable standards of nursing practice. These services may be offered by the agency directly or under written contractual agreement. The home health agency must ensure a registered nurse is available or on call to the staff during all hours that skilled nursing services are provided.				
006.04F2	Criteria for skilled nursing services and need for skilled services must include but not be limited to: 1. Services of such complexity that they can be safely and effectively performed only by or under the supervision of a registered nurse; 2. Services not normally requiring skilled nursing care, but which, because of special medical complications, become skilled nursing services because they must be performed or supervised by a registered nurse; and 3. The above services when needed to prevent a patient's further deterioration or preserve a patient's current capabilities even if recovery or medical improvement is not possible.				
006.04F3	When skilled nursing care is ordered by a physician, the following specific services must be provided by a registered nurse: 1. Initial nursing assessment visit to a patient requiring skilled nursing care; 2. Reevaluation of the patient's nursing needs; 3. Provision of services requiring specialized nursing skill; 4. Initiation of appropriate preventive and rehabilitative nursing procedures;				

		Met	Not Met	N/A	
	5. Coordination of services; and 6. Supervision of other nursing personnel.				
006.04F4	When skilled nursing care is ordered by a physician, the following specific services may be performed by a registered nurse or by a licensed practical nurse if s/he is under the supervision of a registered nurse: 1. Implementing the plan of care and necessary revisions to the plan of care. A registered nurse must review the plan of care as often as the severity of the patient's condition requires, but at least every 62 days; 2. Preparation of clinical and progress notes; 3. Informing the physician and other personnel of changes in the patient's conditions and needs; 4. Teaching other nursing personnel; and 5. Teaching the patient and caregiver for the purpose of meeting nursing and other related needs.				
006.04G	**Home Health Aide & Medication Aide**: Each home health agency that employs or contracts home health aides or medication aides must meet the following requirements for training and testing prior to providing care and services to patients. A home health agency must ensure the following requirements are met.				
006.04G1	**Employ Qualified Aides**: A home health agency must employ only home health aides qualified to provide home health care pursuant to Neb. Rev. Stat. §§ 71-6601 to 71-6615. The Department will prescribe procedures for verification by home health agencies of successful completion of the requirements of Neb. Rev. Stat. § 71-6603.				Does agency provide a Home Health Aide Training Course?
006.04G2	**Direction and Supervision**: Each home health agency must provide direction (plan of care/assignment sheet) written by the registered nurse (RN) and RN supervision of home health aides. The home health agency must ensure a registered nurse is available or on call to the staff during all hours that home health aide services are provided.				
006.04G3	**Inservice Program**: A home health agency must provide or make available to its home health aides four one-hour inservice programs per year on subjects relevant to home health care. The agency must maintain documentation of these programs.				

		Met	Not Met	N/A	
006.04G4	**Permitted Acts**: Home health aides may perform only personal care, assistance with the activities of daily living, and basic therapeutic care. A home health aide must only provide medication in compliance with the Medication Aide Act. Home health aides must not perform acts which require the exercise of nursing or medical judgment.				
006.04G5	**Requirements**: To act as a home health aide, a person must: 1. Be at least 18 years of age; 2. Be of good moral character; 3. Not have been convicted of a crime under the laws of this State or another jurisdiction, the penalty for which is imprisonment for a period of more than one year and which is rationally related to the person's fitness or capacity to act as a home health aide; 4. Be able to speak and understand the English language or language of the home health agency patient and the home health agency staff member who acts as the home health aide's supervisor; 5. Meet one of the following qualifications and provide proof of meeting the qualifications to the home health agency: a. Has successfully completed a 75-hour home health aide training course which meets the standards described in Neb.Rev. Stat. § 71-6608.01; b. Is a graduate of a practical or professional school of nursing; c. Has been employed by a licensed home health agency as a home health aide II prior to September 6, 1991; d. Has successfully completed a course in a practical or professional school of nursing which included practical clinical experience in fundamental nursing skills and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; e. Has successfully completed a 75-hour basic course of training approved by the Department for nursing assistants as required by Neb. Rev. Stat. § 71-6039 and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; f. Has been employed by a licensed home health agency as a home health aide I prior to September 6, 1991 and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; or g. Has met the qualifications equal to one of those contained in 175 NAC 14-006.04G5, item 5 in another state or territory of the United States; and 6. Has been listed on the Medication Aide Registry operated by the Department, if identified as a medication aide.				

		Met	Not Met	N/A	
006.04G6	**Home Health Aide Training Course**				
006.04G6a	A home health aide training course must meet the following standards with regard to content and duration of training, qualifications for instructors, and documentation of training. The course must address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with at least 16 hours devoted to supervised practical training after the individual being trained has completed at least 16 hours of classroom training. 1. Communication skills; 2. Observation, reporting, and documentation of patient status and the care or service furnished; 3. Reading and recording temperature, pulse, and respiration; 4. Basic infection control procedures; 5. Basic elements of body functioning and changes in body functioning that must be reported to a home health aide's supervisor; 6. Maintenance of a clean, safe, and healthy environment; 7. Recognizing emergencies and knowledge of emergency procedures; 8. The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect of the patient, his or her privacy, and his or her property; 9. Appropriate and safe techniques in personal hygiene and grooming that include: a. Bath: Sponge, bed bath, tub, and shower; b. Shampoo: Sink, tub, and bed; c. Nail and skin care; d. Oral hygiene; and e. Toileting and elimination; 10. Safe transfer techniques and ambulation; 11. Normal range of motion and positioning; 12. Adequate nutrition and fluid intake; and 13. Any other task that the home health agency may choose to have the home health aide perform.				
006.04Gb	The training and supervision of home health aides during the supervised practical portion of the training must be performed by or under the general supervision of a registered nurse who possesses a minimum of two years of nursing experience, at least one year of which is in the provision of home health care, and who has supervised home health aide services for at least six months. Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.				

		Met	Not Met	N/A	
006.04Gc	The home health agency must maintain sufficient documentation to demonstrate that the requirements of 175 NAC 14-006.04G6 are met.				
006.04Gd	A home health aide training course may be offered by any organization, except a home health agency that has had its license denied, suspended, or revoked or has admissions or re-admissions prohibited must not offer a home health aide training course for a period of 24 months after the occurrence of the action.				
006.04G7	**Verify Competency**				
006.04G7a	Each home health agency must verify and maintain records of the competency of all home health aides employed by the agency, prior to the aide providing services in a patient's home.				
006.04G7b	Any home health aide not acting as such for a period of three years must repeat the 75-hour training course. The home health agency must determine and verify competency of the home health aide in the manner and method prescribed by the Department.				
006.04G7c	**Home Health Aide Competency Evaluation Requirements**				
006.04G7c(1)	Home health aide competency evaluation must address each of the subject listed in 175 NAC 14-006-04G7c				
006.04G7c(2)	The competency evaluation must be performed by a registered nurse				
006.04G7c(3)	The subject areas in 175 NAC 14-006.04G7c must be evaluated by observation, and a written or oral examination.				
04G7c(3)(a)	Observations must be made with a live patient or other individual, and must include but are not limited to: 1. Reading and recording temperatures, pulse, and respiration; 2. Bath: Sponge, bedbath, tub, and shower; 3. Shampoos: Sink, tub, and bed; 4. Nail and skin care; 5. Oral hygiene; 6. Toileting and elimination; 7. Safe transfer techniques and ambulation; 8. Normal range of motion and positioning; and 9. Any other task that the home health agency may choose to have the home health aide perform.				

		Met	Not Met	N/A	
04G7c(3)(b)	The written or oral examination must include but is not limited to: 1. Communication skills; 2. Observation, reporting, and documentation; 3. Basic infection control procedures; 4. Basic elements of body functioning and changes in body functioning that must be reported to a home health aide's supervisor; 5. Maintenance of a clean, safe, and healthy environment; 6. Recognizing emergencies and knowledge of emergency procedures; 7. The physical, emotional, and developmental needs of and ways to work with the population served by the home health agency, including respect for the patient, his or her privacy and property; and 8. Adequate nutrition and fluid intake.				
006.04G7c(4)	A home health aide that receives an unsatisfactory on any task performed must not perform that task without direct supervision by a Nebraska-licensed nurse until after he/she receives training in that task, is evaluated, and subsequently is evaluated as satisfactory.				
006.04G7d	**Home Health Aides, Care Plan, and Supervision**				
006.04G7d(1)	RN supervision of the home health aide providing basic therapeutic care must include at a minimum an onsite visit to each patient by a registered nurse, with or without the home health aide present, once every two weeks. If the patient is receiving skilled nursing care, the registered nurse must perform the supervisory visit. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.				
006.04G7d(2)	A licensed registered nurse must make an initial evaluation visit to each patient for whom the physician orders home health aide services, and must devise a written plan of care for the physician's approval. The registered nurse must review this plan of care as often as the patient's condition requires, but at least every 62 days.				
006.04G7d(3)	The home health aide must provide services in accordance with the physician's approved written plan of care under the supervision of the registered nurse or appropriate therapist. The care plan must include patient specific written instructions, prepared by the supervising registered nurse or appropriate therapist, for each patient's care. If home health aides provide only personal care and or activities of daily living, the clinical record				

		Met	Not Met	N/A	
	does not need to contain a physician's order for the care. Visits made by home health aides must be documented in accordance with the plan of care prepared by the RN or the appropriate therapist.				
006.04G7d(4)	RN supervision of the aide services consisting of personal care, assistance with activities of daily living, and measuring vital signs, if such measurements are taken at the request of the patient and are not required pursuant to the nursing care plan, must include, at a minimum, an onsite visit by the registered nurse to each patient with or without the home health aide present, once every 62 days and an onsite visit to observe each home health aide providing care and assistance, and measuring vital signs once every six months.				
006.04H	**Physical Therapy**				
006.04H1	Physical therapy services must be provided by a physical therapist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement. A physical therapist must make an initial evaluation visit to each patient for whom the physician orders home physical therapy services, and must devise a written plan of care for the physician's approval. The physical therapist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days. All physical therapy services performed by physical therapy assistants or physical therapy aides must be supervised by a licensed physical therapist according to Neb. Rev. Stat. §§ 71-2808 to 71-2822.				
006.04H2	No physical therapist assistant may perform the services specified in Neb. Rev. Stat. § 71-2810 even when under the supervision of a physical therapist.				
006.04H3	Supervision means a licensed physical therapist must be responsible and assumes legal liability for the services of physical therapist assistant. The supervising physical therapist must provide onsite supervision once every seven days or once every five visits, whichever comes first. Except in cases of emergency or when appropriate duties and protocols have been outlined in the initial application and approved by the board, supervision requires that the physical therapist be present on the premises of the practice site for consultation and direction of the actions of the physical therapist assistant. These exceptions must also include, but not be limited to: 1. Ambulating patients; 2. Applying hot packs; and 3. Performing range of motion exercises.				

		Met	Not Met	N/A	
006.04I	**Speech Pathology**				
006.04I1	Speech pathology services must be provided by a speech pathologist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04I2	Speech pathology services do not include the practice of medical diagnosis, medical treatment, or surgery.				
006.04I3	A speech pathologist must make an initial evaluation visit to each patient for whom the physician orders home speech pathology services, and must devise a written plan of care for the physician's approval. The speech pathologist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04J	**Occupational Therapy**				
006.04J1	Occupational therapy services must be provided by an occupational therapist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04J2	Occupational therapy services may include: 1. Teaching daily living skills; 2. Developing perceptual-motor skills and sensory integrative functioning; 3. Developing pre-vocational capacities; 4. Designing, fabricating, or applying selected orthotic and prosthetic 5. Using specifically designed therapeutic media and exercises to enhance functional performance; 6. Administering and interpreting tests, such as manual muscle and range of motion; and 7. Adapting environments for the handicapped.				
006.04J3	An occupational therapist must make an initial evaluation visit to each patient for whom the physician orders home occupational therapy services, and must devise a written plan of care for the physician's approval. The occupational therapist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04J4	All occupational therapy services performed by an occupational therapy assistant must be supervised by, or in consultation with, an occupational therapist. All occupational therapy				

		Met	Not Met	N/A	
	services performed by an occupational therapy aide must be supervised by an occupational therapist. Supervision means the process by which the quantity and quality of work of an occupational therapy assistant is monitored. This supervision means the directing of the authorized activities of an occupational therapy assistant by a licensed occupational therapist and must not be construed to require the physical presence of the supervisor when carrying out assigned duties.				
006.04K	**Respiratory Care**				
006.04K1	Respiratory care services provided by a respiratory care practitioner must be provided in accordance with the physician's approved written plan of care and prevailing standards of practice, including the directions of a medical director as required by Neb. Rev. Stat. §§ 71-1,229 to 71-1,230. These services may be offered by the agency directly or under written contractual agreement.				
006.04K2	Respiratory care services include: 1. Therapeutic and diagnostic use of medical gases, administering apparatus, humidification, and aerosols; 2. Ventilatory assistance and control; 3. Postural drainage; 4. Chest physiotherapy and breathing exercises; 5. Respiratory rehabilitation; 6. Cardiopulmonary resuscitation; 7. Maintenance of nasal or oral endotracheal tubes; 8. Administration of aerosol and inhalant medications to the cardiorespiratory system; and 9. Use of specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research. These techniques include, but are not limited to: measurement of ventilatory volumes; pressures, and flows; measurement of physiologic partial pressures; pulmonary function testing; and hemodynamic and other related physiological monitoring of the cardiopulmonary system.				
006.04K3	A respiratory care practitioner must make an initial evaluation visit to each patient for whom the physician orders home respiratory care services, and must devise a written plan of care for the approval of the physician and the medical director. The respiratory care practitioner along with the medical director, must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				

		Met	Not Met	N/A	
006.04L	**Social Work Services**				
006.04L1	All social work services must be provided by a qualified social worker who is certified or credentialed in accordance with the prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04L2	Therapeutic social work services in a home health agency include: 1. Information, resource identification and development, and referral services; 2. Preparation and evaluation of psychosocial assessments and development of social work service plans; and 3. Clinical treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders.				
006.04L3	Social work practice must not include: 1. Measuring and testing of personality or intelligence; 2. Accepting fees or compensation for the treatment of disease, injury, or deformity of persons by drugs, surgery, or any manual or mechanical treatment whatsoever; 3. Prescribing drugs or electroconvulsive therapy; or 4. Treating organic diseases or major psychiatric diseases, except when practiced in association with and under the general supervision of a physician.				
006.04L4	A social worker must make an initial evaluation visit to each patient for whom the physician orders home social work services, and must devise a written plan of care for the physician's approval. The social worker must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04M	**Dialysis**				
006.04M1	Home dialysis services must be provided by a registered nurse, trained in dialysis, under the direction of a physician, in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04M2	Home dialysis services include: 1. Hemodialysis; 2. Continuous ambulatory peritoneal dialysis; 3. Continuous cyclic peritoneal dialysis; and 4. Intermittent peritoneal dialysis.				

		Met	Not Met	N/A	
006.04M3	A registered nurse, trained in dialysis, must make an initial evaluation visit to each patient for whom the physician orders dialysis, and must devise a written plan of care for the physician's approval. The registered nurse must review this plan of care as often as the severity of the patient's condition requires, but at least once every 62 days.				
006.04N	**Intravenous Therapy**				
006.04N1	All intravenous therapy services must be provided by a registered nurse in accordance with the physician's written approved plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04N2	Home intravenous therapy includes, but is not limited to: 1. Total parenteral nutrition (TPN); 2. Hydration therapy; 3. Chemotherapy; 4. Antibiotic therapy; and 5. Blood and blood products.				
006.04N3	A registered nurse must make an initial evaluation visit to each patient for whom the physician orders home intravenous therapy, and must devise a written plan of care for the physician's approval. The registered nurse must review the plan of care as often as the severity of the patient's condition requires, but at least every 62 days				

006.05	**Patient Rights** The governing body must establish a bill of rights that will be equally applicable to all patients. The home health agency must provide the patient/designee a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. The agency must maintain documentation showing that the patient/designee has received and understands the intent of the patient's rights. The patient must have the right to: 1. Choose the home health agency that provides their care; 2. Participate in the planning of their care and to receive appropriate instructions and education regarding the plan, prior to the care being provided and as changes are made in the plan of care; 3. Request information about their diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that they and their families or designees can readily understand so that they can give their informed consent; 4. Refuse home health care and to be informed of possible health consequences of this action;				

		Met	Not Met	N/A	
	5. Care given without discrimination as to race, color, creed, sex, age, or national origin; 6. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed and to reasonable continuity of care; 7. Confidentiality of all records, communications, and personal information; 8. Review all health records pertaining to them, unless, the physician has documented otherwise in the medical record; 9. Receive both an oral and written explanation regarding termination if services are terminated for any reason other than discharge and receive information regarding community resources. Patients must receive at least a two-week notice prior to termination of services. When a patient is discharged by the physician's written order, a two-week notice is not required. A two-week notice is not required when patient services are being terminated based on an unsafe care environment in the patient's home, patient non-compliance with the plan of care, or failure to pay for services rendered; 10. Voice complaints/grievances and suggest changes in service or staff without fear of reprisal or discrimination. Complaints made by the patient/designee received by the home health agency regarding care or treatment must be investigated. The agency must document both the existence and the resolution of the complaint. The patient/designee must be informed of the outcome/resolution of the complaint/grievance; 11. Be fully informed of agency policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care; 12. Be free of verbal, physical, and psychological abuse and to be treated with dignity; 13. Have his or her property treated with respect; and 14. Receive information regarding advanced directives. All patients, designees, or guardians, prior to the commencement of services, must be given a copy of the patient's rights.				
006.05A	**Copies of the Bill of Rights**: The home health agency must give to all patients or designees a copy of the bill of rights upon the commencement of services. The home health agency must maintain documentation showing that it has complied with this requirement.				
006.05B	**Advance Directives**: The home health agency must comply with the requirements of Neb. Rev. Stat. §§ 30-3041 to 30-3432 (Health Care Power of Attorney Act) and §§ 20-401 to 20-416 (Rights of the Terminally Ill Act). The home health agency must inform and distribute written information to the patient/designee, in advance, concerning its policies				

		Met	Not Met	N/A	
	on advance directives, including a description of applicable State law.				
006.05C	**In-Home Assessment and Consent**: Authorized agents of the Department have the right, with the consent of the patient/designee, to visit patient's homes during the provision of home health services in order to make an assessment of the quality of care being given to patients.				
006.05C1	**Consent**: A patient/designee whose home is to be visited by an authorized representative of the Department must be notified by the home health agency or the Department before the visit, to ascertain a verbal consent for the visit. A written consent form clearly stating that the patient voluntarily agrees to the visit must be presented to and signed by the patient/designee prior to observation of care or treatment by the Department representative. The home health agency must arrange this visit.				
006.05C2	**Right to Refuse**: All home health patients have the right to refuse to allow an authorized representative of the Department to enter their homes for the purposes of assessing the provision of home health services.				
006.05D	**Competency of Patients**				
006.05D1	In the case of the patient adjudged incompetent under the laws of the State by a court of competent jurisdiction, the rights of the patient are exercised by the persons authorized under State law to act on the patient's behalf.				
006.05D2	In the case of the patient who has not been adjudged incompetent by the State court, any person designated in accordance with State law may exercise the patient's rights to the extent provided by the law.				

006.06	**Complaints/Grievances**: Each home health agency must establish and implement a process that promptly addresses complaints/grievances filed by patients/designees. The process includes but is not limited to: 1. A procedure for submission of complaints/grievances that is made available to patients or designees; 2. Time frames and procedures for review of complaints/grievances and provision of a response; and 3. How information from complaints/grievances and responses are utilized to improve the quality of patient care and treatment.				

		Met	Not Met	N/A	
006.07	**Quality Assurance/Improvement**: A home health agency must have a quality assurance/improvement program to review services concurrently and retrospectively in accordance with a written quality assurance/improvement plan. The results must be recorded quarterly and reported to the governing authority annually.				
006.07A	The quality assurance/improvement program must be ongoing and consist of collection and assessment of important aspects of patient care. The program must provide a mechanism to: 1. Identify problems; 2. Recommend appropriate action; and 3. Implement recommendations.				
006.07B	There must be a written quality assurance/improvement plan which must include at least the following: 1. Agency objectives; 2. Involvement of all patient care disciplines, if more than one service is offered by the agency; 3. Description of how the agency's services will be administered and coordinated; 4. Methodology for monitoring, evaluating, and improving the quality of care; 5. Setting of priorities for resolving problems; 6. Monitoring to determine effectiveness of action; 7. Oversight responsibility; and 8. Mechanism for review of quality assurance plan.				

006.08	**Patient Care and Treatment**: Each home health agency must establish and implement policies and procedures that encompass all care and treatment provided to patients. The policies and procedures are consistent with prevailing professional standards, and delineate the scope and services provided in the home health agency and encompass aspects to protect the health and safety of patients. Home health services must include but are not limited to: 1. A physician's order for home health services for a patient; 2. A patient's care must follow a written plan of care devised by a registered nurse or qualified professional of the appropriate discipline after an initial visit to the patients residence; a. The plan of care must be approved by the patient's physician; b. The plan of care must be reviewed periodically by a registered nurse or other qualified professional of the appropriate discipline as often as the severity of the patient's condition requires, but at least every 62 days; and				

		Met	Not Met	N/A	
	c. Each home health agency must have policies and procedures describing the method to obtain and incorporate physician orders into the plan of care; 3. A home health agency that provides more than one service to a single patient must be responsible for coordination of those services to assure that the services effectively compliment one another and support the objectives in the plan of care; 4. The home health agency must send a written summary of the care provided to the attending physician as often as the severity of the patient's condition requires, but at least every 62 days; 5. The home health agency that provides services under arrangement with another agency or individual must be subject to a written contract conforming to the requirements of 175 NAC 14-006.04E; and 6. A registered nurse can provide those independent nursing activities authorized within the Nebraska Nurse Practice Act without a physician's order.				

006.09	**Administration or Provision of Medications**: The home health agency must establish and implement policies and procedures to ensure patients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and prevailing professional standards.				
006.09A	**Methods of Administration**: When the home health agency is responsible for the administration of medications, it must be accomplished by the following methods:				
006.09A1	**Self-Administration of Medications**: Patients may be allowed to self-administer medications, with or without supervision, when the home health agency determines that the patient is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The home health agency must develop and implement policies to address patient self-administration of medication, including: 1. Storage and handling of medications; 2. Inclusion of the determination that the patient may self-administer medication in the patient plan of care; 3. Monitoring the plan to assure continued safe administration of medications by the patient.				
006.09A2	**Licensed Health Care Professional**: When the home health agency uses a licensed health care professional for whom medication administration is included in the scope of practice, the home health agency must ensure the medications are properly administered in accordance with prevailing				

		Met	Not Met	N/A	
	professional standards.				
006.09A3	**Provision of Medication by a Person other than a Licensed Health Care Professional**: When the home health agency uses a person other than a licensed health care professional in the provision of medications, the home health agency must follow 172 NAC 95 and 96. Each home health agency must establish and implement policies and procedures as follows: 1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 95-004; 2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provisions of 172 NAC 96-005; 3. That specify how direction and monitoring will occur when the home health agency allows medication aides to perform the routine/acceptable activities authorized by 172 NAC 95-005, and as follows: a. Provide routine medication; and b. Provision of medications by the following routes: 1) Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays; 2) Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation; 3) Topical application of sprays, creams, ointments, and lotions and transdermal patches; and 4) Instillation by drops, ointments, and sprays into the eyes, ears and nose; 4. That specify how direction and monitoring will occur when the home health agency allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009.07, which includes but are not limited to: a. Provision of PRN medications; b. Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or c. Participation in monitoring; 5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision; 6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009; 7. That specify how records of medication				

		Met	Not Met	N/A	
	provision by medication aides and other unlicensed persons will be recorded and maintained; 8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be: a. Made to the identified person responsible for direction and monitoring; b. Made immediately upon discovery; and c. Documented in the patient's medical records; 9. When the home health agency is not responsible for medication administration and provision, the agency must maintain responsibility for overall supervision, safety, and welfare of the patient; 10. Each home health agency must have a policy for the disposal of controlled drugs maintained in the patient's home when those drugs are no longer needed by the patient.				
006.09B	Each home health agency must have and implement policies and procedures for reporting any errors in administration or provision of prescribed medications to the patient's licensed practitioner in a timely manner upon discovery and a written report of the error prepared. Errors must include any variance from the five rights.				
006.09C	Each home health agency must have policies and procedures for reporting any adverse reaction to a medication immediately upon discovery to the patient's licensed practitioner and document the event in the patient's medical record.				
006.09D	Each home health agency must establish and implement appropriate policies and procedures for those staff authorized to receive telephone and verbal diagnostic, therapeutic, and medication orders.				

006.10	**Record Keeping Requirements**: A home health agency must maintain clinical records for each patient and provide relevant information from these clinical records to the personnel providing services in the patient's home.				
006.10A	**Content**: The clinical record must contain sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results of treatment accurately. All clinical records must contain at least the following general categories of data: 1. Identification data and consent forms; 2. The name and address of the patient's physician(s); 3. The physician's signed order for home health				

		Met	Not Met	N/A	
	care and the approved plan of care, must include, when appropriate to the services being provided: a. Medical diagnosis; b. Medication orders; c. Dietary orders; d. Activity orders; e. Safety orders; 4. Initial and periodic assessments and care plan by disciplines providing services; a. The home health agency must provide pertinent current and past medical history to the licensed personnel providing services on its behalf; 5. Signed and dated admission, observation, progress, and supervisory notes; 6. Copies of summary reports sent to the physician; 7. Diagnostic and therapeutic orders signed by the physician; 8. Reports of treatment and clinical findings; and 9. Discharge summary.				
006.10B	All clinical information pertaining to the patient's care must be centralized in the patient's clinical record maintained by the parent or branch home health agency or by a subunit of a home health agency.				
006.10C	Clinical records of services provided for each patient must be kept in ink, typed, or on electronic data systems.				
006.10D	Entries into the clinical record for services rendered must be written within 24 hours and incorporated into the clinical record within seven working days.				
006.10E	Entries must be made by the person providing services, must contain a statement of facts personally observed, and must be signed with full name. Initials may be used if identified in the clinical record.				
006.10F	All physician's verbal orders for care must be signed and incorporated into the clinical record within 30 days.				
006.10G	Clinical records must be secured in locked storage. Written policies and procedures must be developed regarding use and removal of records and the conditions for release of information. The patient's or legal designee's written consent must be required for release of information not authorized by law.				
006.10H	**Retention**: Clinical records must be retained in a retrievable form for at least five years after the last discharge of the patient. In case of a minor, records must be retained for at least five years after the patient becomes of age under Nebraska law. The records are subject to inspection by an authorized representative of the Department. Clinical records may be destroyed after five years following the last discharge date or date the patient becomes of age.				

		Met	Not Met	N/A	
006.10H1	All records must be disposed of by shredding, mutilation, burning or by other similar protective measures in order to preserve the patients' rights of confidentiality. Records or documentation of the actual fact of clinical record destruction must be permanently maintained.				
006.10H2	**Protection of Information**: The home health agency must safeguard the clinical record against loss, destruction and unauthorized use. The patient has the right to confidentiality of their records maintained by the home health agency. Patient information and/or records will be released only with consent of the patient or designee or as required by law.				
006.10H3	**Informed Consent**: A home health agency must demonstrate respect for an individual's rights by ensuring that an informed consent form that specifies the type of care and services that may be provided as care during the course of the illness has been obtained for every individual, either from the individual or designee.				
006.10I	Home health agencies with branch offices and/or subunits must maintain in the parent home health agency for all patients receiving services from branch offices or subunits: 1. Patient identifying information; 2. Name, address, and telephone number of patient's physician; 3. Patient diagnosis; and 4. The service(s) being provided to the patient. This information must be maintained until the complete clinical record is either stored at the parent agency or destroyed.				
006.10J	If a patient is transferred to another health care facility or agency, information necessary or useful in care and treatment of the patient must be promptly forwarded to the appropriate facility/agency with the consent of the patient or the patient's legal designee.				
006.10K	**Other Agency Records**: The home health agency must have and maintain the following records: 1. Written policies and procedures governing services provided by the agency. These must be available for visual review to staff, patients, family, and legal designee of the patient; 2. Policies and procedures governing admission to ensure only individuals whose needs can be met by the agency or by providers of services under contract to the agency will be admitted as patients; 3. Policies and procedures governing discharge; 4. Grievance/Complaint procedure: Policies and				

		Met	Not Met	N/A	
006.10L	procedures describing the method used to receive grievances/complaints and recommendations from patients, family, or legal designee and to ensure agency response and which provide for maintenance of records for complaints received and action taken; 5. Records of each orientation and in-service or other training program, including the signature of staff attending, subject-matter of the training, the names and qualifications of instructors, dates of training, length of training sessions, and any written materials provided; 6. Contracts with outside resources to furnish agency services not provided directly by the home health agency; 7. Personnel records; and 8. Quality assurance records, as required by 175 NAC 14. **Accessibility/Availability of Records**: Records required by 175 NAC 14 be available for inspection and copying by authorized representatives of the Department.				
006.11	**Infection Control**: Each home health agency must have an infection control program to minimize sources and transmissions of infections and communicable diseases for services provided in the patient home setting as follows: 1. Use of good handwashing techniques; 2. Use of safe work practices and personal protective equipment; 3. Proper handling, cleaning, and disinfection of patient care equipment, supplies and linens; and 4. Patient teaching to include information concerning infections and modes of transmission, hygienic practices, methods of infection prevention, and methods for adapting available resources to maintain appropriate hygienic practices.				
006.12	**Disaster Preparedness**: The home health agency must establish and implement disaster preparedness plans and procedures to ensure that: Patients and families are educated on how to handle patient care and treatment, safety, and well-being during and following instances of natural (tornado, flood, etc.) and other disasters, or other similar situations; and How staff is educated on disaster preparedness and staff safety is assured.				

Met Not Met N/A

Additional Survey Information

Signature of Surveyor completing inspection: _____

Home Health Agency
INSPECTION REPORT

Department of Health and Human Services
Division of Public Health
P.O. BOX 94986
Lincoln, Nebraska 68509
(402) 471-4967

Applicant must demonstrate the capability to meet the Standards of Operation, Care and Treatment as prescribed in 175 NAC 14-006.

Type of Inspection: FOCUSED LICENSURE

Agency: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Owner: _____

Regulatory Citation		Met	Not Met	N/A	Comments
14-006.01	**Governing Authority:** Each home health agency must have a governing authority that assumes legal responsibility for the total operation and maintenance of the agency. The governing authority must approve written policies and procedures and ensure the policies and procedures are followed so as to provide quality health care. The governing authority must maintain responsibility for all services furnished by the agency whether or not they are furnished under contract. Each home health agency must: 2. Employ a qualified administrator as defined in 175 NAC 14-006.02;				Application lists the following services: Services to be provided per application match polices.
006.02A 006.02B	The home health agency must organize, manage, and administer its resources to assure that each patient admitted for services receives the necessary level of care and treatment in a manner consistent with the patient's needs and desires. The administrator must: 1. Be a physician; or 2. Be a registered nurse; or 3. Have training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or related health program. The administrator must be responsible for the management of the agency to the extent authority is delegated by the governing authority. A person must be designated in writing to act in the absence of the administrator.				

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the 175 NAC 14-006.

Date of Inspection: _____

Inspection Rating: θ **PASS** θ **FAIL**

_____
Facility Representative's Signature

_____
Surveyor's Signature

		Met	Not Met	N/A	
	The administrator must have at least the following responsibilities: 1. Oversee and be responsible for the provision and coordination of patient services; 2. Organize and direct the agency's ongoing functions; 3. Maintain communication between the governing authority and staff; 4. Employ qualified personnel in accordance with job descriptions; 5. Provide written personnel policies, job descriptions, and current agency policies and procedures that are made available to all personnel; 6. Maintain appropriate personnel and administrative records; 7. Provide orientation for new staff, scheduled inservice education programs, and opportunities for continuing education of the staff; 8. Ensure the completion, maintenance, and submission of reports and records as required by the Department; and 9. Supervise branch offices. Onsite supervision of branch staff must be provided by the administrator's designated person(s) of the parent home health agency at least once a month. Documentation of these visits must be maintained in the parent agency				

006.03	**Medical Director:** A home health agency may choose to have a physician as the medical director. Any home health agency providing respiratory care services must have a licensed physician to serve as the medical director.				

006.04	**Staff Requirements:** Each home health agency must maintain staff with the required training and skills to provide the services as approved on the agency license and as necessary to meet the needs of each patient accepted for care. Each home health agency must have job descriptions for each staff position, which includes minimum qualifications required for the position.				*See Governing authority: Services provided.*
006.04A	**Employment Eligibility:** Each home health agency must insure and maintain evidence that unlicensed staff assisting in the provision of care or treatment are supervised by the appropriate licensed health care professional.				
006.04A1	**Criminal Background and Registry Checks**: The home health agency must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff.				
006.04A1a	**Criminal Background Checks**: The home health agency must complete a criminal background check on each unlicensed direct care staff through a governmental law enforcement agency				

		Met	Not Met	N/A	
	or a private entity that maintains criminal background information.				
006.04A1b	**Registry Checks**: The home health agency must check for adverse findings with each of the following registries: 1. Nurse Aide Registry; 2. Adult Protective Services Central Registry; 3. Central Register of Child Protection Cases; and 4. Nebraska State Patrol Sex Offender Registry.				
006.04A1c	**Each home health agency must:** 1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions; 2. Decide whether employment can begin before receiving the criminal background and registry information; and 3. Document any decisions to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to patient safety or patient property.				
006.04A1d	The home health agency must not employ a person with an adverse finding on the Nurse Aide Registry regarding patient abuse, neglect, or misappropriation of patient property.				
006.04B	**Employment Record**: Each home health agency must maintain a current employment record for each staff person which includes: 1. The title of that individual's position, qualifications, and description of the duties and functions assigned to that position; 2. Evidence of licensure, certification, or approval, if required; 3. Performance evaluations made within six months of employment and annually thereafter; and 4. Post hire/pre-employment health history screening. All employees must have a health history screening after accepting an offer of employment and prior to assuming job responsibilities. A physical examination is at the discretion of the employer based on results of the health history screening.				
006.04C	**Initial Orientation**: Each home health agency must provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program includes, but is not limited to:				

		Met	Not Met	N/A	
	1. Job duties and responsibilities; 2. Organizational structure; 3. Patient rights; 4. Patient care policies and procedures; 5. Personnel policies and procedures; and 6. Reporting requirements for abuse, neglect, and exploitation in accordance with the Adult Protective Services Act, Neb. Rev. Stat. § 28-372, or in the case of a child in accordance with Neb. Rev. Stat. § 28-711 and with home health agency policies and procedures.				
006.04D	**Training**: Each home health agency must ensure staff receive training in order to perform job responsibilities.				
006.04D1	**Ongoing Training**: Each home health agency must provide and maintain evidence of ongoing/continuous inservices or continuing education for staff. A record must be maintained including date, topic, and participants.				
006.04D2	**Specialized Training**: Each home health agency must provide training of staff to permit performance of particular procedures or to provide specialized care, whether as part of a training program or as individualized instruction. This training must be documented in personnel records.				
006.04E	**Individuals Under Hourly or Per Visit Contracts**: If individuals under hourly or per visit contracts are utilized by the home health agency, there must be a written contract between the agency and the individual. The contract must include but is not limited to: 1. A statement that patients are accepted for care only by the parent home health agency; 2. A description of the services and the manner in which they are to be provided; 3. A statement that the contractor must conform to all applicable agency policies, including those related to qualifications; 4. A statement that the contractor is responsible for participating in the development of plans of care; 5. A statement that the services are controlled, coordinated, and evaluated by the parent agency; 6. The procedures for submitting clinical and progress notes, scheduling patient care, and continuing periodic patient evaluations; and 7. The procedures for determining charges and reimbursement.				
006.04F 006.04F1	**Skilled Nursing** Skilled nursing services must be provided by registered and/or licensed practical nurses in accordance with the physician's approved written				

		Met	Not Met	N/A	
	plan of care and/or acceptable standards of nursing practice. These services may be offered by the agency directly or under written contractual agreement. The home health agency must ensure a registered nurse is available or on call to the staff during all hours that skilled nursing services are provided.				
006.04G	**Home Health Aide & Medication Aide**: Each home health agency that employs or contracts home health aides or medication aides must meet the following requirements for training and testing prior to providing care and services to patients. A home health agency must ensure the following requirements are met.				
006.04G1	**Employ Qualified Aides**: A home health agency must employ only home health aides qualified to provide home health care pursuant to Neb. Rev. Stat. §§ 71-6601 to 71-6615. The Department will prescribe procedures for verification by home health agencies of successful completion of the requirements of Neb. Rev. Stat. § 71-6603.				Does agency provide a Home Health Aide Training Course?
006.04G2	**Direction and Supervision**: Each home health agency must provide direction (plan of care/assignment sheet) written by the registered nurse (RN) and RN supervision of home health aides. The home health agency must ensure a registered nurse is available or on call to the staff during all hours that home health aide services are provided.				
006.04G4	**Permitted Acts**: Home health aides may perform only personal care, assistance with the activities of daily living, and basic therapeutic care. A home health aide must only provide medication in compliance with the Medication Aide Act. Home health aides must not perform acts which require the exercise of nursing or medical judgment.				
006.04G5	**Requirements**: To act as a home health aide, a person must: 1. Be at least 18 years of age; 2. Be of good moral character; 3. Not have been convicted of a crime under the laws of this State or another jurisdiction, the penalty for which is imprisonment for a period of more than one year and which is rationally related to the person's fitness or capacity to act as a home health aide; 4. Be able to speak and understand the English language or language of the home health agency patient and the home health agency staff member who acts as the home health aide's supervisor; 5. Meet one of the following qualifications and provide proof of meeting the qualifications to the home health agency:				

		Met	Not Met	N/A	
	a. Has successfully completed a 75-hour home health aide training course which meets the standards described in Neb.Rev. Stat. § 71-6608.01; b. Is a graduate of a practical or professional school of nursing; c. Has been employed by a licensed home health agency as a home health aide II prior to September 6, 1991; d. Has successfully completed a course in a practical or professional school of nursing which included practical clinical experience in fundamental nursing skills and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; e. Has successfully completed a 75-hour basic course of training approved by the Department for nursing assistants as required by Neb. Rev. Stat. § 71-6039 and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; f. Has been employed by a licensed home health agency as a home health aide I prior to September 6, 1991 and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; or g. Has met the qualifications equal to one of those contained in 175 NAC 14-006.04G5, item 5 in another state or territory of the United States; and 6. Has been listed on the Medication Aide Registry operated by the Department, if identified as a medication aide.				
006.04G7d	**Home Health Aides, Care Plan, and Supervision**				
006.04G7d(1)	RN supervision of the home health aide providing basic therapeutic care must include at a minimum an onsite visit to each patient by a registered nurse, with or without the home health aide present, once every two weeks. If the patient is receiving skilled nursing care, the registered nurse must perform the supervisory visit. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.				
006.04G7d(2)	A licensed registered nurse must make an initial evaluation visit to each patient for whom the physician orders home health aide services, and must devise a written plan of care for the physician's approval. The registered nurse must review this plan of care as often as the patient's condition requires, but at least every 62 days.				
006.04G7d(3)	The home health aide must provide services in accordance with the physician's approved written				

		Met	Not Met	N/A	
	plan of care under the supervision of the registered nurse or appropriate therapist. The care plan must include patient specific written instructions, prepared by the supervising registered nurse or appropriate therapist, for each patient's care. If home health aides provide only personal care and or activities of daily living, the clinical record does not need to contain a physician's order for the care. Visits made by home health aides must be documented in accordance with the plan of care prepared by the RN or the appropriate therapist.				
006.04G7d(4)	RN supervision of the aide services consisting of personal care, assistance with activities of daily living, and measuring vital signs, if such measurements are taken at the request of the patient and are not required pursuant to the nursing care plan, must include, at a minimum, an onsite visit by the registered nurse to each patient with or without the home health aide present, once every 62 days and an onsite visit to observe each home health aide providing care and assistance, and measuring vital signs once every six months.				
006.04H	**Physical Therapy**				
006.04H1	Physical therapy services must be provided by a physical therapist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement. A physical therapist must make an initial evaluation visit to each patient for whom the physician orders home physical therapy services, and must devise a written plan of care for the physician's approval. The physical therapist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days. All physical therapy services performed by physical therapy assistants or physical therapy aides must be supervised by a licensed physical therapist according to Neb. Rev. Stat. §§ 71-2808 to 71-2822.				
006.04H2	No physical therapist assistant may perform the services specified in Neb. Rev. Stat. § 71-2810 even when under the supervision of a physical therapist.				
006.04H3	Supervision means a licensed physical therapist must be responsible and assumes legal liability for the services of physical therapist assistant. The supervising physical therapist must provide onsite supervision once every seven days or once every five visits, whichever comes first. Except in cases of emergency or when appropriate duties and protocols have been outlined in the initial application and approved by the board,				

		Met	Not Met	N/A	
	supervision requires that the physical therapist be present on the premises of the practice site for consultation and direction of the actions of the physical therapist assistant. These exceptions must also include, but not be limited to: 1. Ambulating patients; 2. Applying hot packs; and 3. Performing range of motion exercises.				
006.04I	**Speech Pathology**				
006.04I1	Speech pathology services must be provided by a speech pathologist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04I2	Speech pathology services do not include the practice of medical diagnosis, medical treatment, or surgery.				
006.04I3	A speech pathologist must make an initial evaluation visit to each patient for whom the physician orders home speech pathology services, and must devise a written plan of care for the physician's approval. The speech pathologist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04J	**Occupational Therapy**				
006.04J1	Occupational therapy services must be provided by an occupational therapist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04J2	Occupational therapy services may include: 1. Teaching daily living skills; 2. Developing perceptual-motor skills and sensory integrative functioning; 3. Developing pre-vocational capacities; 4. Designing, fabricating, or applying selected orthotic and prosthetic 5. Using specifically designed therapeutic media and exercises to enhance functional performance; 6. Administering and interpreting tests, such as manual muscle and range of motion; and 7. Adapting environments for the handicapped.				
006.04J3	An occupational therapist must make an initial evaluation visit to each patient for whom the physician orders home occupational therapy services, and must devise a written plan of care				

		Met	Not Met	N/A	
	for the physician's approval. The occupational therapist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04J4	All occupational therapy services performed by an occupational therapy assistant must be supervised by, or in consultation with, an occupational therapist. All occupational therapy services performed by an occupational therapy aide must be supervised by an occupational therapist. Supervision means the process by which the quantity and quality of work of an occupational therapy assistant is monitored. This supervision means the directing of the authorized activities of an occupational therapy assistant by a licensed occupational therapist and must not be construed to require the physical presence of the supervisor when carrying out assigned duties.				
006.04K	**Respiratory Care**				
006.04K1	Respiratory care services provided by a respiratory care practitioner must be provided in accordance with the physician's approved written plan of care and prevailing standards of practice, including the directions of a medical director as required by Neb. Rev. Stat. §§ 71-1,229 to 71-1,230. These services may be offered by the agency directly or under written contractual agreement.				
006.04K2	Respiratory care services include: 1. Therapeutic and diagnostic use of medical gases, administering apparatus, humidification, and aerosols; 2. Ventilatory assistance and control; 3. Postural drainage; 4. Chest physiotherapy and breathing exercises; 5. Respiratory rehabilitation; 6. Cardiopulmonary resuscitation; 7. Maintenance of nasal or oral endotracheal tubes; 8. Administration of aerosol and inhalant medications to the cardiorespiratory system; and 9. Use of specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research. These techniques include, but are not limited to: measurement of ventilatory volumes; pressures, and flows; measurement of physiologic partial pressures; pulmonary function testing; and hemodynamic and other related physiological monitoring of the cardiopulmonary system.				
006.04K3	A respiratory care practitioner must make an initial evaluation visit to each patient for whom the physician orders home respiratory care services, and must devise a written plan of care for the				

		Met	Not Met	N/A	
	approval of the physician and the medical director. The respiratory care practitioner along with the medical director, must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04L	**Social Work Services**				
006.04L1	All social work services must be provided by a qualified social worker who is certified or credentialed in accordance with the prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04L2	Therapeutic social work services in a home health agency include: 1. Information, resource identification and development, and referral services; 2. Preparation and evaluation of psychosocial assessments and development of social work service plans; and 3. Clinical treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders.				
006.04L3	Social work practice must not include: 1. Measuring and testing of personality or intelligence; 2. Accepting fees or compensation for the treatment of disease, injury, or deformity of persons by drugs, surgery, or any manual or mechanical treatment whatsoever; 3. Prescribing drugs or electroconvulsive therapy; or 4. Treating organic diseases or major psychiatric diseases, except when practiced in association with and under the general supervision of a physician.				
006.04L4	A social worker must make an initial evaluation visit to each patient for whom the physician orders home social work services, and must devise a written plan of care for the physician's approval. The social worker must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04M	**Dialysis**				
006.04M1	Home dialysis services must be provided by a registered nurse, trained in dialysis, under the direction of a physician, in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				

		Met	Not Met	N/A	
006.04M2	Home dialysis services include: 1. Hemodialysis; 2. Continuous ambulatory peritoneal dialysis; 3. Continuous cyclic peritoneal dialysis; and 4. Intermittent peritoneal dialysis.				
006.04M3	A registered nurse, trained in dialysis, must make an initial evaluation visit to each patient for whom the physician orders dialysis, and must devise a written plan of care for the physician's approval. The registered nurse must review this plan of care as often as the severity of the patient's condition requires, but at least once every 62 days.				
006.04N	**Intravenous Therapy**				
006.04N1	All intravenous therapy services must be provided by a registered nurse in accordance with the physician's written approved plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04N2	Home intravenous therapy includes, but is not limited to: 1. Total parenteral nutrition (TPN); 2. Hydration therapy; 3. Chemotherapy; 4. Antibiotic therapy; and 5. Blood and blood products.				
006.04N3	A registered nurse must make an initial evaluation visit to each patient for whom the physician orders home intravenous therapy, and must devise a written plan of care for the physician's approval. The registered nurse must review the plan of care as often as the severity of the patient's condition requires, but at least every 62 days				

006.05	**Patient Right** The governing body must establish a bill of rights that will be equally applicable to all patients. The home health agency must provide the patient/designee a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. The agency must maintain documentation showing that the patient/designee has received and understands the intent of the patient's rights. The patient must have the right to: 1. Choose the home health agency that provides their care; 2. Participate in the planning of their care and to receive appropriate instructions and education regarding the plan, prior to the care being provided and as changes are made in the plan of care; 3. Request information about their diagnosis,				

		Met	Not Met	N/A	
	prognosis, and treatment, including alternatives to care and risks involved, in terms that they and their families or designees can readily understand so that they can give their informed consent; 4. Refuse home health care and to be informed of possible health consequences of this action; 5. Care given without discrimination as to race, color, creed, sex, age, or national origin; 6. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed and to reasonable continuity of care; 7. Confidentiality of all records, communications, and personal information; 8. Review all health records pertaining to them, unless, the physician has documented otherwise in the medical record; 9. Receive both an oral and written explanation regarding termination if services are terminated for any reason other than discharge and receive information regarding community resources. Patients must receive at least a two-week notice prior to termination of services. When a patient is discharged by the physician's written order, a two-week notice is not required. A two-week notice is not required when patient services are being terminated based on an unsafe care environment in the patient's home, patient non-compliance with the plan of care, or failure to pay for services rendered; 10. Voice complaints/grievances and suggest changes in service or staff without fear of reprisal or discrimination. Complaints made by the patient/designee received by the home health agency regarding care or treatment must be investigated. The agency must document both the existence and the resolution of the complaint. The patient/designee must be informed of the outcome/resolution of the complaint/grievance; 11. Be fully informed of agency policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care; 12. Be free of verbal, physical, and psychological abuse and to be treated with dignity; 13. Have his or her property treated with respect; and 14. Receive information regarding advanced directives. All patients, designees, or guardians, prior to the commencement of services, must be given a copy of the patient's rights.				
006.05A	**Copies of the Bill of Rights**: The home health agency must give to all patients or designees a copy of the bill of rights upon the commencement of services. The home health agency must maintain documentation showing that it has complied with this requirement.				

		Met	Not Met	N/A	
006.05B	**Advance Directives**: The home health agency must comply with the requirements of Neb. Rev. Stat. §§ 30-3041 to 30-3432 (Health Care Power of Attorney Act) and §§ 20-401 to 20-416 (Rights of the Terminally Ill Act). The home health agency must inform and distribute written information to the patient/designee, in advance, concerning its policies on advance directives, including a description of applicable State law.				
006.05C	**In-Home Assessment and Consent**: Authorized agents of the Department have the right, with the consent of the patient/designee, to visit patient's homes during the provision of home health services in order to make an assessment of the quality of care being given to patients.				
006.05C1	**Consent**: A patient/designee whose home is to be visited by an authorized representative of the Department must be notified by the home health agency or the Department before the visit, to ascertain a verbal consent for the visit. A written consent form clearly stating that the patient voluntarily agrees to the visit must be presented to and signed by the patient/designee prior to observation of care or treatment by the Department representative. The home health agency must arrange this visit.				
006.05C2	**Right to Refuse**: All home health patients have the right to refuse to allow an authorized representative of the Department to enter their homes for the purposes of assessing the provision of home health services.				
006.05D	**Competency of Patients**				
006.05D1	In the case of the patient adjudged incompetent under the laws of the State by a court of competent jurisdiction, the rights of the patient are exercised by the persons authorized under State law to act on the patient's behalf.				
006.05D2	In the case of the patient who has not been adjudged incompetent by the State court, any person designated in accordance with State law may exercise the patient's rights to the extent provided by the law.				

		Met	Not Met	N/A	
006.06	**Complaints/Grievances**: Each home health agency must establish and implement a process that promptly addresses complaints/grievances filed by patients/designees. The process includes but is not limited to: 1. A procedure for submission of complaints/grievances that is made available to patients or designees; 2. Time frames and procedures for review of complaints/grievances and provision of a response; and 3. How information from complaints/grievances and responses are utilized to improve the quality of patient care and treatment.				

006.07	**Quality Assurance/Improvement**: A home health agency must have a quality assurance/improvement program to review services concurrently and retrospectively in accordance with a written quality assurance/improvement plan. The results must be recorded quarterly and reported to the governing authority annually.				
006.07A	The quality assurance/improvement program must be ongoing and consist of collection and assessment of important aspects of patient care. The program must provide a mechanism to: 1. Identify problems; 2. Recommend appropriate action; and 3. Implement recommendations.				
006.07B	There must be a written quality assurance/improvement plan which must include at least the following: 1. Agency objectives; 2. Involvement of all patient care disciplines, if more than one service is offered by the agency; 3. Description of how the agency's services will be administered and coordinated; 4. Methodology for monitoring, evaluating, and improving the quality of care; 5. Setting of priorities for resolving problems; 6. Monitoring to determine effectiveness of action; 7. Oversight responsibility; and 8. Mechanism for review of quality assurance plan.				

		Met	Not Met	N/A	
006.09	**Administration or Provision of Medications**: The home health agency must establish and implement policies and procedures to ensure patients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and prevailing professional standards.				
006.09A	**Methods of Administration**: When the home health agency is responsible for the administration of medications, it must be accomplished by the following methods:				
006.09A1	**Self-Administration of Medications**: Patients may be allowed to self-administer medications, with or without supervision, when the home health agency determines that the patient is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The home health agency must develop and implement policies to address patient self-administration of medication, including: 1. Storage and handling of medications; 2. Inclusion of the determination that the patient may self-administer medication in the patient plan of care; 3. Monitoring the plan to assure continued safe administration of medications by the patient.				
006.09A2	**Licensed Health Care Professional**: When the home health agency uses a licensed health care professional for whom medication administration is included in the scope of practice, the home health agency must ensure the medications are properly administered in accordance with prevailing professional standards.				
006.09A3	**Provision of Medication by a Person other than a Licensed Health Care Professional**: When the home health agency uses a person other than a licensed health care professional in the provision of medications, the home health agency must follow 172 NAC 95 and 96. Each home health agency must establish and implement policies and procedures as follows: 1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 95-004; 2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provisions of 172 NAC 96-005; 3. That specify how direction and monitoring will occur when the home health agency allows medication aides to perform the routine/acceptable activities authorized by 172 NAC 95-005, and as follows: a. Provide routine medication; and b. Provision of medications by the following routes:				

		Met	Not Met	N/A	
	1) Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays; 2) Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation; 3) Topical application of sprays, creams, ointments, and lotions and transdermal patches; and 4) Instillation by drops, ointments, and sprays into the eyes, ears and nose; 4. That specify how direction and monitoring will occur when the home health agency allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009.07, which includes but are not limited to: a. Provision of PRN medications; b. Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or c. Participation in monitoring; 5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision; 6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009; 7. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained; 8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be: a. Made to the identified person responsible for direction and monitoring; b. Made immediately upon discovery; and c. Documented in the patient's medical records; 9. When the home health agency is not responsible for medication administration and provision, the agency must maintain responsibility for overall supervision, safety, and welfare of the patient; 10. Each home health agency must have a policy for the disposal of controlled drugs maintained in the patient's home when those drugs are no longer needed by the patient.				
006.09B	Each home health agency must have and implement policies and procedures for reporting any errors in administration or provision of prescribed medications to the patient's licensed practitioner in a timely manner upon discovery and a written report of the error prepared. Errors must include any variance from the five rights.				

		Met	Not Met	N/A	
006.09C	Each home health agency must have policies and procedures for reporting any adverse reaction to a medication immediately upon discovery to the patient's licensed practitioner and document the event in the patient's medical record.				
006.09D	Each home health agency must establish and implement appropriate policies and procedures for those staff authorized to receive telephone and verbal diagnostic, therapeutic, and medication orders.				

006.10	**Record Keeping Requirements:**				
006.10B	All clinical information pertaining to the patient's care must be centralized in the patient's clinical record maintained by the parent or branch home health agency or by a subunit of a home health agency.				
006.10C	Clinical records of services provided for each patient must be kept in ink, typed, or on electronic data systems.				
006.10D	Entries into the clinical record for services rendered must be written within 24 hours and incorporated into the clinical record within seven working days.				
006.10E	Entries must be made by the person providing services, must contain a statement of facts personally observed, and must be signed with full name. Initials may be used if identified in the clinical record.				
006.10F	All physician's verbal orders for care must be signed and incorporated into the clinical record within 30 days.				
006.10G	Clinical records must be secured in locked storage. Written policies and procedures must be developed regarding use and removal of records and the conditions for release of information. The patient's or legal designee's written consent must be required for release of information not authorized by law.				
006.10H	**Retention**: Clinical records must be retained in a retrievable form for at least five years after the last discharge of the patient. In case of a minor, records must be retained for at least five years after the patient becomes of age under Nebraska law. The records are subject to inspection by an authorized representative of the Department. Clinical records may be destroyed after five years following the last discharge date or date the patient becomes of age.				
006.10H3	**Informed Consent**: A home health agency must demonstrate respect for an individual's rights by ensuring that an informed consent form that				

		Met	Not Met	N/A	
	specifies the type of care and services that may be provided as care during the course of the illness has been obtained for every individual, either from the individual or designee.				
006.10I	Home health agencies with branch offices and/or subunits must maintain in the parent home health agency for all patients receiving services from branch offices or subunits: 1. Patient identifying information; 2. Name, address, and telephone number of patient's physician; 3. Patient diagnosis; and 4. The service(s) being provided to the patient. This information must be maintained until the complete clinical record is either stored at the parent agency or destroyed.				
6.10J	If a patient is transferred to another health care facility or agency, information necessary or useful in care and treatment of the patient must be promptly forwarded to the appropriate facility/agency with the consent of the patient or the patient's legal designee.				
006.10K	**Other Agency Records**: The home health agency must have and maintain the following records: 5. Records of each orientation and in-service or other training program, including the signature of staff attending, subject-matter of the training, the names and qualifications of instructors, dates of training, length of training sessions, and any written materials provided;				
006.10L	**Accessibility/Availability of Records**: Records required by 175 NAC 14 be available for inspection and copying by authorized representatives of the Department.				

006.11	**Infection Control**: Each home health agency must have an infection control program to minimize sources and transmissions of infections and communicable diseases for services provided in the patient home setting as follows: 1. Use of good handwashing techniques; 2. Use of safe work practices and personal protective equipment; 3. Proper handling, cleaning, and disinfection of patient care equipment, supplies and linens; and 4. Patient teaching to include information concerning infections and modes of transmission, hygienic practices, methods of infection prevention, and methods for adapting available resources to maintain appropriate hygienic practices.				

		Met	Not Met	N/A	
006.12	**Disaster Preparedness**: The home health agency must establish and implement disaster preparedness plans and procedures to ensure that: 1. Patients and families are educated on how to handle patient care and treatment, safety, and well-being during and following instances of natural (tornado, flood, etc.) and other disasters, or other similar situations; and 2.How staff is educated on disaster preparedness and staff safety is assured.				

Additional Survey Information

Signature of Surveyor completing inspection: _____

INSPECTION REPORT

Department of Health and Human Services
Division of Public Health
P.O. BOX 94986
Lincoln, Nebraska 68509
(402) 471-4967

Applicant must demonstrate the capability to meet the Standards of Operation, Care and Treatment as prescribed in 175 NAC 14-006.

Type of Inspection: COMPLIANCE LICENSURE

Agency: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Owner: _____

Regulatory Citation		Met	Not Met	N/A	Comments
14-006.01	**Governing Authority:** Each home health agency must have a governing authority that assumes legal responsibility for the total operation and maintenance of the agency. The governing authority must approve written policies and procedures and ensure the policies and procedures are followed so as to provide quality health care. The governing authority must maintain responsibility for all services furnished by the agency whether or not they are furnished under contract. Each home health agency must: 1. Have bylaws, rules, or equivalent which govern the operation of the agency and which must be updated as necessary; 2. Employ a qualified administrator as defined in 175 NAC 14-006.02; 3. Oversee the management and fiscal affairs of the agency; 4. Adopt, revise, and approve policies for the operation and administration of the agency as needed, including but not limited to; a. Range of services to be provided; b. Geographical areas to be served; c. Branch office(s), if applicable; d. Personnel qualifications, policies, and job descriptions; e. Criteria for admission, discharge; and transfer of patients; and f. Patient care policies.				Application lists the following services: Services to be provided per application match polices.

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the 175 NAC 14-006.

Date of Inspection: _____

Inspection Rating: θ **PASS** θ **FAIL**

_____
Facility Representative's Signature

_____
Surveyor's Signature

		Met	Not Met	N/A	
006.02A	The administrator must: 1. Be a physician; or 2. Be a registered nurse; or 3. Have training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or related health program.				
006.02B	The administrator must be responsible for the management of the agency to the extent authority is delegated by the governing authority. A person must be designated in writing to act in the absence of the administrator. The administrator must have at least the following responsibilities: 1. Oversee and be responsible for the provision and coordination of patient services; 2. Organize and direct the agency's ongoing functions; 3. Maintain communication between the governing authority and staff; 4. Employ qualified personnel in accordance with job descriptions; 5. Provide written personnel policies, job descriptions, and current agency policies and procedures that are made available to all personnel; 6. Maintain appropriate personnel and administrative records; 7. Provide orientation for new staff, scheduled inservice education programs, and opportunities for continuing education of the staff; 8. Ensure the completion, maintenance, and submission of reports and records as required by the Department; and 9. Supervise branch offices. Onsite supervision of branch staff must be provided by the administrator's designated person(s) of the parent home health agency at least once a month. Documentation of these visits must be maintained in the parent agency.				
006.03	**Medical Director:** A home health agency may choose to have a physician as the medical director. Any home health agency providing respiratory care services must have a licensed physician to serve as the medical director.				
006.04	**Staff Requirements:** Each home health agency must maintain staff with the required training and skills to provide the services as approved on the agency license and as necessary to meet the needs of each patient accepted for care. Each home health agency must have job descriptions for each staff position, which includes minimum qualifications required for the position.				*See Governing authority: Services provided.*

		Met	Not Met	N/A	
006.04A	**Employment Eligibility:** Each home health agency must insure and maintain evidence that unlicensed staff assisting in the provision of care or treatment are supervised by the appropriate licensed health care professional.				
006.04A1	**Criminal Background and Registry Checks:** The home health agency must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff.				
006.04A1a	**Criminal Background Checks:** The home health agency must complete a criminal background check on each unlicensed direct care staff through a governmental law enforcement agency or a private entity that maintains criminal background information.				
006.04A1b	**Registry Checks:** The home health agency must check for adverse findings with each of the following registries: 1. Nurse Aide Registry; 2. Adult Protective Services Central Registry; 3. Central Register of Child Protection Cases; and 4. Nebraska State Patrol Sex Offender Registry.				
006.04A1c	**Each home health agency must:** 1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions; 2. Decide whether employment can begin before receiving the criminal background and registry information; and 3. Document any decisions to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to patient safety or patient property.				
006.04A1d	The home health agency must not employ a person with an adverse finding on the Nurse Aide Registry regarding patient abuse, neglect, or misappropriation of patient property.				
006.04B	**Employment Record:** Each home health agency must maintain a current employment record for each staff person which includes: 1. The title of that individual's position, qualifications, and description of the duties and functions assigned to that position; 2. Evidence of licensure, certification, or approval, if required.				

		Met	Not Met	N/A	
	3. Performance evaluations made within six months of employment and annually thereafter; and 4. Post hire/pre-employment health history screening. All employees must have a health history screening after accepting an offer of employment and prior to assuming job responsibilities. A physical examination is at the discretion of the employer based on results of the health history screening.				
006.04C	**Initial Orientation**: Each home health agency must provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program includes, but is not limited to: 1. Job duties and responsibilities; 2. Organizational structure; 3. Patient rights; 4. Patient care policies and procedures; 5. Personnel policies and procedures; and 6. Reporting requirements for abuse, neglect, and exploitation in accordance with the Adult Protective Services Act, Neb. Rev. Stat. § 28-372, or in the case of a child in accordance with Neb. Rev. Stat. § 28-711 and with home health agency policies and procedures.				
006.04D	**Training**: Each home health agency must ensure staff receive training in order to perform job responsibilities.				
006.04D1	**Ongoing Training**: Each home health agency must provide and maintain evidence of ongoing/continuous inservices or continuing education for staff. A record must be maintained including date, topic, and participants.				
006.04D2	**Specialized Training**: Each home health agency must provide training of staff to permit performance of particular procedures or to provide specialized care, whether as part of a training program or as individualized instruction. This training must be documented in personnel records.				
006.04E	**Individuals Under Hourly or Per Visit Contracts**: If individuals under hourly or per visit contracts are utilized by the home health agency, there must be a written contract between the agency and the individual. The contract must include but is not limited to: 1. A statement that patients are accepted for care only by the parent home health agency; 2. A description of the services and the manner in which they are to be provided; 3. A statement that the contractor must conform to all applicable agency policies, including those related to qualifications;				

		Met	Not Met	N/A	
	4. A statement that the contractor is responsible for participating in the development of plans of care; 5. A statement that the services are controlled, coordinated, and evaluated by the parent agency; 6. The procedures for submitting clinical and progress notes, scheduling patient care, and continuing periodic patient evaluations; and 7. The procedures for determining charges and reimbursement.				
006.04F	**Skilled Nursing**				
006.04F1	Skilled nursing services must be provided by registered and/or licensed practical nurses in accordance with the physician's approved written plan of care and/or acceptable standards of nursing practice. These services may be offered by the agency directly or under written contractual agreement. The home health agency must ensure a registered nurse is available or on call to the staff during all hours that skilled nursing services are provided.				
006.04F3	When skilled nursing care is ordered by a physician, the following specific services must be provided by a registered nurse: 1. Initial nursing assessment visit to a patient requiring skilled nursing care; 2. Reevaluation of the patient's nursing needs; 3. Provision of services requiring specialized nursing skill; 4. Initiation of appropriate preventive and rehabilitative nursing procedures; 5. Coordination of services; and 6. Supervision of other nursing personnel.				
006.04F4	When skilled nursing care is ordered by a physician, the following specific services may be performed by a registered nurse or by a licensed practical nurse if s/he is under the supervision of a registered nurse: 1. Implementing the plan of care and necessary revisions to the plan of care. A registered nurse must review the plan of care as often as the severity of the patient's condition requires, but at least every 62 days; 2. Preparation of clinical and progress notes; 3. Informing the physician and other personnel of changes in the patient's conditions and needs; 4. Teaching other nursing personnel; and 5. Teaching the patient and caregiver for the purpose of meeting nursing and other related needs.				

		Met	Not Met	N/A	
006.04G	**Home Health Aide & Medication Aide**: Each home health agency that employs or contracts home health aides or medication aides must meet the following requirements for training and testing prior to providing care and services to patients. A home health agency must ensure the following requirements are met.				
006.04G1	**Employ Qualified Aides**: A home health agency must employ only home health aides qualified to provide home health care pursuant to Neb. Rev. Stat. §§ 71-6601 to 71-6615. The Department will prescribe procedures for verification by home health agencies of successful completion of the requirements of Neb. Rev. Stat. § 71-6603.				Does agency provide a Home Health Aide Training Course?
006.04G2	**Direction and Supervision**: Each home health agency must provide direction (plan of care/assignment sheet) written by the registered nurse (RN) and RN supervision of home health aides. The home health agency must ensure a registered nurse is available or on call to the staff during all hours that home health aide services are provided.				
006.04G3	**Inservice Program**: A home health agency must provide or make available to its home health aides four one-hour inservice programs per year on subjects relevant to home health care. The agency must maintain documentation of these programs.				
006.04G4	**Permitted Acts**: Home health aides may perform only personal care assistance with the activities of daily living and basic therapeutic care. A home health aide must only provide medication in compliance with the Medication Aide Act. Home health aides must not perform acts which require the exercise of nursing or medical judgment.				
006.04G5	**Requirements**: To act as a home health aide, a person must: 1. Be at least 18 years of age; 2. Be of good moral character; 3. Not have been convicted of a crime under the laws of this State or another jurisdiction the penalty for which is imprisonment for a period of more than one year and which is rationally related to the person's fitness or capacity to act as a home health aide; 4. Be able to speak and understand the English language or language of the home health agency patient and the home health agency staff member who acts as the home health aide's supervisor; 5. Meet one of the following qualifications and provide proof of meeting the qualifications to the home health agency: a. Has successfully completed a 75-hour home health aide training course which				

		Met	Not Met	N/A	
	meets the standards described in Neb.Rev. Stat. § 71-6608.01; b. Is a graduate of a practical or professional school of nursing; c. Has been employed by a licensed home health agency as a home health aide II prior to September 6, 1991; d. Has successfully completed a course in a practical or professional school of nursing which included practical clinical experience in fundamental nursing skills and has completed a competency evaluation as described in Neb.Rev. Stat. § 71-6608.02; e. Has successfully completed a 75 hour basic course of training approved by the Department for nursing assistants as required by Neb. Rev. Stat. § 71-6039 and has completed a competency evaluation as described in Neb.Rev. Stat. § 71-6608.02; f. Has been employed by a licensed home health agency as a home health aide I prior to September 6, 1991 and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; or g. Has met the qualifications equal to one of those contained in 175 NAC 14-006.04G5, item 5 in another state or territory of the United States; and 6. Has been listed on the Medication Aide Registry operated by the Department if identified as a medication aide.				
006.04G6	**Home Health Aide Training Course**				
006.04G6a	A home health aide training course must meet the following standards with regard to content and duration of training, qualifications for instructors, and documentation of training. The course must address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with at least 16 hours devoted to supervised practical training after the individual being trained has completed at least 16 hours of classroom training. 1. Communication skills; 2. Observation, reporting, and documentation of patient status and the care or service furnished; 3. Reading and recording temperature, pulse, and respiration; 4. Basic infection control procedures; 5. Basic elements of body functioning and changes in body functioning that must be reported to a home health aide's supervisor; 6. Maintenance of a clean, safe, and healthy environment; 7. Recognizing emergencies and knowledge of emergency procedures; 8. The physical, emotional, and				

		Met	Not Met	N/A	
	developmental needs of and ways to work with the populations served by the home health agency, including the need for respect of the patient, his or her privacy, and his or her property; 9. Appropriate and safe techniques in personal hygiene and grooming that include: a. Bath: Sponge, bed bath, tub, and shower; b. Shampoo: Sink, tub, and bed; c. Nail and skin care; d. Oral hygiene; and e. Toileting and elimination; 10. Safe transfer techniques and ambulation; 11. Normal range of motion and positioning; 12. Adequate nutrition and fluid intake; and 13. Any other task that the home health agency may choose to have the home health aide perform.				
006.04Gb	The training and supervision of home health aides during the supervised practical portion of the training must be performed by or under the general supervision of a registered nurse who possesses a minimum of two years of nursing experience, at least one year of which is in the provision of home health care, and who has supervised home health aide services for at least six months. Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.				
006.04Gc	The home health agency must maintain sufficient documentation to demonstrate that the requirements of 175 NAC 14-006.04G6 are met.				
006.04Gd	A home health aide training course may be offered by any organization, except a home health agency that has had its license denied, suspended, or revoked or has admissions or re-admissions prohibited must not offer a home health aide training course for a period of 24 months after the occurrence of the action.				
006.04G7	**Verify Competency**				
006.04G7a	Each home health agency must verify and maintain records of the competency of all home health aides employed by the agency, prior to the aide providing services in a patient's home.				
006.04G7b	Any home health aide not acting as such for a period of three years must repeat the 75-hour training course. The home health agency must determine and verify competency of the home health aide in the manner and method prescribed by the Department.				

		Met	Not Met	N/A	
006.04G7c	**Home Health Aide Competency Evaluation Requirements**				
006.04G7c(1)	Home health aide competency evaluation must address each of the subject listed in 175 NAC 14-006.04G7c				
006.04G7c(2)	The competency evaluation must be performed by a registered nurse				
006.04G7c(3)	The subject areas in 175 NAC 14-006.04G7c must be evaluated by observation, and a written or oral examination				
04G7c(3)(a)	Observations must be made with a live patient or other individual, and must include but are not limited to: 1. Reading and recording temperatures, pulse, and respiration; 2. Bath: Sponge, bedbath, tub, and shower; 3. Shampoos: Sink, tub, and bed; 4. Nail and skin care; 5. Oral hygiene; 6. Toileting and elimination; 7. Safe transfer techniques and ambulation; 8. Normal range of motion and positioning; and 9. Any other task that the home health agency may choose to have the home health aide perform.				
04G7c(3)(b)	The written or oral examination must include but is not limited to: 1. Communication skills; 2. Observation, reporting, and documentation; 3. Basic infection control procedures; 4. Basic elements of body functioning and changes in body functioning that must be reported to a home health aide's supervisor; 5. Maintenance of a clean, safe, and healthy environment; 6. Recognizing emergencies and knowledge of emergency procedures; 7. The physical, emotional, and developmental needs of and ways to work with the population served by the home health agency, including respect for the patient, his or her privacy and property; and 8. Adequate nutrition and fluid intake.				
006.04G7c(4)	A home health aide that receives an unsatisfactory on any task performed must not perform that task without direct supervision by a Nebraska-licensed nurse until after he/she receives training in that task, is evaluated, and subsequently is evaluated as satisfactory.				

		Met	Not Met	N/A	
006.04G7d	**Home Health Aides, Care Plan, and Supervision**				
006.04G7d(1)	RN supervision of the home health aide providing basic therapeutic care must include at a minimum an onsite visit to each patient by a registered nurse with or without the home health aide present once every two weeks. If the patient is receiving skilled nursing care, the registered nurse must perform the supervisory visit. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.				
006.04G7d(2)	A licensed registered nurse must make an initial evaluation visit to each patient for whom the physician orders home health aide services and must devise a written plan of care for the physician's approval. The registered nurse must review this plan of care as often as the patient's condition requires, but at least every 62 days.				
006.04G7d(3)	The home health aide must provide services in accordance with the physician's approved written plan of care under the supervision of the registered nurse or appropriate therapist. The care plan must include patient specific written instructions, prepared by the supervising registered nurse or appropriate therapist, for each patient's care. If home health aides provide only personal care and or activities of daily living, the clinical record does not need to contain a physician's order for the care. Visits made by home health aides must be documented in accordance with the plan of care prepared by the RN or the appropriate therapist.				
006.04G7d(4)	RN supervision of the aide services consisting of personal care, assistance with activities of daily living, and measuring vital signs, if such measurements are taken at the request of the patient and are not required pursuant to the nursing care plan, must include, at a minimum, an onsite visit by the registered nurse to each patient with or without the home health aide present once every 62 days and an onsite visit to observe each home health aide providing care and assistance, and measuring vital signs once every six months.				
006.04H	**Physical Therapy**				
006.04H1	Physical therapy services must be provided by a physical therapist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement. A physical				

		Met	Not Met	N/A	
006.04H2	therapist must make an initial evaluation visit to each patient for whom the physician orders home physical therapy services, and must devise a written plan of care for the physician's approval. The physical therapist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days. All physical therapy services performed by physical therapy assistants or physical therapy aides must be supervised by a licensed physical therapist according to Neb. Rev. Stat. §§ 71-2808 to 71-2822.				
006.04H3	No physical therapist assistant may perform the services specified in Neb. Rev. Stat. § 71-2810 even when under the supervision of a physical therapist.				
006.04I	Supervision means a licensed physical therapist must be responsible and assumes legal liability for the services of physical therapist assistant. The supervising physical therapist must provide onsite supervision once every seven days or once every five visits, whichever comes first. Except in cases of emergency or when appropriate duties and protocols have been outlined in the initial application and approved by the board, supervision requires that the physical therapist be present on the premises of the practice site for consultation and direction of the actions of the physical therapist assistant. These exceptions must also include, but not be limited to: 1. Ambulating patients; 2. Applying hot packs; and 3. Performing range of motion exercises.				
006.04I1	**Speech Pathology**				
006.04I2	Speech pathology services must be provided by a speech pathologist in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement. Speech pathology services do not include the practice of medical diagnosis, medical treatment, or surgery.				
006.04I3	A speech pathologist must make an initial evaluation visit to each patient for whom the physician orders home speech pathology services, and must devise a written plan of care for the physician's approval. The speech pathologist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04J	**Occupational Therapy**				
006.04J1	Occupational therapy services must be provided by an occupational therapist in accordance with the physician's approved written plan of care and				

		Met	Not Met	N/A	
	prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04J2	Occupational therapy services may include: 1. Teaching daily living skills; 2. Developing perceptual-motor skills and sensory integrative functioning; 3. Developing pre-vocational capacities; 4. Designing, fabricating, or applying selected orthotic and prosthetic 5. Using specifically designed therapeutic media and exercises to enhance functional performance; 6. Administering and interpreting tests, such as manual muscle and range of motion; and 7. Adapting environments for the handicapped.				
006.04J3	An occupational therapist must make an initial evaluation visit to each patient for whom the physician orders home occupational therapy services, and must devise a written plan of care for the physician's approval. The occupational therapist must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04J4	All occupational therapy services performed by an occupational therapy assistant must be supervised by, or in consultation with, an occupational therapist. All occupational therapy services performed by an occupational therapy aide must be supervised by an occupational therapist. Supervision means the process by which the quantity and quality of work of an occupational therapy assistant is monitored. This supervision means the directing of the authorized activities of an occupational therapy assistant by a licensed occupational therapist and must not be construed to require the physical presence of the supervisor when carrying out assigned duties.				
006.04K	**Respiratory Care**				
006.04K1	Respiratory care services provided by a respiratory care practitioner must be provided in accordance with the physician's approved written plan of care and prevailing standards of practice, including the directions of a medical director as required by Neb. Rev. Stat. §§ 71-1,229 to 71-1,230. These services may be offered by the agency directly or under written contractual agreement.				
006.04K2	Respiratory care services include: 1. Therapeutic and diagnostic use of medical gases, administering apparatus, humidification, and aerosols; 2. Ventilatory assistance and control; 3. Postural drainage; 4. Chest physiotherapy and breathing exercises;				

		Met	Not Met	N/A	
	5. Respiratory rehabilitation; 6. Cardiopulmonary resuscitation; 7. Maintenance of nasal or oral endotracheal tubes; 8. Administration of aerosol and inhalant medications to the cardiorespiratory system; and 9. Use of specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research. These techniques include, but are not limited to: measurement of ventilatory volumes; pressures, and flows; measurement of physiologic partial pressures; pulmonary function testing; and hemodynamic and other related physiological monitoring of the cardiopulmonary system.				
006.04K3	A respiratory care practitioner must make an initial evaluation visit to each patient for whom the physician orders home respiratory care services, and must devise a written plan of care for the approval of the physician and the medical director. The respiratory care practitioner along with the medical director, must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04L	**Social Work Services**				
006.04L1	All social work services must be provided by a qualified social worker who is certified or credentialed in accordance with the prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04L2	Therapeutic social work services in a home health agency include: 1. Information, resource identification and development, and referral services; 2. Preparation and evaluation of psychosocial assessments and development of social work service plans; and 3. Clinical treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders.				
006.04L3	Social work practice must not include: 1. Measuring and testing of personality or intelligence; 2. Accepting fees or compensation for the treatment of disease, injury, or deformity of persons by drugs, surgery, or any manual or mechanical treatment whatsoever; 3. Prescribing drugs or electroconvulsive therapy; or 4. Treating organic diseases or major psychiatric diseases, except when practiced in association with and under the				

		Met	Not Met	N/A	
	general supervision of a physician.				
006.04L4	A social worker must make an initial evaluation visit to each patient for whom the physician orders home social work services, and must devise a written plan of care for the physician's approval. The social worker must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				
006.04M	**Dialysis**				
006.04M1	Home dialysis services must be provided by a registered nurse, trained in dialysis, under the direction of a physician, in accordance with the physician's approved written plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04M2	Home dialysis services include: 1. Hemodialysis; 2. Continuous ambulatory peritoneal dialysis; 3. Continuous cyclic peritoneal dialysis; and 4. Intermittent peritoneal dialysis.				
006.04M3	A registered nurse, trained in dialysis, must make an initial evaluation visit to each patient for whom the physician orders dialysis, and must devise a written plan of care for the physician's approval. The registered nurse must review this plan of care as often as the severity of the patient's condition requires, but at least once every 62 days.				
006.04N	**Intravenous Therapy**				
006.04N1	All intravenous therapy services must be provided by a registered nurse in accordance with the physician's written approved plan of care and prevailing standards of practice. These services may be offered by the agency directly or under written contractual agreement.				
006.04N2	Home intravenous therapy includes, but is not limited to: 1. Total parenteral nutrition (TPN); 2. Hydration therapy; 3. Chemotherapy; 4. Antibiotic therapy; and 5. Blood and blood products.				
006.04N3	A registered nurse must make an initial evaluation visit to each patient for whom the physician orders home intravenous therapy, and must devise a written plan of care for the physician's approval. The registered nurse must review the plan of care as often as the severity of the patient's condition requires, but at least every 62 days				

006.05	**Patient Rights**				

		Met	Not Met	N/A	
	The governing body must establish a bill of rights that will be equally applicable to all patients. The home health agency must provide the patient/designee a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. The agency must maintain documentation showing that the patient/designee has received and understands the intent of the patient's rights. The patient must have the right to: 1. Choose the home health agency that provides their care; 2. Participate in the planning of their care and to receive appropriate instructions and education regarding the plan, prior to the care being provided and as changes are made in the plan of care; 3. Request information about their diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that they and their families or designees can readily understand so that they can give their informed consent; 4. Refuse home health care and to be informed of possible health consequences of this action; 5. Care given without discrimination as to race, color, creed, sex, age, or national origin; 6. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed and to reasonable continuity of care; 7. Confidentiality of all records, communications, and personal information; 8. Review all health records pertaining to them, unless the physician has documented otherwise in the medical record; 9. Receive both an oral and written explanation regarding termination if services are terminated for any reason other than discharge and receive information regarding community resources. Patients must receive at least a two-week notice prior to termination of services. When a patient is discharged by the physician's written order, a two-week notice is not required. A two-week notice is not required when patient services are being terminated based on an unsafe care environment in the patient's home, patient non-compliance with the plan of care, or failure to pay for services rendered; 10. Voice complaints/grievances and suggest changes in service or staff without fear of reprisal or discrimination. Complaints made by the patient/designee received by the home health agency regarding care or treatment must be investigated. The agency must document both the existence and the resolution of the complaint. The patient/designee must be informed of the outcome/resolution of the complaint/grievance; 11. Be fully informed of agency policies and				

		Met	Not Met	N/A	
	charges for services, including eligibility for third-party reimbursement, prior to receiving care; 12. Be free of verbal, physical, and psychological abuse and to be treated with dignity; 13. Have his or her property treated with respect; and 14. Receive information regarding advanced directives. All patients, designees, or guardians, prior to the commencement of services, must be given a copy of the patient's rights.				
006.05A	**Copies of the Bill of Rights**: The home health agency must give to all patients or designees a copy of the bill of rights upon the commencement of services. The home health agency must maintain documentation showing that it has complied with this requirement.				
006.05B	**Advance Directives**: The home health agency must comply with the requirements of Neb. Rev. Stat. §§ 30-3041 to 30-3432 (Health Care Power of Attorney Act) and §§ 20-401 to 20-416 (Rights of the Terminally Ill Act). The home health agency must inform and distribute written information to the patient/designee, in advance, concerning its policies on advance directives, including a description of applicable State law.				
006.05C	**In-Home Assessment and Consent**: Authorized agents of the Department have the right, with the consent of the patient/designee, to visit patient's homes during the provision of home health services in order to make an assessment of the quality of care being given to patients.				
006.05C1	**Consent**: A patient/designee whose home is to be visited by an authorized representative of the Department must be notified by the home health agency or the Department before the visit, to ascertain a verbal consent for the visit. A written consent form clearly stating that the patient voluntarily agrees to the visit must be presented to and signed by the patient/designee prior to observation of care or treatment by the Department representative. The home health agency must arrange this visit.				
006.05C2	**Right to Refuse**: All home health patients have the right to refuse to allow an authorized representative of the Department to enter their homes for the purposes of assessing the provision of home health services.				
006.05D	**Competency of Patients**				
006.05D1	In the case of the patient adjudged incompetent under the laws of the State by a court of competent				

		Met	Not Met	N/A	
006.05D2	jurisdiction, the rights of the patient are exercised by the persons authorized under State law to act on the patient's behalf. In the case of the patient who has not been adjudged incompetent by the State court, any person designated in accordance with State law may exercise the patient's rights to the extent provided by the law.				
006.06	**Complaints/Grievances**: Each home health agency must establish and implement a process that promptly addresses complaints/grievances filed by patients/designees. The process includes but is not limited to: 1. A procedure for submission of complaints/grievances that is made available to patients or designees; 2. Timeframes and procedures for review of complaints/grievances and provision of a response; and 3. How information from complaints/grievances and responses are utilized to improve the quality of patient care and treatment.				
006.07	**Quality Assurance/Improvement**: A home health agency must have a quality assurance/improvement program to review services concurrently and retrospectively in accordance with a written quality assurance/improvement plan. The results must be recorded quarterly and reported to the governing authority annually.				
006.07A	The quality assurance/improvement program must be ongoing and consist of collection and assessment of important aspects of patient care. The program must provide a mechanism to: 1. Identify problems; 2. Recommend appropriate action; and 3. Implement recommendations.				
006.07B	There must be a written quality assurance/improvement plan which must include at least the following: 1. Agency objectives; 2. Involvement of all patient care disciplines, if more than one service is offered by the agency; 3. Description of how the agency's services will be administered and coordinated; 4. Methodology for monitoring, evaluating, and improving the quality of care; 5. Setting of priorities for resolving problems; 6. Monitoring to determine effectiveness of action; 7. Oversight responsibility; and				

		Met	Not Met	N/A	
	8. Mechanism for review of quality assurance plan.				

006.08	**Patient Care and Treatment**: Each home health agency must establish and implement policies and procedures that encompass all care and treatment provided to patients. The policies and procedures are consistent with prevailing professional standards, and delineate the scope and services provided in the home health agency and encompass aspects to protect the health and safety of patients. Home health services must include but are not limited to: 1. A physician's order for home health services for a patient; 2. A patient's care must follow a written plan of care devised by a registered nurse or qualified professional of the appropriate discipline after an initial visit to the patients residence; a. The plan of care must be approved by the patient's physician; b. The plan of care must be reviewed periodically by a registered nurse or other qualified professional of the appropriate discipline as often as the severity of the patient's condition requires, but at least every 62 days; and c. Each home health agency must have policies and procedures describing the method to obtain and incorporate physician orders into the plan of care. 3. A home health agency that provides more than one service to a single patient must be responsible for coordination of those services to assure that the services effectively compliment one another and support the objectives in the plan of care; 4. The home health agency must send a written summary of the care provided to the attending physician as often as the severity of the patient's condition requires, but at least every 62 days; 5. The home health agency that provides services under arrangement with another agency or individual must be subject to a written contract conforming to the requirements of 175 NAC 14-006.04E; and 6. A registered nurse can provide those independent nursing activities authorized within the Nebraska Nurse Practice Act without a physician's order.				

006.09	**Administration or Provision of Medications**: The home health agency must establish and implement policies and procedures to ensure patients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and prevailing professional standards.				

		Met	Not Met	N/A	
006.09A	**Methods of Administration**: When the home health agency is responsible for the administration of medications, it must be accomplished by the following methods:				
006.09A1	**Self-Administration of Medications**: Patients may be allowed to self-administer medications, with or without supervision, when the home health agency determines that the patient is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The home health agency must develop and implement policies to address patient self-administration of medication, including: 1. Storage and handling of medications; 2. Inclusion of the determination that the patient may self-administer medication in the patient plan of care; 3. Monitoring the plan to assure continued safe administration of medications by the patient.				
006.09A2	**Licensed Health Care Professional**: When the home health agency uses a licensed health care professional for whom medication administration is included in the scope of practice, the home health agency must ensure the medications are properly administered in accordance with prevailing professional standards.				
006.09A3	**Provision of Medication by a Person other than a Licensed Health Care Professional**: When the home health agency uses a person other than a licensed health care professional in the provision of medications, the home health agency must follow 172 NAC 95 and 96. Each home health agency must establish and implement policies and procedures as follows: 1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 95-004; 2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provisions of 172 NAC 96-005; 3. That specify how direction and monitoring will occur when the home health agency allows medication aides to perform the routine/acceptable activities authorized by 172 NAC 95-005, and as follows: a. Provide routine medication; and b. Provision of medications by the following routes: 1) Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays; 2) Inhalation which includes inhalers and nebulizers, including oxygen given by				

		Met	Not Met	N/A	
	inhalation; 3) Topical application of sprays, creams, ointments, and lotions and transdermal patches, and 4) Instillation by drops, ointments, and sprays into the eyes, ears and nose; 4. That specify how direction and monitoring will occur when the home health agency allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009.07, which includes but are not limited to: a. Provision of PRN medications; b. Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or c. Participation in monitoring; 5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision; 6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009; 7. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained; 8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be: a. Made to the identified person responsible for direction and monitoring; b. Made immediately upon discovery; and c. Documented in the patient's medical records; 9. When the home health agency is not responsible for medication administration and provision, the agency must maintain responsibility for overall supervision, safety, and welfare of the patient; 10. Each home health agency must have a policy for the disposal of controlled drugs maintained in the patient's home when those drugs are no longer needed by the patient.				
006.09B	Each home health agency must have and implement policies and procedures for reporting any errors in administration or provision of prescribed medications to the patient's licensed practitioner in a timely manner upon discovery and a written report of the error prepared. Errors must include any variance from the five rights.				
006.09C	Each home health agency must have policies and procedures for reporting any adverse reaction to a medication immediately upon discovery to the patient's licensed practitioner and document the event in the patient's medical record.				

		Met	Not Met	N/A	
006.09D	Each home health agency must establish and implement appropriate policies and procedures for those staff authorized to receive telephone and verbal diagnostic, therapeutic, and medication orders.				

006.10	**Record Keeping Requirements**: A home health agency must maintain clinical records for each patient and provide relevant information from these clinical records to the personnel providing services in the patient's home.				
006.10A	**Content**: The clinical record must contain sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results of treatment accurately. All clinical records must contain at least the following general categories of data: 1. Identification data and consent forms; 2. The name and address of the patient's physician(s); 3. The physician's signed order for home health care and the approved plan of care, must include, when appropriate to the services being provided: a. Medical diagnosis; b. Medication orders; c. Dietary orders; d. Activity orders; e. Safety orders; 4. Initial and periodic assessments and care plan by disciplines providing services; a. The home health agency must provide pertinent current and past medical history to the licensed personnel providing services on its behalf. 5. Signed and dated admission, observation, progress, and supervisory notes; 6. Copies of summary reports sent to the physician; 7. Diagnostic and therapeutic orders signed by the physician; 8. Reports of treatment and clinical findings, and 9. Discharge summary.				
006.10B	All clinical information pertaining to the patient's care must be centralized in the patient's clinical record maintained by the parent or branch home health agency or by a subunit of a home health agency.				
006.10C	Clinical records of services provided for each patient must be kept in ink, typed, or on electronic data systems.				
006.10D	Entries into the clinical record for services rendered must be written within 24 hours and incorporated into the clinical record within seven working days.				

		Met	Not Met	N/A	
006.10E	Entries must be made by the person providing services, must contain a statement of facts personally observed, and must be signed with full name. Initials may be used if identified in the clinical record.				
006.10F	All physician's verbal orders for care must be signed and incorporated into the clinical record within 30 days.				
006.10G	Clinical records must be secured in locked storage. Written policies and procedures must be developed regarding use and removal of records and the conditions for release of information. The patient's or legal designee's written consent must be required for release of information not authorized by law.				
006.10H	**Retention**: Clinical records must be retained in a retrievable form for at least five years after the last discharge of the patient. In case of a minor, records must be retained for at least five years after the patient becomes of age under Nebraska law. The records are subject to inspection by an authorized representative of the Department. Clinical records may be destroyed after five years following the last discharge date or date the patient becomes of age.				
006.10H1	All records must be disposed of by shredding, mutilation, burning or by other similar protective measures in order to preserve the patients' rights of confidentiality. Records or documentation of the actual fact of clinical record destruction must be permanently maintained.				
006.10H2	**Protection of Information**: The home health agency must safeguard the clinical record against loss, destruction and unauthorized use. The patient has the right to confidentiality of their records maintained by the home health agency. Patient information and/or records will be released only with consent of the patient or designee or as required by law.				
006.10H3	**Informed Consent**: A home health agency must demonstrate respect for an individual's rights by ensuring that an informed consent form that specifies the type of care and services that may be provided as care during the course of the illness has been obtained for every individual, either from the individual or designee.				
006.10I	Home health agencies with branch offices and/or subunits must maintain in the parent home health agency for all patients receiving services from branch offices or subunits: 1. Patient identifying information; 2. Name, address, and telephone number of patient's physician; 3. Patient diagnosis; and 4. The service(s) being provided to the patient. This information must be maintained until the				

		Met	Not Met	N/A	
	complete clinical record is either stored at the parent agency or destroyed.				
006.10J	If a patient is transferred to another health care facility or agency, information necessary or useful in care and treatment of the patient must be promptly forwarded to the appropriate facility/agency with the consent of the patient or the patient's legal designee.				
006.10K	**Other Agency Records**: The home health agency must have and maintain the following records: 1. Written policies and procedures governing services provided by the agency. These must be available for visual review to staff, patients, family, and legal designee of the patient; 2. Policies and procedures governing admission to ensure only individuals whose needs can be met by the agency or by providers of services under contract to the agency will be admitted as patients; 3. Policies and procedures governing discharge; 4. Grievance/Complaint procedure: Policies and procedures describing the method used to receive grievances/complaints and recommendations from patients, family, or legal designee and to ensure agency response and which provide for maintenance of records for complaints received and action taken; 5. Records of each orientation and in-service or other training program, including the signature of staff attending, subject-matter of the training, the names and qualifications of instructors, dates of training, length of training sessions, and any written materials provided; 6. Contracts with outside resources to furnish agency services not provided directly by the home health agency; 7. Personnel records; and 8. Quality assurance records, as required by 175 NAC 14.				
006.10L	**Accessibility/Availability of Records**: Records required by 175 NAC 14 be available for inspection and copying by authorized representatives of the Department.				

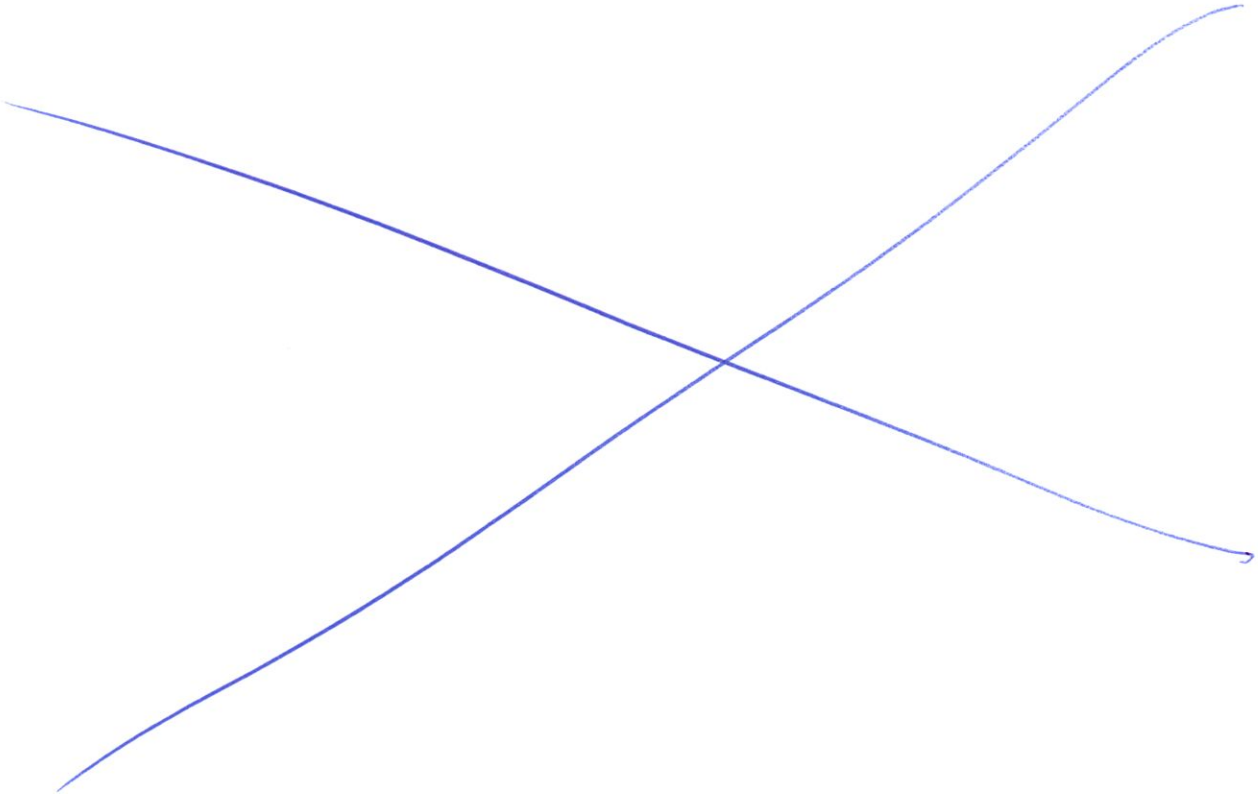
006.11	**Infection Control**: Each home health agency must have an infection control program to minimize sources and transmissions of infections and communicable diseases for services provided in the patient home setting as follows: 1. Use of good handwashing techniques; 2. Use of safe work practices and personal protective equipment; 3. Proper handling, cleaning, and disinfection of patient care equipment, supplies and linens;				

		Met	Not Met	N/A	
	and 4. Patient teaching to include information concerning infections and modes of transmission, hygienic practices, methods of infection prevention, and methods for adapting available resources to maintain appropriate hygienic practices.				

006.12	**Disaster Preparedness**: The home health agency must establish and implement disaster preparedness plans and procedures to ensure that: Patients and families are educated on how to handle patient care and treatment, safety, and well-being during and following instances of natural (tornado, flood, etc.) and other disasters, or other similar situations; and How staff is educated on disaster preparedness and staff safety is assured.				

Additional Survey Information

Signature of Surveyor completing inspection: _____



Kerns, Pamela

From: Pelley, Jacqueline
Sent: Wednesday, July 3, 2019 3:37 PM
To: Kerns, Pamela
Subject: FW: Attached Image
Attachments: 2212_001.pdf

Licensure forms used for Hospice surveys

Jacqueline Pelley | *Nursing Svs Surveyor Consultant*
PUBLIC HEALTH
Nebraska Department of Health and Human Services
OFFICE: 402-937-3023
DHHS.ne.gov | Facebook | Twitter | LinkedIn

From: dhhs.donotreply@nebraska.gov [mailto:dhhs.donotreply@nebraska.gov]
Sent: Wednesday, July 3, 2019 3:37 PM
To: Pelley, Jacqueline <Jacqueline.Pelley@nebraska.gov>
Subject: Attached Image

Hospice Inspection forms

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

LICENSURE INSPECTION
Consent for Home Visit

Patient Name: _____

Address: _____

Name of Home Health Agency: _____

Date of Home Visit: _____

Name of Surveyor: _____

This consent statement permits the Department of Health and Human Services, Division of Public Health, Licensure Unit personnel to conduct a home visit to determine the Agency's compliance with the State Regulations governing the licensure of Home Health Agencies and to evaluate the quality of services provided to their patients.

I understand that consent for this visit is voluntary and the visit will only be performed with my permission.

_____ _____
Patient Signature Date

If you have any questions or concerns, contact the Licensure Unit at (402) 471-4967.

Distribution: White - Patient Pink - Licensure Unit Yellow - Provider Agency

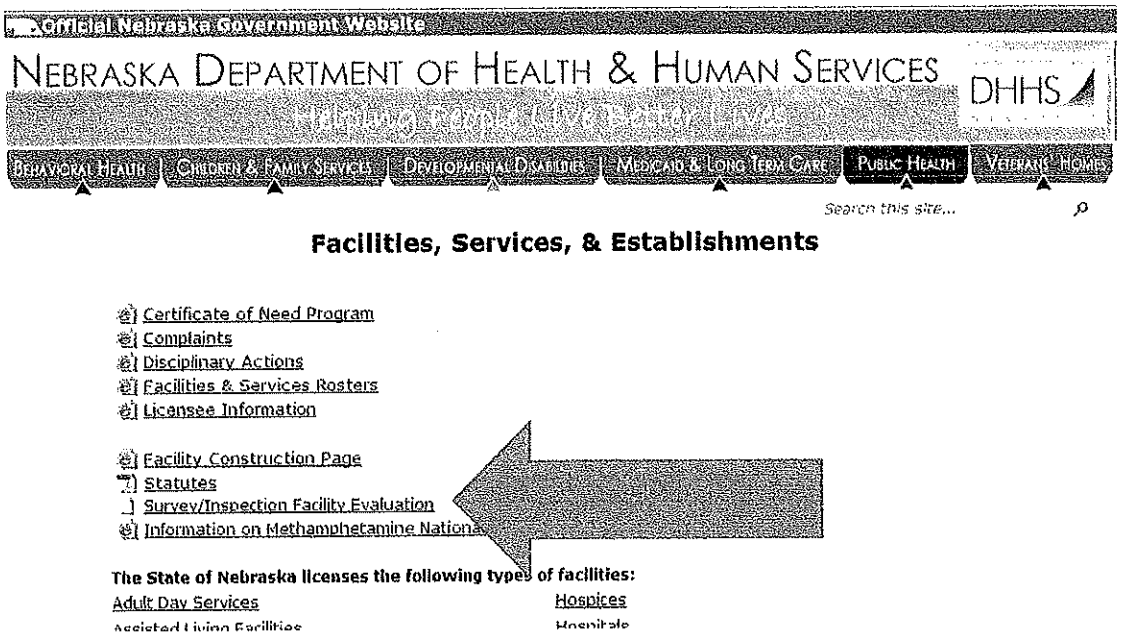
We Value Your Opinion!

Dear Administrator,
We depend on your feedback to help us know how to improve our survey process. If you have not already done so, will you please take a few minutes to tell us how we did on your recent survey? If you have already completed the evaluation form, please accept out thanks and disregard this notice.

You can access the evaluation form directly at:

https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Or you can access the evaluation form from our website at:



https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Thank you for taking a moment to let us know what we are doing well and where we need to improve. Your responses are confidential and are used for data analysis and quality improvement purposes only. We appreciate your feedback!

Nebraska Department of Health & Human Services – Division of Public Health – Licensure Unit

PATIENT SAMPLE LIST

FACILITY NAME: _____
PROVIDER NUMBER: _____
SURVEYOR: _____
DATE OF SURVEY: _____

1 _____
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3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
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12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____

LIST OF PERSONNEL

FACILITY NAME: _____

PROVIDER NUMBER: _____

SURVEYOR: _____

DATE OF SURVEY: _____

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

M. _____

N. _____

O. _____

P. _____

Q. _____

R. _____

S. _____

T. _____

U. _____

V. _____

W. _____

X. _____

Y. _____

Z. _____

EXIT CONFERENCE ATTENDEES

Facility Type: Hospice ADS HHA ESRD OPT CORF Respite X-Ray HMO

Facility Name: _____

City: _____

License Number or Provider Number: _____

Date of Survery: _____

Surveyor(s) Name: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

HOSPICE AIDE PERSONNEL FILES REVIEW WORKSHEET

Name	DOH	Training Program	Competency Evaluation		Inservices:			ANNUAL SV by RN to observe cares and vital signs	Evals
			Written	Skills	Date	Topic	Hours		

Revised by TL 2/9/2011

EMPLOYEE RECORD
HOSPICE

FACILTY NAME: _____ DATE: _____

Name/Title	DOH	Job Description	Credentialing Lic Cert Approval	Background checks	Performance Evals	Health Screen	ORG Structure	PT Rights	PT Care policies/procedures	Personnel polices/procedures	Abuse Reporting	Inservices	Special Training.	Previous work experience

Agency Name: _____

License #: _____

Hospice Patient Rights

Surveyor: _____

Date Reviewed: _____

Federal	State	Met	Not Met	Patient Rights
501	16-006.06			Promote and protect patient rights.
502	—			During initial assessment (before care) provide written and verbal notice of rights.
503	20			Must inform and distribute information regarding advance directives.
				State: Hospice must notify patient/representative if unable to comply with advance directives.
504	Footnote			Maintain documentation showing the patient was given notification of patient rights.
505 (i)	16-006.06			Right to exercise rights as a patient of hospice.
505 (ii)	18			Right to have person/property treated with respect.
505 (iii)	13			Right to voice grievances regarding care and treatment.
				State: Suggest changes in services or staff without fear of reprisal or discrimination and be informed of the resolution.
506	—			If patient adjudged incompetent then designee acts on patient's behalf.
507	—			If patient not adjudged incompetent then designee designated by patient may act on patient's behalf.
508	—			All alleged violations of mistreatment, neglect, abuse, injuries of unknown origin, & misappropriations are reported to administrator.
509	—			Immediately investigate all alleged violations of abuse, neglect, injuries of unknown origin, and misappropriation.
510	—			Take appropriate corrective action if alleged violation is verified.
511	—			Verified allegations must be reported within 5 working days.
512	16			Expect pain relief. Measures instituted to ensure comfort.
513	2			Involved in developing POC.
				State: Receive appropriate instruction and education regarding POC.
514	4			Right to refuse care or treatment.
				State: Informed of possible health consequences of this action.
516	9			Confidentiality of all records.
				State: Communication and personal information.
516	10			Review and receive a copy of all health records pertaining to them.
517 & 737	15			Be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown origin, and misappropriation of patient property.
				State: And be treated with dignity.
518	14			Receive information about the services covered under the hospice benefit.
				State: Be fully informed of hospice policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care.
519	19			Receive information about the scope of services that the hospice will provide and specific limitations on those services.
				State: Informed in advance about the care to be furnished, and any changes in the care to be furnished.
	11 & 12			State: Oral and written explanation regarding discharge.

Agency Name: _____

License #: _____

Hospice Patient Rights

Surveyor: _____

Date Reviewed: _____

Federal	State	Met	Not Met	Patient Rights
501	16-006.06			Promote and protect patient rights.
502	—			During initial assessment (before care) provide written and verbal notice of rights.
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505 (ii)	18			Right to have person/property treated with respect.
505 (iii)	13			Right to voice grievances regarding care and treatment.
				State: Suggest changes in services or staff without fear of reprisal or discrimination and be informed of the resolution.
506	—			If patient adjudged incompetent then designee acts on patient's behalf.
507	—			If patient not adjudged incompetent then designee designated by patient may act on patient's behalf.
508	—			All alleged violations of mistreatment, neglect, abuse, injuries of unknown origin, & misappropriations are reported to administrator.
509	—			Immediately investigate all alleged violations of abuse, neglect, injuries of unknown origin, and misappropriations.
510	—			Take appropriate corrective action if alleged violation is verified.
511	—			Verified allegations must be reported within 5 working days.
512	16			Expect pain relief. Measures instituted to ensure comfort.
513	2			Involved in developing POC.
				State: Receive appropriate instruction and education regarding POC.
514	4			Right to refuse care or treatment.
				State: Informed of possible health consequences of this action.
516	9			Confidentiality of all records.
				State: Communication and personal information.
516	10			Review and receive a copy of all health records pertaining to them.
517 & 737	15			Be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown origin, and misappropriation of patient property.
				State: And be treated with dignity.
518	14			Receive information about the services covered under the hospice benefit.
				State: Be fully informed of hospice policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care.
519	19			Receive information about the scope of services that the hospice will provide and specific limitations on those services.
				State: Informed in advance about the care to be furnished, and any changes in the care to be furnished.
	11 & 12			State: Oral and written explanation regarding discharge.

Federal	State	Met	Not Met	Patient Rights
737	21			Right to be free from restraint or seclusion of any form.
—	1			Choose care providers and communicate with those providers
—	3			Request information regarding diagnosis, prognosis, and treatment, including alternatives to care and risks.
—	5			Receive care without discrimination as to race, color, creed, sex, age, or national origin.
—	6			Exercise religious beliefs.
—	12			Patient may be discharged for cause based on an unsafe care environment in the patient's home, non-compliance, or failure to pay for services.
—	17			Expect all efforts will be made to ensure continuity and quality of care in the home and in the inpatient setting.

Hospice Clinical Record Review

Name:	Record #
Diagnosis:	
Location:	SOC:
Review Date:	
Plan of Care	**Record Content**
Initial POC developed by hospice RN or MD and attending MD plus 1 other IDG member prior to care.	Certification signed within 2 calendar days of cert period. (Initial 90 day period : if not able to get signature within 2 calendar days; must get oral cert within 2 calendar days and written cert within 8 calendar days after cert period begins)
POC reviewed & updated by attending MD and IDG at specified intervals	Consent
POC includes assessment of needs	Election of Benefit signed
POC identifies services provided	ID data
POC identifies scope and frequency of services	Initial and subsequent assessments
Care follows POC	Pertinent medical history
	Documentation of all events

Surveyor Notes:

09/27/01

Hospice Patient Visit Tracking Form

Patient Name_____ MR#_____ Comments_____

Payor_____ Case Mgr_____ _____

SOC Date_____ D/C Date_____ _____ √ = Visit

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RN																															
HHA																															
Aide Sup																															
MSW																															
Chaplin																															
Volunteer																															
IDG																															

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RN																															
HHA																															
Aide Sup																															
MSW																															
Chaplin																															
Volunteer																															
IDG																															

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RN																															
HHA																															
Aide Sup																															
MSW																															
Chaplin																															
Volunteer																															
IDG																															

RN Frequency/Duration	HHA	Chaplin
	MSW	Volunteer

Hospice Agency Licensure Patient Record Audit Form

Facility Name:_____ **License #**_____

Surveyor_____ **Date:**_____

Documentation of:

	Pt # & Name	Pt # & Name	Pt # & Name	Pt # & Name	Pt # & Name
RN completes initial Assessment/RN Case Mngr Assigned					
Consent signed					
Bill of Rights provided					
Advance Directives					
Medical History					
Comp Care Plan W/I 5 calendar days Of initial assessment					
POC updated Q62days					
Assessment Update PRN & @least Q 15 days					
POC detailed re: scope & Frequency of services					
Coordination of Services					
Spiritual Counseling/ Bereavement Addressed In POC					
Aide CP by RN					
RN Supervisor Visits Every 2 weeks (W or Ø Aide)					
RN assessed Aide Services/POC review					
Homemaker Services Coordinated by IDT					
Volunteer Services					
Therapy Services					
Self Admin.of Meds. On POC					
Discharge Summary					
Transfer form					

HOSPICE CERTIFICATION/LICENSURE SURVEY PACKET CHECKLIST

Hospice Name: _____City:_____
Licensure or Provider Number: _____
Surveyor (s) _____Exit Date: _____

_____CMS 670 Team Composition Workload Report ©

_____ CMS 643 Survey Report ©

_____CMS 417 Request for Certification ©

_____ Home Visit Consent Forms #_____

_____Patient Sample List

_____Clinical Record Reviews #_____

_____List of Hospice Personnel

_____ List of Interdisciplinary Group Members

_____Volunteer Cost Saving Report

_____Exit Conference Attendees

_____Deficiency Statement/Compliance Statement ©

_____Licensure Inspection Form – Initial – Compliance – Focused

_____Licensure Patient Audit Form (Licensure Compliance Inspection Only)

_____Copy of Patient Rights (Initial Licensure Only)

_____Fiscal Year End _____©

_____Exit Tape

_____Revisit – Yes or No PCV or Cert Visit Licensure Revisit
Paper or On-Site Revisit

Revised October 2005
© = Certification Only

Hospice Licensure Only Survey

Information required for survey

Name of Agency: _____

Licensure number: _____

Dates of Survey: _____

Surveyor (s): _____

1. Weeks run _____
2. Director/ Administrator: _____
3. Medical Director: _____
4. Social Services: _____
5. Dietician: _____
6. Bereavement Director: _____
7. Volunteer Coordinator: _____
8. Spiritual Counselor: _____
9. Physical Therapist: _____
10. Occupational Therapist: _____
11. Speech/Language Pathologist: _____
12. Licensed Pharmacist: _____
13. Does the agency utilize Medication Aides? _____
14. IDG Members: _____
15. More than one IDG? _____
16. When does the IDG Meet? _____
17. Who is designated to act in the absence of the Administrator? _____
18. Where is this documented? _____
19. Who completes the initial assessment of patients when a referral is received? _____
20. Who are the members of the agency's Quality Assurance/Improvement Committee and how often does the QA/I meet? _____
21. Preventative Maintenance program for equipment? _____
22. How does the agency verify the competency of the Nursing Assistants/Medication Aides employed by the agency? _____
23. What agency staff is authorized to receive telephone and verbal, diagnostic and therapeutic and medication orders? _____

Hospice Licensure Inspection Information

Name of Agency: _____ Dates of Survey_____

Surveyor_____

To complete the survey the surveyor will need the following items:

1. List of:_____
   a.) All current patients
   b.) Include Services provided
   c.) Where the patient resides (Home, SNF/NF, or other facility)
   d.) List of Persons receiving Bereavement Counseling
2. Agency's Policy and Procedure Manual_____
3. Copy of the agency's by-laws outlining the responsibilities of the Governing Authority_____
4. List of all employees of the agency (include credentials license number, and Date of Hire) _____
5. Employee Personnel files for the following
   a.) Medical Director_____
   b.) Social Worker_____
   c.) Administrator_____
   d.) Dietician_____
   e.) Spiritual and Bereavement Counselors_____
   (Will need files of Home Health Aides and Medication Aides as chosen by the surveyor)
6. An Admission Packet_____
7. QA/QI Records_____
8. Volunteer Coordinator_____
   a.) List of Volunteers and titles of positions filed._____
   b.) Documentation of Recruitment and Retention of volunteers_____
   c.) Cost saving report. Include the following:
   *The identification of necessary positions which are occupied by volunteers;
   *The work time spent by volunteers occupying those positions; and
   *Estimates of the dollar costs which the hospice would have incurred if paid employees occupied the positions.
9. Agency's CLIA Number_____
10. List of Contracted Individuals with license numbers_____
11. List of members of the IDG and discipline _____
12. Grievance File _____
13. Orientation, in-service and Training Records for :
    a.) Employees_____
    b.) Contracted Individuals_____
    c.) Volunteers_____
    d.) Inpatient/Respite Staff_____
    e.) Nursing Homes_____
    f.) Home Health Aides_____
14. Preventive Maintenance logs for equipment owned by the Hospice used by patients
15. Does the Agency utilize Medication Aides? _____

Hospice
INSPECTION REPORT

Department of Health and Human Services
Division of Public Health
P.O. BOX 94986
Lincoln, Nebraska 68509
(402) 471-4967

Applicant must demonstrate the capability to meet the Standards of Operation, Care and Treatment as prescribed in **175 NAC 16-006**.

Type of Inspection (check one): ____INITIAL ____COMPLIANCE

Agency: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Owner: _____

License No.: _____

Regulatory Citation		Met	Not Met	N/A	Comments
16-006.01	**Governing Authority:** A hospice must have a governing authority which assumes full legal responsibility for determining, implementing, and monitoring policies governing the hospice's total operation. The governing authority must designate an individual who is responsible for the day-to-day management of the hospice program. The governing authority must also ensure that all services provided are consistent with accepted standards of practice.				
006.02	**Administration:** The hospice must organize, manage, and administer its resources to assure that each patient experiences care that optimizes the patient's comfort and dignity in a manner which is consistent with patient, family, or designee needs and desires.				**Name of Administrator:**
006.003	**Administrator:** A hospice must have an administrator who has training and experience in hospice care or a related health care program. The administrator must be a person responsible for the management of the agency to the extent authority is delegated by the governing authority. A person must be designated in writing to act in the absence of the administrator. The administrator must have at least the following responsibilities: 1. Have bylaws, rules, or its equivalent which delineate how the governing authority conducts its business; 2. Oversee the management and fiscal affairs of the agency; and				

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the **175 NAC 16-006**.

Date of Inspection: _____

Inspection Rating: θ **COMPLIANCE** θ **NON-COMPLIANCE**

_____
Facility Representative's Signature

_____
Surveyor's Signature

		Met	Not Met	N/A	
	3. Establish and implement written policies and procedures that encompass all care and treatment provided to patients. The policies and procedures are consistent with generally accepted practice, delineate the scope of services provided in the hospice, and encompass aspects to protect the health and safety of patients. These policies must be available for visual review to staff, patients, family and legal designees of the patients. Policies and procedures should include, but are not limited to: a. Range of services to be provided; b. Geographical areas to be served; c. Criteria for admission, discharge, and transfer of patients; which ensure only individuals whose needs can be met by the hospice or by providers of services under contract to the hospice will be admitted as patients; d. Policies and procedures describing the method to obtain and incorporate physician orders into the plan of care; and e. Policies and procedures which require each employee of the hospice to report any evidence of abuse, neglect, or exploitation of any patient served by the hospice in accordance with Neb. Rev. Stat. § 28-372 of the Adult Protective Services Act or, in the case of a child, in accordance with Neb. Rev. Stat. § 28-711. The hospice must ensure any abuse, neglect, or exploitation must be reported.				
006.04	**Medical Director:** A hospice must have a medical director who is a hospice employee or a contracted person who is a doctor of medicine or osteopathy who assumes overall responsibility for the medical component of the hospice's patient care program.				
006.05	**Staff Requirements:** Each hospice must maintain sufficient number of staff with the required training and skills to provide those services necessary to meet the needs of each patient accepted for care. Each hospice must have job descriptions for each staff position, which include minimum qualifications required for the position.				
006.05A	**Employment Eligibility:** Each hospice must insure and maintain evidence of the following: 1. Staff Credentialing: Any staff who provide care or treatment for which a license, certification, registration, or credential is required must hold the license, certification, registration, or credential in accordance with applicable State laws and regulations. Each hospice must verify the licensure, registration, certification, or required credentials of staff prior to staff assuming				

		Met	Not Met	N/A	
	job responsibilities. 2. If unlicensed staff assist in provision of care or treatment, these staff should be supervised by the appropriate licensed health care professional.				
006.05B	**Health Status**: Each hospice must establish and implement policies and procedures related to the staff's health to prevent the transmission of disease to patients.				
006.05B1	**Health History Screening**: All employees must have a health history screening after accepting an offer of employment and prior to assuming job responsibilities. A physical examination is at the discretion of the employer based on results of the health history screening.				
006.05C	**Criminal Background and Registry Checks**: The hospice must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff.				
006.05C1	**Criminal Background Checks**: The hospice must complete criminal background checks through a governmental law enforcement agency or a private entity that maintains criminal background information on each unlicensed direct care staff.				
006.05C2	**Registry Checks**: The hospice must check for adverse findings on each unlicensed direct care staff on the following registries: 1. Nurse Aide Registry; 2. Adult Protective Services Registry; 3. Central Register of Child Protection Cases; and 4. Nebraska State Patrol Sex Offender Registry.				
006.05C3	The hospice must: 1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions; 2. Decide whether employment can begin prior to receiving the criminal background and registry information; and 3. Document any decision to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must the basis for the decision and how it will not pose a threat to patient safety or patient property.				
006.05C4	The hospice must not employ a person with an adverse finding on the Nurse Aide Registry regarding patient abuse, neglect, or misappropriation of patient property.				
006.05D	**Training**: Each hospice must ensure staff				

		Met	Not Met	N/A	
	receive training to perform job responsibilities.				
006.05D1	**Orientation**: Each hospice must provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program includes, but is not limited to: 1. Job duties and responsibilities; 2. Organizational structure; 3. Patient rights; 4. Patient care policies and procedures; 5. Personnel policies and procedures; and 6. Reporting requirements for abuse, neglect, and exploitation in accordance with the Adult Protective Services Act, Neb. Rev. Stat. § 28-372 or, in the case of a child, in accordance with Neb. Rev. Stat. § 28-711 and with hospice policies and procedures.				
006.05D2	**Ongoing Training**: Each hospice must provide and maintain evidence of ongoing/continuous inservices or continuing education for staff. The hospice record must contain the date, topic, and participants.				
006.05D3	**Specialized Training**: Each hospice must provide specialized training of staff to permit performance of particular procedures or to provide specialized care, whether as part of a training program or as individualized instruction, and have documentation of the training in personnel records.				
006.05D4	**Employment Record**: The hospice must maintain a current employment record for each staff person. Information kept in the record must include information on the length of service, orientation, inservice, credentialing, performance, health history screening, and previous work experience.				

006.06	**Patient Rights**: The governing authority must establish a bill of rights that will be equally applicable to all patients. The hospice must protect and promote the exercise of these rights. Patients must have the right to: 1. Choose care providers and communicate with those providers; 2. Participate in the planning of their care and receive appropriate instruction and education regarding the plan; 3. Request information about their diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that they and their families or designee can readily understand so that they can give their informed consent; 4. Refuse care and be informed of possible health consequences of this action; 5. Receive care without discrimination as to				

		Met	Not Met	N/A	
	race, color, creed, sex, age, or national origin; 6. Exercise religious beliefs; 7. Be admitted for service only if the hospice has the ability to provide safe, professional care at the level of intensity needed; 8. Receive the full range of services provided by the hospice; 9. Confidentiality of all records, communications, and personal information; 10. Review and receive a copy of all health records pertaining to them; 11. Receive both an oral and written explanation regarding discharge if the patient moves out of the hospice's service area or transfers to another hospice; or if the hospice determines the patient is no longer terminally ill. Information regarding community resources must be given to the patient or his/her designee. 12. A hospice patient may be discharged for cause based on an unsafe care environment in the patient's home, patient non-compliance (including disruptive, abusive, or uncooperative behavior to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired); or failure to pay for services. The hospice must make a serious effort to resolve the problem(s) presented by the behavior or situation to assure that the proposed discharge is not due to the patient's use of necessary hospice services; document the problem(s) and the efforts made to resolve the problem(s) in the patient's medical record; and obtain a written physician's order from the patient's attending physician and the hospice medical director concurring with the discharge. 13. Voice complaints/grievances and suggest changes in service or staff without fear of reprisal or discrimination and be informed of the resolution; 14. Be fully informed of hospice policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care; 15. Be free from verbal, physical, and psychological abuse and to be treated with dignity; 16. Expect pain relief. Measures will be instituted to ensure comfort; 17. Expect all efforts will be made to ensure continuity and quality of care in the home and in the inpatient setting; 18. Have his or her person and property treated with respect; 19. Be informed, in advance, about the care to be furnished, and any changes in the care to be furnished; 20. Formulate advance directives and have the hospice comply with the directives unless the hospice notifies the patient of the inability to do so. Advance directives include living wills, durable powers of attorney, powers of attorney for health care, or other instructions				

		Met	Not Met	N/A	
	recognized by state law that relate to the provision of medical care if the individual becomes incapacitated; and 21. Be free from physical and chemical restraints that are not medically necessary. All patients, guardians, or authorized designees upon the commencement of services must be given a copy of the bill of rights. The hospice must maintain documentation showing that it has complied with the requirements of 175 NAC 16-006.06.				
006.06A	**In-Home Assessment and Consent**: Authorized agents of the Department have the right, with the consent of the patient/designee, to visit patient's homes during the provision of hospice services in order to make an assessment of the quality of care being given to patients.				
006.06A1	**Consent**: A patient/designee whose home is to be visited by an authorized representative of the Department must be notified by the hospice or the Department before the visit, to ascertain a verbal consent for the visit. A written consent form clearly stating that the patient voluntarily agrees to the visit must be presented to and signed by the patient/designee prior to observation of care or treatment by the Department representative. The hospice must arrange this visit.				
006.06A2	**Right to Refuse**: All hospice patients have the right to refuse to allow an authorized representative of the Department to enter their homes for the purposes of assessing the provision of hospice services.				
006.06B	**Competency of Patients**				
006.06B1	In the case of the patient adjudged incompetent under the laws of the State by a court of competent jurisdiction, the rights of the patient are exercised by the persons authorized under State law to act on the patient's behalf.				
006.06B2	In the case of the patient who has not been adjudged incompetent by the State court, any person designated in accordance with State law may exercise the patient's rights to the extent provided by the law.				

		Met	Not Met	N/A	
006.07	**Complaints/Grievances**: Each hospice must establish and implement a process that promptly addresses complaints/grievances filed by patients or their designee. The process includes, but is not limited to: 1. A procedure for submission of complaints/ grievances that is made available to patients or designee; 2. Time frames and procedures for review of complaints/grievances and provision of a response; and 3. How information from complaints/grievances and responses are utilized to improve the quality of patient care and treatment.				
006.08	**Quality Assurance/Improvement**: The hospice must conduct an ongoing comprehensive, integrated self-assessment of the quality and appropriateness of care provided, including inpatient care, home care, and care provided under arrangements. The hospice must use the findings to correct identified problems and to revise hospice policies if necessary. Those responsible for the quality assurance program must: 1. Implement and report on activities and mechanisms for monitoring the quality of patient care; 2. Identify and resolve problems; and 3. Make suggestions for improving patient care.				
006.09 006.09A 006.09A1	**Patient Care and Treatment**: Each hospice must establish and implement written policies and procedures that encompass all care and treatment provided to patients. The policies and procedures must be consistent with prevailing professional standards, delineate the scope of services provided in the hospice, and encompass aspects to protect the health and safety of patients. **Plan of Care**: A written plan of care must be established and maintained for each individual admitted to a hospice program. A registered nurse must complete an initial assessment to evaluate the patient's immediate physical, psychosocial, emotional, and spiritual needs. This assessment initiates the plan of care. The care provided to the patient must be in accordance with this plan. **Establishment of the Plan**: A comprehensive plan must be established, within five calendar days of the initial assessment, by the attending physician who has primary responsibility for the patient's care and treatment or a physician assistant or advanced practice registered nurse affiliated with the attending physician; the medical director; and interdisciplinary team.				

		Met	Not Met	N/A	
006.09A2	**Review of the Plan**: The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary team in collaboration with the individual's attending physician, if any, or a physician assistant or advanced practice registered nurse affiliated with the attending physician and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.				
006.09A3	**Content of the Plan**: The plan must include an assessment of the individual's needs and identification of the services including the management of discomfort and symptom relief. It must state in detail the scope and frequency of services needed to meet the patient's and family's needs.				
006.09A4	**Physician Order**: Each hospice must have a process in place by which orders from a physician or representative are obtained, incorporated in the plan of care, and carried out.				
006.09B	**Hospice Core Services**: A hospice must ensure that substantially all the core services described in 175 NAC 16-006.09B1 through 16-006.09B4 are routinely provided directly by hospice employees (with the exception of the physician who can be contracted). A hospice may use contracted staff if necessary to supplement hospice employees to meet the needs of patients during periods of peak patient loads or under extraordinary circumstances. If contracting is used, the hospice must maintain professional, financial, and administrative responsibility for the services and must assure that the qualifications of staff and services provided meet the requirements specified in 175 NAC 16. Core services include nursing services, social services, physician services, and counseling services.				
006.09B1	**Nursing Services**: The hospice must provide nursing care and services by or under the supervision of a registered nurse.				
006.09B1a	Nursing services must be directed and staffed to assure that the nursing needs of patients are met. The direction must be done in accordance with 172 NAC 99 Regulations Governing the Provision of Nursing Care				
006.09B1b	Patient care responsibilities of nursing personnel must be specified.				
006.09B1c	Services must be provided in accordance with recognized standards of practice.				

		Met	Not Met	N/A	
006.09B2	**Social Services**: Social services must be provided by a qualified social worker, under the direction of a physician. All social work services must be provided in accordance with the plan of care and recognized standards of practice. The social worker must participate in the development, implementation, and revision of the patient's plan of care.				
006.09B3	**Physician Services**: In addition to palliation and management of terminal illness and related conditions, physician employees of the hospice, including the physician member(s) of the interdisciplinary group, must also meet the general medical needs of the patients to the extent that these needs are not met by the attending physician.				
006.09B4	**Counseling Services**: Counseling services must be available to both the individual and the family. Counseling includes bereavement counseling, provided before and after the patient's death, as well as dietary, spiritual, and any other counseling services for the individual and family provided while the individual is enrolled in the hospice.				
006.09B4a	**Dietary Counseling**: Dietary counseling, when required, must be provided by a licensed medical nutrition therapist or others whose scope of practice as defined by the Uniform Credentialing Act permits dietary counseling. Such individuals include, but are not limited to, a physician, a registered nurse, or a dietitian registered by the American Dietetic Association or an equivalent entity.				
006.09B4b	**Spiritual Counseling**: Spiritual counseling must include notice to patients as to the availability of clergy.				
006.09B4c	**Additional Counseling**: Counseling may be provided by other members of the interdisciplinary group as well as by other qualified professionals as determined by the hospice.				
006.09B4d	**Bereavement Counseling**: There must be an organized program for the provision of bereavement services under the supervision of a qualified professional. The plan of care for these services should reflect family needs, as well as a clear delineation of services to be provided and the frequency of service delivery (up to one year following the death of the patient).				
006.09B5	**Home Health Aide & Medication Aide**: Each hospice that employs or contracts home health aides or medication aides must meet the following requirements for training and testing prior to providing care and services to patients. The home health aide services must be provided by a person who meets the training, attitude, and skill requirements specified in 175 NAC 14-006.04G. A hospice must ensure the following requirements are met.				

		Met	Not Met	N/A	
006.09B5a	**Employ Qualified Aides**: A hospice must employ only home health aides qualified to provide home health agency/hospice patient care.				
006.09B5b	**Verify Competency**: Each hospice must verify and maintain records of the competency of all home health aides employed by the agency, prior to the aide providing services in a patient's home.				
006.09B5c	**Supervision**: Each hospice must provide direction (Plan of Care/Assignment Sheet) written by the registered nurse (RN), and RN supervision of home health aides. A registered nurse must visit the home site at least every two weeks if aide services are provided with or without the aide being present. The visit must include an assessment of the aide services and review of the plan of care.				
006.09B5d	**Inservice Program**: A hospice must provide or make available to its home health aides four one-hour inservice programs per year on subjects relevant to hospice or home health care and must maintain documentation of such programs.				
006.09B5e	**Permitted Acts**: Home health aides may perform only personal care, assistance with the activities of daily living, and basic therapeutic care. A home health aide must only provide medication in compliance with the Medication Aide Act. Home health aides must not perform acts which require the exercise of nursing or medical judgment.				
006.09B5f	**Qualifications**: To act as a home health aide, a person must: 1. Be at least 18 years of age; 2. Be of good moral character; 3. Not have been convicted of a crime under the laws of this State or another jurisdiction, the penalty for which is imprisonment for a period of more than one year and which is rationally related to the person's fitness or capacity to act as a home health aide; 4. Be able to speak and understand the English language or the language of the hospice patient and the hospice staff member who acts as the home health aide's supervisor; 5. Meet one of the following qualifications and provide proof of meeting the qualifications to the hospice: a. Has successfully completed a 75-hour hzme health aide training course which meets the standards described in Neb. Rev. Stat. § 71-6608.01; b. Is a graduate of a practical or professional school of nursing; c. Has been employed by a licensed hospice or a home health agency as a home health aide II prior to September 6, 1991; d. Has successfully completed a course in a practical or professional school of nursing which included practical clinical				

		Met	Not Met	N/A	
	experience in fundamental nursing skills and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; e. Has successfully completed a 75-hour basic course of training approved by the Department for nursing assistants as required by Nev. Rev. Stat. § 71-6039 and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; f. Has been employed by a licensed home health agency as a home health aide i prior to September 6, 1991 and has completed a competency evaluation as described in Neb. Rev. Stat. § 71-6608.02; or g. Has met the qualifications equal to one of those contained in 175 NAC 16-006.09B5f, item 5 in another state or territory of the United States; and 6. Has been listed on the Medication Aide Registry operated by the Department, if identified as a medication aide.				
006.09B6	**Homemaker Qualifications and Supervision:** Homemaker services may include assistance in maintenance of a safe and healthy environment and services to enable the patient's family to carry out the plan of care. A member of the interdisciplinary team must coordinate homemaker services; the homemaker must be supervised by a member of the interdisciplinary team. Instructions for homemaker duties must be prepared by a member of the interdisciplinary team. Homemakers must report all concerns about the patient or the patient's family to the member of the interdisciplinary team who coordinates homemaker services.				
006.09C	**Other Services**: A hospice must ensure that the services in 175 NAC 16-006.09C1 through 16-006.09C5 are provided directly by hospice employees or under arrangements.				
006.09C1	**Volunteers**: The hospice uses volunteers, in defined roles, under the supervision of a designated hospice employee and in accordance with the following requirements:				
006.09C1a	**Training**: The hospice must provide appropriate orientation and training that is consistent with acceptable standards of hospice practice.				
006.09C1b	**Roles**: Volunteers must be used in administrative or direct patient care roles.				
006.09C1c	**Recruitment and Retention**: The hospice must document active and ongoing efforts to recruit and retain volunteers.				
006.09C1d	**Cost Saving**: The hospice must document the cost savings achieved through the use of volunteers. Documentation must include:				

		Met	Not Met	N/A	
	1. The identification of necessary positions which are occupied by volunteers; 2. The work time spent by volunteers occupying those positions; and 3. Estimates of the dollar costs which the hospice would have incurred if paid employees occupied the positions.				
00609C1e	**Level of Activity**: The hospice must document and maintain a volunteer staff sufficient to provide day-to-day administrative or direct patient care in an amount that, at a minimum, equals 5% of the total patient care hours of all paid hospice employees and contract staff. The hospice must document a continuing level of volunteer activity. The hospice must record expansion of care and services achieved through the use of volunteers, including the type of services and time worked.				
006.09C2	**Laboratory Services**: If the hospice engages in laboratory testing outside of the context of assisting an individual in self-administering a test with an appliance that has been cleared for that purpose by the Food And Drug Administration, the testing must be in compliance with all applicable requirements of the Clinical Laboratory Improvement Amendments of 1988, as amended (CLIA). If the hospice chooses to refer specimens for laboratory testing to a reference laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the applicable requirements of the Clinical Laboratory Improvement Amendments of 1988, as amended (CLIA).				
006.09C3	**Physical Therapy, Occupational Therapy, Speech Language Pathology Services**: Physical therapy services, occupational therapy services, and speech-language pathology services must be available, and when provided, the services must be provided within the scope of practice as defined by the Uniform Credentialing Act (UCA). Services must be provided by individuals appropriately credentialed under the UCA.				
006.09C4	**Clergy**: The hospice must make reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to patients who request the visits and must advise patients of this opportunity				
006.09C5	**Medical Supplies/Equipment**: Medical supplies/equipment and appliances, including drugs and biologicals, must be provided as needed for the palliation and management of the terminal illness and related conditions. The hospice must have a process designed for routine and preventative maintenance of equipment to ensure that it is safe and works as intended for the use in the patient's environment. The hospice must ensure that the patient/family/designee understand how to use the equipment and supplies.				
006.09D	**Professional Management**: Except for those core				

		Met	Not Met	N/A	
	services described in 175 NAC 16-006.09B, a hospice may arrange for another individual or entity to furnish services to the hospice's patients. If services are provided under arrangement, the hospice must meet the following: 1. The hospice program assures the continuity of patient/family care in home, outpatient, and inpatient settings; 2. The hospice has a legally binding written agreement for the provision of arranged services. The agreement includes the following: a. Identification of the services to be provided; b. A stipulation that services may be provided only with the express authorization of the hospice; c. The manner in which the contracted services are coordinated, supervised, and evaluated by the hospice; d. The delineation of the role(s) of the hospice and the contractor in the admission process, patient/family assessment, and the interdisciplinary group care conferences; e. Requirements for documenting that services are furnished in accordance with the agreement; and f. The qualifications of the personnel providing the services; 3. The hospice retains professional management responsibility for those services and ensures that they are furnished in a safe and effective manner by qualified persons and in accordance with the patient's plan of care and other requirements of 175 NAC 16; and 4. The hospice ensures that inpatient care is furnished only in a facility which meets the requirements of a 24-hour registered nurse coverage in a skilled nursing facility and that also specifies, at a minimum: a. The hospice furnishes to the inpatient provider a copy of the patient's care plan and specifies the inpatient services to be furnished; b. The inpatient provider has established policies consistent with those of the hospice and agrees to abide by the patient care protocols established by the hospice for its patients; c. The medical record includes a record of all inpatient services and events and that a copy of the discharge summary and, if requested, a copy of the medical record are provided to the hospice; d. The party responsible for the implementation of the provisions of the agreement; and e. The hospice retains responsibility for appropriate hospice care training of the personnel who provide the care under the agreement.				

		Met	Not Met	N/A	
006.09E	**Interdisciplinary Team**: The hospice must designate an interdisciplinary team composed of individuals who provide or supervise the care and services offered by the hospice.				
006.09E1	**Composition of Team**: The interdisciplinary team must include at least the following individuals who are employees of the hospice (with the exception of the doctor of medicine or osteopathy who may be a contracted employee): 1. A doctor of medicine or osteopathy; 2. A registered nurse; 3. A social worker; and 4. A pastoral or other counselor.				
006.09E2	**Role of Team**: The interdisciplinary team is responsible for: 1. Participation in the establishment of the plan of care; 2. Provision or supervision of hospice care and services; 3. Periodic review and updating of the plan of care for each individual receiving hospice care; and 4. Establishment of policies governing the day-to-day provision of hospice care and services.				
006.09E3	If a hospice has more than one interdisciplinary team, it must designate in advance the team it chooses to execute the functions of the hospice.				
006.09E4	The hospice must designate a registered nurse to coordinate the implementation of the plan of care for each patient. The plan of care must be updated as often as necessary but at least every 62 days.				
006.09F	**Short Term Inpatient Care**: A hospice must have an established agreement with a participating Medicare or Medicaid facility to provide short term care for pain control, symptom management, or respite purposes. Such care must be provided in one of the following: 1. An inpatient hospice; or 2. A hospital, skilled nursing facility, nursing facility, or intermediate care facility.				
006.09F1	For inpatient respite, the RN must be available when required by the patient's plan of care.				

006.10	**Admission and Retention Requirements**: A hospice must accept a patient only when it reasonably expects that it can adequately meet the patients medical, therapeutic, and social needs in the patient's permanent or temporary place of residence.				

		Met	Not Met	N/A	
006.11	**Administration of Medications**: The hospice must establish and implement policies and procedures to ensure patients receive medications only as legally prescribe by a medical practitioner in accordance with the five rights and prevailing professional standards.				
006.11A	**Methods of Administration**: When the hospice is responsible for the administration and provision of medication, it must be accomplished by the following methods:				
006.11A1	**Self Administration**: Patients may be allowed to self-administer medication, with or without supervision, when the hospice determines that the patient is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The hospice must develop and implement policies to address patient self-administration of medication, including: 1. Storage and handling of medications; 2. Inclusion of the determination that the patient may self-administer medication in the patient's plan of care; and 3. Monitoring the plan of care to assure continued safe administration of medications by the patient.				
006.11A2	**Licensed Health Care Professional**: When the hospice uses a licensed health care professional for whom medication administration is included in the scope of practice, the hospice must ensure the medications are properly administered in accordance with prevailing professional standards.				
006.11A3	**Provision of Medications by a Person other than a Licensed Health Care Professional**: When the hospice uses a person other than a licensed health care professional in the provision of medications, the hospice must follow 172 NAC 95 and 96. Each hospice must establish and implement policies and procedures: 1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 175 NAC 95-004; 2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provisions of 175 NAC 96-005; 3. That specify how direction and monitoring will occur when the hospice allows medication aides to perform the additional routine/acceptable activities authorized by 172 NAC 95-005, and as follows: a. Provide routine medication; and b. Provision of medications by the following				

		Met	Not Met	N/A	
	routes; (1) oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays; (2) inhalation which includes inhalers and nebulizers, including oxygen given by inhalation; (3) topical application of sprays, creams, ointments, and lotions and transdermal patches; and (4) instillation by drops, ointments, and sprays into the eyes, ears and nose. 4. That specify how direction and monitoring will occur when the hospice allows medication aides to perform the additional routine/acceptable activities authorized by 172 NAC 95-005, and as follows: a. Provision of PRN medications; b. Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or c. Participation in monitoring; 5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision; 6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 175 NAC 95-009; 7. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained; 8. That specify how medication errors made by a medication aide and adverse reactions to medications will be reported. The reporting must be: a. Made to the identified person responsible for direction and monitoring; b. Made immediately upon discovery; and c. Documented in patient medical records; 9. When the hospice is not responsible for medication administration and provision the hospice must maintain responsibility for overall supervision, safety, and welfare of the patient; 10. Each hospice must have a policy for the disposal of controlled drugs maintained in the patient's home when those drugs are no longer needed by the patient.				

		Met	Not Met	N/A	
006.114A	Each hospice must have and implement policies and procedures for reporting any errors in administration or provision of prescribed medications to the patient's licensed practitioner in a timely manner upon discovery and a written report of the error prepared. Errors must include any variance from the five rights.				
006.11A5	Each hospice must have policies and procedures for reporting any adverse reaction to a medication immediately upon discovery, to the patient's licensed practitioner and document the event in the patient's medical record.				
006.11A6	Each hospice must establish and implement appropriate policies and procedures for those staff authorized to receive telephone and verbal, diagnostic and therapeutic and medication orders.				

006.12	**Record Keeping Requirements**: Each hospice must maintain records and reports in a manner that ensures accuracy and easy retrieval.				
006.12A	**Clinical Records**: In accordance with acceptable principles of practice, the hospice must establish and maintain a clinical record for every individual receiving care and services. The record must be complete, promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval. Entries must be made for all services provided, and must be made and signed by the person providing the services. The record must include all services whether furnished directly or under arrangements made by the hospice. Each individual's record must contain: 1. The initial and subsequent assessments; 2. The plan of care; 3. Identification data; 4. Consent and authorization and election forms; 5. Pertinent medical history; and 6. Complete documentation of all services and events (including evaluations, treatments, progress notes, etc.).				
006.12B	**Informed Consent**: A hospice must demonstrate respect for an individual's rights by ensuring that an informed consent form that specifies the type of care and services that may be provided as hospice care during the course of the illness has been obtained for every individual, either from the individual or designee.				
006.12C	**Protection of Information**: The hospice must safeguard the clinical record against loss, destruction and unauthorized use. The patient has the right to confidentiality of their records maintained by the hospice. Patient information and/or records will be released only with consent of the patient or designee or as required by law.				

		Met	Not Met	N/A	
006.12D	**Retention of Records**: Patient records are retained in a retrievable form for at least five years after the death or discharge of the patient. Policies provide for retention even if the hospice discontinues operation. If a patient is transferred to another health care provider, a copy of the record or abstract must be sent with the patient. The records must be subject to inspection by an authorized representative of the Department.				
006.12E	**Destruction of Records**: Clinical records may be destroyed after five years following the last discharge date or date of death. All records must be disposed of by shredding, mutilation, burning, or other similar protective measures in order to preserve the patient's rights of confidentiality. Records or documentation of the actual fact of clinical record destruction must be permanently maintained.				
006.12F	**Other Hospice Records**: The hospice must have and maintain the written policies and procedures governing services provided by the hospice.				
006.12G	**Itemized Billing Statement**: A hospice must provide, upon written request of a patient or a patient's representative and without charge, an itemized billing statement, including diagnostic codes. The billing statement must be provided within 14 days after the request.				

006.13	**Infection Control**: Each hospice must have an infection control program to minimize sources and transmissions of infections and communicable diseases for services provided in patient home settings and if applicable, for the inpatient hospice facility, as follows: 1. Use of good handwashing techniques; 2. Use of safe work practices and personal protective equipment; 3. Proper handling, cleaning and disinfection of patient care equipment, supplies and linens; and 4. Patient teaching to include information concerning infections and modes of transmission, hygienic practices, methods of infection prevention, and methods for adapting available resources to maintain appropriate hygienic practices.				

006.14	**Environmental Services**: The inpatient hospice must provide necessary housekeeping and maintenance to protect the health and safety of patients. Every detached building on the same premises used for care and treatment must comply with 175 NAC 16.				
006.14A	**Housekeeping and Maintenance**: The inpatient hospice's building and grounds must be kept clean, safe and in good repair.				

		Met	Not Met	N/A	
	The inpatient hospice must take into account patient habits and lifestyle preferences when housekeeping services are provided in the patient bedrooms/living area; The inpatient hospice must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided; and All garbage and rubbish must be disposed of in a manner that prevents the attraction of rodents, flies, and all other insects and vermin. Disposal must be done in such a manner as to minimize the transmission of infectious diseases and minimize odor. The inpatient hospice must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.				
006.14B	**Equipment, Fixtures, Furnishings**: The inpatient hospice must provide and maintain all equipment, fixtures and furnishings clean, safe and in good repair. 1. The inpatient hospice must provide adequate equipment to meet patient needs as specified in each patient care plan; 2. Common areas and patient sleeping areas must be furnished with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of patient needs and preferences. Furnishings may be provided by either the patient or the inpatient hospice; 3. The inpatient hospice must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and function to meet their intended use.				
006.14C	**Linens**: The inpatient hospice must provide an adequate supply of bed, bath, and other linens as necessary for each patient. The inpatient hospice must maintain an adequate supply of linens and towels that are clean and in good repair; The inpatient hospice must establish and implement procedures for the storage and handling of clean and soiled linens; and When the inpatient hospice launders bed and bath linens, water temperatures to laundry equipment must exceed 140 degrees Fahrenheit. Laundry may be appropriately sanitized or disinfected by another acceptable method in accordance with the manufacturer's instructions or other documentation.				
006.14D	**Pets**: If the inpatient hospice has a pet belonging to the inpatient hospice, the inpatient hospice must assure that the pet does not negatively affect the patients residing at the inpatient hospice. The inpatient hospice must have policies and procedures regarding pets that include:				

		Met	Not Met	N/A	
	1. An annual examination by a licensed veterinarian; 2. Vaccinations as recommended by the licensed veterinarian which must include at a minimum current vaccination for rabies for dogs, cats, and ferrets; 3. Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks, and other parasites; and 4. Responsibility for the care and supervision of the pet by inpatient hospice staff.				
006.14E	**Environmental Safety**: The inpatient hospice must be responsible for maintaining the inpatient hospice in a manner that minimizes accidents. 1. The inpatient hospice must maintain the environment to protect the health and safety of patients by keeping surfaces smooth and free of sharp edges, mold or dirt; keeping floors free of objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk; 2. The inpatient hospice must maintain all doors, stairways, passageways, aisles or other means of exit in a manner that provides safe and adequate access for care and treatment; 3. The inpatient hospice must provide water for bathing and handwashing at safe and comfortable temperatures: a. The inpatient hospice must protect patients from burns and scalds secondary to unsafe water temperatures. b. The inpatient hospice must establish and implement policies and procedures to monitor and maintain water temperatures that accommodate patient comfort and preferences but not to exceed the following temperatures: (1) Water temperature at bathing fixtures must not exceed 115 degrees Fahrenheit; (2) Water temperature at handwashing fixtures must not exceed 120 degrees Fahrenheit; c. The inpatient hospice must establish and implement policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by patients. d. The inpatient hospice must restrict access to mechanical equipment which may pose a danger to patients.				
006.14F	**Disaster Preparedness and Management:** The inpatient hospice must establish and implement disaster preparedness plans and procedures to ensure that patient care and treatment, safety, and				

		Met	Not Met	N/A	
006.14F1	well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations. The plans and procedures must address and delineate: 1. How the hospice will maintain the proper identification of each patient to ensure that care and treatment coincide with the patient's needs; 2. How the hospice will move patients to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster; 3. How the hospice will protect patients during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials; 4. How the hospice will provide food, water, medicine, medical supplies, and other necessary items for care and treatment in the event of a natural or other disaster; and 5. How the hospice will provide for the comfort, safety, and well-being of patients in the event of 24 or more consecutive hours of: a. Electrical or gas outage; b. Heating, cooling, or sewer system failure; or c. Loss or contamination of water supply. For other hospice patients, the hospice must establish and implement disaster preparedness plans and procedures to ensure that: 1. Patients and families are educated on how to handle patient care and treatment, safety, and well-being during and following instances of natural (tornado, flood, etc.) and other disasters, disease outbreaks, or other similar situations; and 2. How staff is educated on disaster preparedness and staff safety is assured.				

006.15 006.15A	**Inpatient Hospice Services Requirements**: A hospice that provides inpatient care directly must comply with 175 NAC 16-006 and 16-007. **24-Hour Nursing Services**: The inpatient hospice provides 24-hour nursing services which are sufficient to meet total nursing needs and which are in accordance with the patient plan of care. Each patient receives treatments, medications, and diet as prescribed, and is kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. Each shift must include a registered nurse who provides direct patient care, when there is a patient in the facility receiving inpatient care for pain control and/or symptom management.				

006.16	**Food Service**: The inpatient hospice must insure that the daily nutritional need of all patients are met,				

		Met	Not Met	N/A	
	including any diet ordered by the attending physician. Food service must include but is not limited to: 1. Providing food service directly or through a written agreement; 2. Ensure a staff member is trained or experienced in food management or nutrition with the responsibility of: a. Planning menus which meet the nutritional needs of each patient, following the orders of the patient's physician; and b. Supervising the meal preparation and service to ensure that the menu plan is followed; 3. Be able to meet the needs of the patient's plan of care; nutritional needs, and therapeutic diet. 4. Procure, store, prepare, distribute, and serve all food under sanitary conditions and in accordance with the Food Code.				

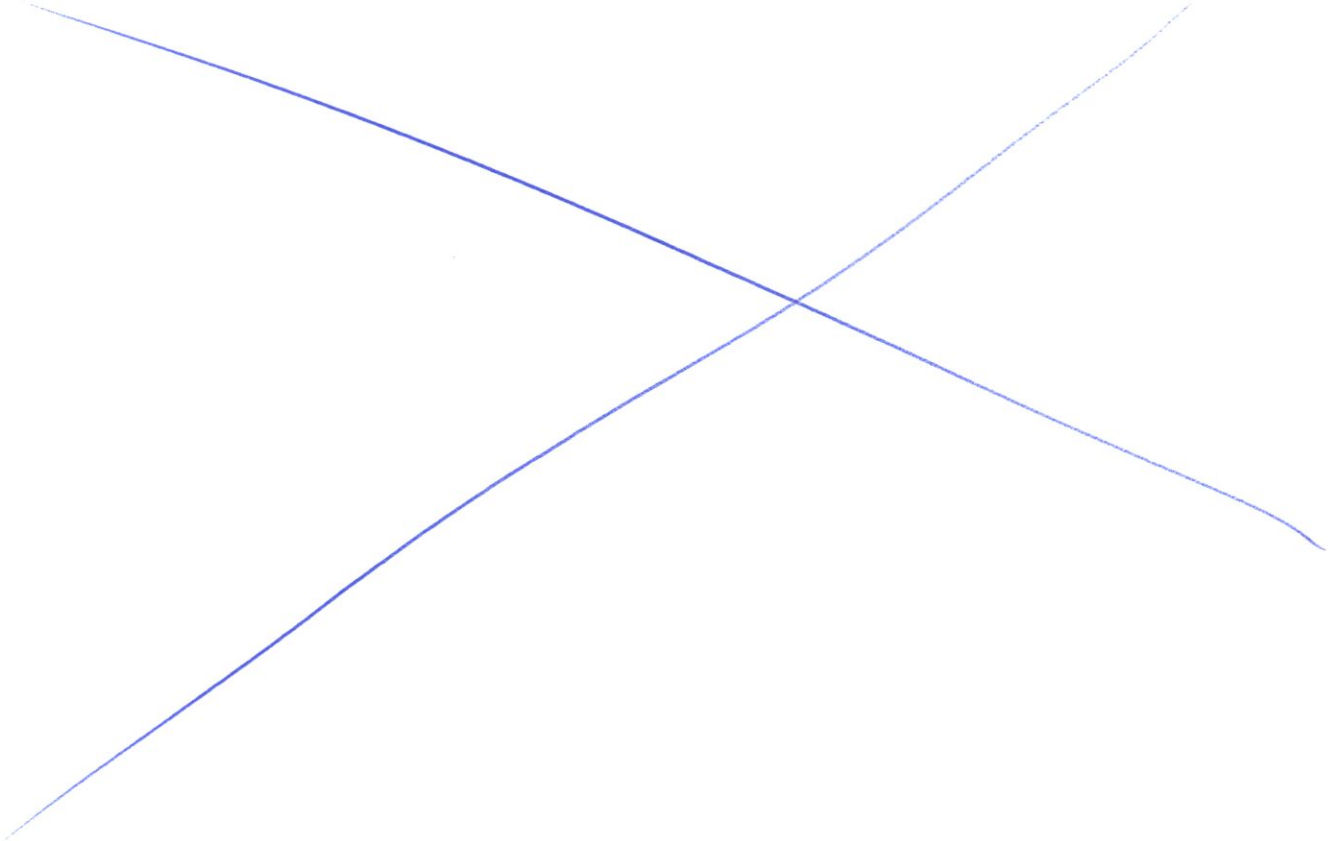
006.17	**Pharmaceutical Services**: The hospice provides appropriate methods and procedures for the dispensing and administering of drugs and biologicals. Whether drugs and biologicals are obtained from community or institutional pharmacists or stocked by the inpatient hospice, the inpatient hospice is responsible for drugs and biologicals for its patients, insofar as they are covered under the program and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles and appropriate State laws.				
006.17A	**Licensed Pharmacist**: The hospice must employ a licensed pharmacist or have a formal agreement with a licensed pharmacist to advise the hospice on ordering, storage, administration, disposal, and record keeping of drugs and biologicals.				
006.17B	**Orders for Medications**: A physician must authorize the administration of all medications for the patient. If the medication order is verbal: 1. The physician must give it only to a licensed nurse, pharmacist, physician assistant, or another physician; and 2. The individual receiving the order must record and sign it immediately and have the prescribing physician sign it in a manner consistent with good medical practice.				
006.17C	**Administering Medications**: Medications are administered only by one of the following individuals: 1. A licensed nurse or physician; 2. The patient; or 3. Other individual in accordance with applicable State laws.				

		Met	Not Met	N/A	
006.17D	**Control and Accountability**: The pharmaceutical service has procedures for control and accountability of all drugs and biologicals throughout the inpatient hospice. Drugs are dispensed in compliance with State laws. Records of receipt and disposition of all controlled drugs are maintained in sufficient detail to enable accurate reconciliation. The pharmacist determines that drug records are in order and that an account of all controlled drugs is maintained and reconciled.				
006.17E	**Labeling of Drugs and Biologicals**: The labeling of drugs and biologicals is based on currently accepted professional principles, and includes the appropriate accessory and cautionary instructions, as well as the expiration date when applicable.				
006.17F	**Storage**: In accordance with State laws, all drugs and biologicals are stored in locked compartments under proper temperature controls and only authorized personnel have access to the keys. Separately locked compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and other drugs subject to abuse, except under single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. An emergency medication kit is kept readily available				
006.17G	**Drug Disposal**: Controlled drugs no longer needed by the patient are disposed of in compliance with State requirements. In the absence of State requirements, the pharmacist and registered nurse dispose of the drugs and prepare a record of the disposal.				

Additional Survey Information

Signature of Surveyor completing inspection: _____

Signature Date: _____



Kerns, Pamela

From: Pelley, Jacqueline
Sent: Wednesday, July 3, 2019 3:28 PM
To: Kerns, Pamela
Subject: FW: Attached Image
Attachments: 2210_001.pdf

Licensure forms for Children's Day Health Services

Jacqueline Pelley | *Nursing Svs Surveyor Consultant*
PUBLIC HEALTH
Nebraska Department of Health and Human Services
OFFICE: 402-937-3023
DHHS.ne.gov | Facebook | Twitter | LinkedIn

From: dhhs.donotreply@nebraska.gov [mailto:dhhs.donotreply@nebraska.gov]
Sent: Wednesday, July 3, 2019 3:28 PM
To: Pelley, Jacqueline <Jacqueline.Pelley@nebraska.gov>
Subject: Attached Image

CDHS Inspections

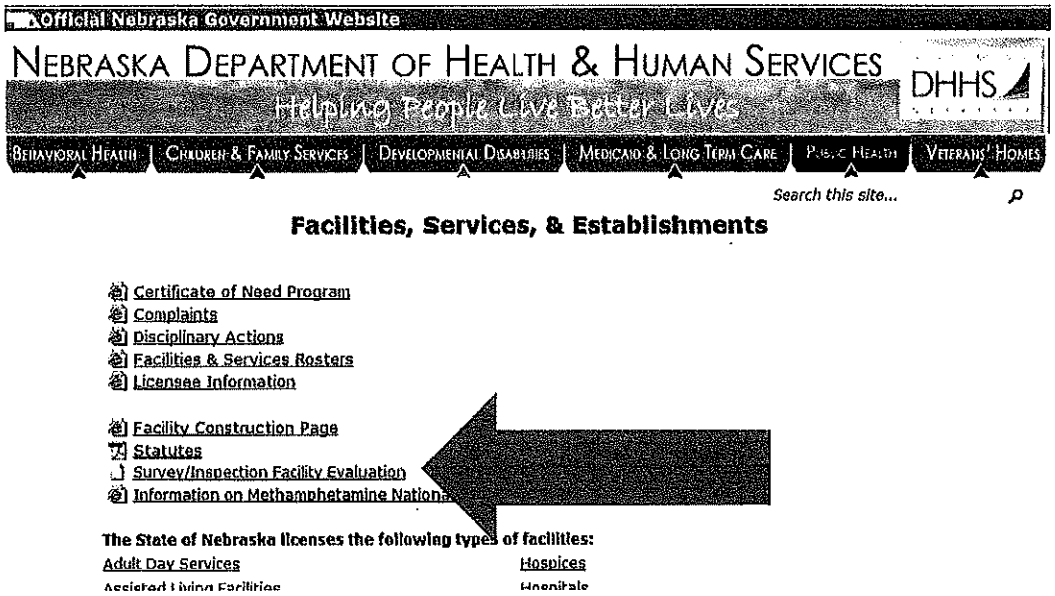
We Value Your Opinion!

Dear Administrator,
We depend on your feedback to help us know how to improve our survey process. If you have not already done so, will you please take a few minutes to tell us how we did on your recent survey? If you have already completed the evaluation form, please accept out thanks and disregard this notice.

You can access the evaluation form directly at:

https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Or you can access the evaluation form from our website at:



https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Thank you for taking a moment to let us know what we are doing well and where we need to improve. Your responses are confidential and are used for data analysis and quality improvement purposes only. We appreciate your feedback!

Nebraska Department of Health & Human Services – Division of Public Health – Licensure Unit

Facility Name: _____

Dates of Survey: _____

Town: _____

Surveyor(s): _____

Sample Patient List

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

LIST OF PERSONNEL

FACILITY NAME: _____

PROVIDER NUMBER: _____

SURVEYOR: _____

DATE OF SURVEY: _____

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

M. _____

N. _____

O. _____

P. _____

Q. _____

R. _____

S. _____

T. _____

U. _____

V. _____

W. _____

X. _____

Y. _____

Z. _____

EXIT CONFERENCE ATTENDEES

Facility Type: Hospice ADS HHA ESRD OPT CORF Respite X-Ray HMO

Facility Name: _____

City: _____

License Number or Provider Number: _____

Date of Survery: _____

Surveyor(s) Name: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Children's Day Health Service (CDHS)
INITIAL LICENSURE INSPECTION REPORT

Department of Health and Human Services
Division of Public Health
P.O. BOX 94986
Lincoln, Nebraska 68509-4986
(402) 471-4967

Applicant must demonstrate the capability to meet the Scope And Authority, Standards of Operation, Care and Treatment & Physical Plant Standards as prescribed in **Title 175 NAC6-001, 6-006 & 6-007.**

Type of Inspection: INITIAL CDHS LICENSURE

Facility Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Owner: _____

Regulatory Citation		Met	Not Met	N/A	Comments
6-001	**SCOPE AND AUTHORITY**: These regulations govern the licensure of a Children's Day Health Service. The regulations are authorized by and implement the Health Care Facility Licensure Act, Neb. Rev. Stat. §§ 71-401 to 71-467. **6-001.01** These regulations apply to all Children's Day Health Services which is a person or any legal entity that provides specialized care and treatment, including an array of social, medical, rehabilitation, or support services for a period of less than 24 consecutive hours in a community-based group program for twenty or more persons under twenty-one years of age who require such services due to: 1. Medical dependence; 2. Birth trauma; 3. Congenital anomalies; 4. Developmental disorders; or 5. Functional impairment In addition to the CDHS licensure requirements outlined in this chapter, in order to operate as a CDHS, the following requirements must be met: 1. Hold an active license as a Child Care in accordance with child care licensing regulations; 2. Hold an active Ambulatory Health Care Occupancy Permit from the State Fire Marshal or delegated authority, or the occupancy permit specified by the State Fire Marshal or delegated authority; **and** 3. Only admit a person when the CDHS can meet the person's needs through the provision of one or more of the following services: skilled nursing care, mental health, or rehabilitation. Throughout these regulations, the term "patient" is used. When a patient is under 19 years of age, the parent is responsible for decisions about patient care and treatment to be provided by the CDHS.				Does the facility's defined patient population meet the CDHS definition? Does the facility plan to provide specialized care and treatment, as defined at 175 NAC 6-002? Specialized care and treatment means care and treatment provided at a level requiring a practitioner and/or under the direction of a practitioner for one or more of the following services: skilled nursing care, speech-language pathology, occupational therapy, physical therapy, or mental health. Does the facility meet these additional CDHS operational requirements for CDHS licensure? CDHS Child Care license number & expiration date? CDHS Occupancy Certificate: ___ Issued by SFM or their DA ___ Date < 18 months old (6-003.02A) ___ Matches schematic plans (6-003.01B) ___ Matches licensure application CDHS **must** provide **one or more** of the following required services to operate as a CDHS: ___ Skilled nursing care; or ___ Mental health; or ___ Rehabilitation ___ Speech-Language Pathology; or ___ Occupational Therapy; or ___ Physical Therapy.

I have had this Inspection Report and Attachments explained to me and understand what corrections must be made, if any, in order to comply with Title 175 NAC Chapter 6.

Date of Inspection: _____

Inspection Rating: θ **COMPLIANCE** θ **NON-COMPLIANCE**

_____
Facility Representative's Signature

_____
Surveyor's Signature

		Met	Not Met	N/A	
	CDHS Licensure Inspection Includes: Regulation sections 6-006.01 through 6-006.09, 6-006.12, 6-006.14, 6-006.18, 6-006.19, 6-006.21 through 6-006.24, 6-007, **and** one or more of the following required services sections: skilled nursing (6-006.10), mental health (6-006.15) or rehabilitation (6-006.16) must be provided in order for the CDHS to meet licensure requirements as a CDHS. Regulation sections 6.006.11, 6-006.13, 6-006.17, and 6-006.20 are optional services a CDHS may choose to provide. Complete the applicable sections for the services the CDHS is providing.				**Check all CDHS services the facility plans to provide:** CDHS **must** provide one or more of the following required services to operate as a CDHS: ___ Skilled nursing care(6-006.10); or ___ Mental health (6-006.15); or ___ Rehabilitation (6-006.16) ___ Speech-Language Pathology ___ Occupational Therapy ___ Physical Therapy Optional CDHS services include: ___ Aide Services (6-006.11): ___ Children's Day Health Aides ___ Personal Care Aides ___ Medication Aides ___ Intravenous Therapy Services(6-006.13) ___ Respiratory Care Service/Department (6-006.17) **requires a Medical Director** ___ Transportation Services (6-006.20)

6-006	**6-006 STANDARDS OF OPERATION, CARE, AND TREATMENT**: The CDHS must be organized in a manner consistent with the size, resources, and type of services to ensure patient health and safety. The major organizational structure must include a governing authority, an administrator, and staff.				
6-006.01	**6-006.01 Governing Authority**: The CDHS must have a governing authority which assumes full legal responsibility for determining, implementing, and monitoring policies governing the total operation and maintenance of the CDHS. The governing authority must approve written policies and procedures and ensure the policies and procedures are followed so as to provide quality health care. The governing authority must ensure that all services provided are consistent with accepted standards of practice. The governing authority is responsible for all services provided by the CDHS whether the services are provided directly by CDHS staff, volunteers, or by a provider under contract to the CDHS. The CDHS must: 1. Have bylaws, rules, or its equivalent which delineate how the governing authority conducts its business and are updated as necessary; 2. Designate a qualified administrator as described in 175 NAC 6-006.02; 3. Oversee the management and fiscal affairs of the CDHS; 4. Adopt, revise, and approve written policies and procedures for the operation and administration of the CDHS as needed, including but not limited to: a. Range of services to be provided; b. Personnel qualifications, policies and procedures, and job descriptions; c. Criteria for admission, discharge;				**Does CDHS written organizational chart delineate lines of reporting authority that demonstrates compliance with 175 NAC 6 requirements for all CDHS job titles and related job descriptions?** **The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.01 subsections.**

		Met	Not Met	N/A	
6-006.01 (cont.)	and transfer of patients, which ensures only individuals whose needs can be met by the CDHS or by providers of services under contract to the CDHS will be admitted as patients d. Policies and procedures describing the method to obtain and incorporate physician orders into the plan of care; e. Patient care policies and procedures; and f. Policies and procedures requiring each staff member or volunteer of the CDHS to report any evidence of abuse, neglect, or exploitation of any patient in accordance with Neb. Rev. Stat. § 28-711 of the Child Protection Act or, in the case of a patient who has reached age 19, in accordance with Neb. Rev. Stat. § 28-372 of the Adult Protective Services Act. The CDHS must ensure any abuse, neglect, or exploitation is reported; 5. Maintain sufficient documentation to demonstrate that the requirements of 175 NAC 6 are met; and 6. Records required by 175 NAC 6 must be available for inspection and copying by authorized representatives of the Department. The CDHS must organize, manage, and administer its resources to assure that each patient admitted for services receives the necessary level of care and treatment in a manner consistent with the patient's needs and as directed by the patient's physician and/or supervising practitioner.				

6-006.02	**6-006.02 Administration**: The governing authority must select an administrator to carry out the policies and directives of the governing authority and to be responsible for the day-to-day management of the CDHS. The governing authority must define the duties and responsibilities of the administrator in writing. Whether employed, elected, contracted, or appointed, the administrator must report and be directly responsible to the governing authority in all matters related to the maintenance, operation, and management of the CDHS. **6-006.02A Administrator Qualifications**: The administrator must have training and experience with a health care program where specialized care and treatment, as defined at 175 NAC 6-002, was provided, preferably in a pediatric health care setting. The administrator must be a(n): 1. Physician; 2. Registered nurse (RN) who meets the Director of Nursing requirements at 175 NAC 6-006.10D; or				**CDHS has documentation of the Administrator's:** **____ Name;** **____ Active licensure/certification; and** **____ Qualifications**

		Met	Not Met	N/A	
6-006.02 (cont.)	3. An individual with: a. A bachelor's degree in health care administration, mental health practice, speech-language pathology, physical therapy, occupational therapy, or related field; and b. Three years or more of full-time work experience in health care or mental health administration or as a practitioner in one of these fields. **6-006.02B Administrator Responsibilities**: The administrator is responsible for the management of the CDHS to the extent authority is delegated by the governing authority. An individual who is equally qualified in experience and education as the administrator must be designated in writing to act in the absence of the administrator. The Administrator or the administrator's written designee must be available to CDHS staff during all hours of operation. The administrator is responsible to: 1. Oversee and be responsible for the provision and coordination of patient services; 2. Organize and direct the ongoing functions of the CDHS; 3. Maintain communication between the governing authority and staff; 4. Employ qualified personnel in accordance with job descriptions; 5. Establish, implement and revise as necessary, written personnel policies and procedures and job descriptions for all personnel; 6. Maintain appropriate personnel and administrative records; 7. Provide orientation for new staff and volunteers, scheduled in-service education programs, and opportunities for continuing education of the staff; 8. Ensure the completion, maintenance, and submission of reports and records as required by the Department; **and** 9. Establish planned hours of operation during which patient care and treatment will be provided, and ensure daily oversight of staff and patient scheduling so that qualified staff are available to meet each patient's needs.				**CDHS has documentation of the Administrator's written designee's:** **____ Name;** **____ Active licensure/certification; and** **____ Qualifications** **The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.02 subsections.**

		Met	Not Met	N/A	
6-006.03	**6-006.03 Staff and Volunteer Requirements**: The CDHS must maintain a sufficient number of staff with the required experience, orientation, training, and demonstrated competency to meet the needs of all patients accepted for care and treatment. The CDHS must have job descriptions for each staff position that include minimum qualifications for the position. Before staff members are scheduled to care for patients, their qualification must be assessed through orientation, training, and demonstrated competency to provide patient care and treatment as ordered by the patient's physician and/or supervising practitioner in a safe and timely manner. **6-006.03A Staff-to-Patient Ratios**: In addition to meeting the minimum staff ratios required in the child care licensing regulations, the CDHS must have a system to monitor and appropriately adjust staff-to-patient ratios based on the number of patients in attendance daily and the complexity of those patients' needs. When volunteers are counted in the staff-to-patient ratios, the volunteer must meet the staff requirements for the position s/he is assuming. All volunteers must receive direct supervision by CDHS staff who meet 175 NAC 6-006 requirements to provide and supervise such services. **6-006.03B Unlicensed Direct Care Staff and Volunteers**: A CDHS that uses unlicensed direct care staff or volunteers must ensure and maintain sufficient documentation to demonstrate that the following requirements are met by any unlicensed direct care staff member or volunteer who provides any of the following regulated services. 1. Children's day health aide services and personal care aide services must be provided in accordance with 175 NAC 6-006. 2. Medication aide services may only be provided in the CDHS by a registered medication aide and in accordance with 175 NAC 6-006 and 172 NAC 95 and 96. 3. Teachers/Assistant Teachers must meet qualifications in accordance with the child care licensing regulations. **6-006.03C Staffing Records**: The CDHS must establish, implement and revise as necessary, written policies and procedures regarding staffing record maintenance. 1. The CDHS must maintain a daily roster of available staff for patient scheduling. This roster must include first initial and last name of the staff member, job title, license or other credential, and hours available for duty. 2. The CDHS must maintain a daily schedule of staffing/patient assignments.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.03 subsections.**

		Met	Not Met	N/A	
6-006.04	**6-006.04 Employment and Volunteer Eligibility**: The CDHS must complete and maintain documentation of pre-employment criminal background and registry checks for each direct or contracted staff member and volunteer. The CDHS must complete and maintain documentation of employment and training records for each direct or contracted staff member and volunteer. The CDHS must maintain documentation of written contracts for patient care and treatment services provided by contracted staff. **6-006.04A Pre-employment Criminal Background Checks**: The CDHS must complete pre-employment criminal background checks in accordance with 391 NAC 3. **6-006.04B Pre-employment Registry Checks**: The CDHS must complete pre-employment registry checks in accordance with 391 NAC 3 and must complete pre-employment checks for adverse findings on the Nurse Aide Registry for each direct or contracted staff member and volunteer. **6-006.04C Employment & Volunteer Restrictions**: A CDHS must not employ, use as a contracted staff member, or use as a volunteer, any individual who is: 1. Listed as a perpetrator on the Child abuse/neglect central register, if the individual is age 13 or older; 2. Listed as a perpetrator on the Adult protective services (APS) central registry if the individual is age 18 or older; 3. Listed as a perpetrator on the State Patrol sex offender registry; 4. Listed as a perpetrator of abuse, neglect or misappropriation of patient property on the Nurse Aide Registry; or 5. Disqualified based on criminal history as outlined in 391 NAC 3. Any individual who meets the restrictions identified in 6-006.04C, must not be on the CDHS premises during the hours of operation, except that a parent who meets the restrictions identified in 6-006.04C may be allowed on the premises when accompanied by CDHS staff and only to pick up and drop off his/her child. **6-006.04D Employment Record**: The CDHS must maintain an employment record for each (direct or contracted) staff member which includes: 1. The title of that individual's position, qualifications, and description of the duties and functions assigned to that position; 2. Evidence of licensure, certification, or approval, if required; 3. Performance evaluations made within six months of employment and annually thereafter; 4. Post-hire/pre-employment health history screening. All staff must have a health history screening after accepting an offer of employment and prior to assuming job responsibilities. A physical examination is				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.04 through 006.04E3 & 006.04F.**

		Met	Not Met	N/A	
6-006.04 (cont.)	at the discretion of the employer based on results of the health history screening; and 5. Sufficient documentation to demonstrate that the requirements of 175 NAC 6-006.04 are met. **6-006.04E Training**: The CDHS must ensure all staff and volunteers receive training and demonstrate competency before independently performing job duties or assigned tasks. Records must be maintained of each orientation and in-service or other training program, including the signature of staff and volunteers attending, subject matter of the training, the names and qualifications of instructors, dates of training, length of training sessions, and any written materials provided. **6-006.04E1 Orientation**: The CDHS must provide orientation and training programs for all new staff, existing staff who are given new assignments, all contract staff, and volunteers. For existing staff with job duty, title, or role changes, the staff member(s) must receive orientation and training and must demonstrate competency for all newly assigned job duties before independently performing a new duty. The orientation program must include, but is not limited to: 1. Job duties and responsibilities; 2. Organizational structure; 3. Patient rights; 4. Patient care policies and procedures; 5. Personnel policies and procedures, including confidentiality policies; and 6. Reporting requirements for abuse, neglect, or exploitation of any patient in accordance with Neb. Rev. Stat. § 28-711 of the Child Protection Act or, in the case of a patient who has reached the age of majority, in accordance with Neb. Rev. Stat. § 28-372 of the Adult Protective Services Act. **6-006.04E2 Ongoing Training**: The CDHS must provide and maintain evidence of ongoing/continuous training, in-services or continuing education for staff and volunteers counted in the staff-to-patient ratios. The CDHS must maintain sufficient records to confirm this requirement is met. Documentation for ongoing/continuous in-services or continuing education must include: the date provided, the topic/content, and participants names and job titles. **6-006.04E3 Specialized Training**: The CDHS must provide training, whether part of a program or as individualized instruction of staff and volunteers, to perform particular procedures or to provide specialized care and treatment, such as the use of ventilators, mechanical lifts, and other similar devices necessary to safely provide prescribed care and treatment. **6-006.04F Contract Staff**: The CDHS may contract for patient care and treatment services. Any contract with a provider must be in writing and must include, but is not limited to: 1. A statement that the contractor will accept				**All CDHS staff/provider contracts must be in writing and comply with CDHS policies and procedures and the requirements at 006.04F.**

		Met	Not Met	N/A	
6-006.04 (cont.)	CDHS patients only if approved by the CDHS; 2. A description of the services and the manner in which they are to be provided; 3. A statement that the contractor must be in compliance with all 175 NAC 6 requirements and must conform to all applicable CDHS policies and procedures, including those related to qualifications; 4. A statement that the contractor is responsible for participating in the development of plans of care; 5. A statement that the services are controlled, coordinated, and evaluated by the CDHS; 6. The policy and procedures for submitting clinical and progress notes, scheduling patient care and treatment, and continuing periodic patient evaluations; and 7. The policies and procedures for determining charges and reimbursement. The CDHS must maintain documentation of all contracts between the CDHS and outside resources.				

		Met	Not Met	N/A	
6-006.05	**6-006.05 Patient Rights**: The governing authority must establish a Bill of Rights that will be equally applicable to all patients. The CDHS must protect and promote these rights. **The patient must be given a copy of the Bill of Rights before** the CDHS provides services to the patient **and this action must be documented by the CDHS.** The patient has the right to: 1. Receive mental health services ordered by a supervising practitioner and/or receive skilled nursing care services and/or rehabilitation services ordered by a physician from CDHS practitioners and to communicate with those practitioners; 2. Participate in the planning of the patient's care and treatment, receive appropriate instruction and education regarding the plan; 3. Request information about the patient's diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that they can readily understand so that they can give their informed consent; 4. Refuse care and be informed of possible health consequences of this action; 5. Receive care without discrimination as to race, color, creed, sex, age, or national origin; 6. Exercise religious beliefs; 7. Be admitted for service only if the CDHS has the ability to provide safe, professional care and treatment; 8. Receive the full range of services provided by the CDHS; 9. Personal privacy and confidentiality of all records, communications, and personal information; 10. Review and receive a copy of all health records pertaining to them; 11. Receive CDHS policies and procedures for admission, discharge, transfer, and termination of services prior to admission; 12. Voice complaints/grievances and suggest changes in service or staff without fear of reprisal or discrimination and be informed of the resolution; 13. Be fully informed of CDHS policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care; 14. Be free from verbal, physical, and psychological abuse and to be treated with dignity; 15. Expect all efforts will be made to ensure continuity and quality of care and treatment in the CDHS setting; 16. Have his or her person and property treated with respect; 17. Be informed, in advance, about the care and treatment to be furnished, and any changes in the care and treatment to be furnished; 18. Formulate advance directives and have the CDHS comply with the directives unless the CDHS notifies the patient of the inability to do so. Advance directives include living wills, durable powers of attorney, powers of attorney for health care, or other instructions recognized by state law that relate to the provision of medical care if the patient becomes incapacitated; and 19. Be free from chemical and physical restraints, including locked seclusion, imposed for the purposes of discipline or convenience, and not required to treat the patient's medical symptoms.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.05.**

		Met	Not Met	N/A	
6-006.05 (cont.)	**6-006.05A Advance Directives**: The CDHS must comply with the requirements of Neb. Rev. Stat. §§ 30-3041 to 30-3432 (Health Care Power of Attorney Act) and §§ 20-401 to 20-416 (Rights of the Terminally Ill Act). The CDHS must inform and distribute written information to the patient in advance concerning its policies and procedures on advance directives, including a description of applicable State law. **6-006.05B Competence of Patients** **6-006.05B1** When a patient is under 19 years of age, the parent is responsible for decisions about patient care and treatment to be provided by the CDHS. In the case of a patient age 19 or older adjudged incompetent or incapacitated under the laws of the State by a court of competent jurisdiction, the rights of the patient are exercised by the persons authorized under State law to act on the patient's behalf. **6-006.05B2** In the case of a patient who has not been adjudged incompetent by the State court, any person designated in accordance with State law may exercise the patient's rights to the extent provided by the law.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.05B subsections.**
6-006.06	**6-006.06 Complaints/Grievances**: The CDHS must establish, implement and revise as necessary, written policies and procedures that promptly addresses complaints/grievances filed by patients. The process must include but is not limited to: 1. Policies and procedures for submission of complaints/grievances that is made available to patients; 2. Policies and procedures, including timeframes for review of complaints/grievances and provision of a response; and 3. How information from complaints/grievances and responses are utilized to improve the quality of patient care and treatment. The CDHS must maintain records of complaints received, actions taken, and resolution.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.06 subsections.**
6-006.07	**6-006.07 Quality Assurance and Improvement** The CDHS must have a quality assurance and improvement program to review services concurrently and retrospectively in accordance with a written quality assurance/improvement plan. The results must be recorded quarterly and reported to the governing authority annually. **6-006.07A** The quality assurance/improvement program must be ongoing and consist of collection				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.07 subsections.**

		Met	Not Met	N/A	
6-006.07 (cont.)	and assessment of important aspects of patient care and treatment. The program must provide a mechanism to: 1. Identify problems; 2. Recommend appropriate action; and 3. Implement recommendations. **6-006.07B** There must be a written quality assurance/improvement plan which must include at least the following: 1. CDHS objectives; 2. Involvement of all patient care disciplines, if more than one service is offered by the CDHS; 3. Description of how the services of the CDHS will be administered and coordinated; 4. Methodology for monitoring, evaluating, and improving the quality of care and treatment; 5. Setting of priorities for resolving problems; 6. Monitoring to determine effectiveness of action; 7. Oversight responsibility; and 8. Mechanism for review of quality assurance plan.				**The facility must utilize care and treatment data, including complaint/grievance data as required at 6-006.06, to improve the quality of patient care and treatment.**

		Met	Not Met	N/A	
6-006.08	**6-006.08 Admission and Retention Requirements**: The CDHS must establish, implement and revise as necessary, written policies and procedures that encompass admission, transfer, discharge and termination of services. The policies and procedures must delineate the scope of services provided in the CDHS and identify the patient population that will be served by the CDHS. **6-006.08A Admission**: The CDHS must only admit an individual when the CDHS reasonably expects that it can meet the individual's needs through the provision of one or more of the services listed in 175 NAC 6-001.01. A written service agreement, in accordance with 175 NAC 6-006.08B, must be signed by the prospective patient before he/she is admitted to the CDHS for care and treatment and updated to meet patient needs. **6-006.08B Service Agreement**: The CDHS must negotiate a written service agreement with the prospective patient. The service agreement must be signed by the prospective patient and must not conflict with the physician-approved and/or supervising practitioner-approved written plan of care. The service agreement must include: 1. A patient-specific written emergency plan identifying the patient's emergency contact information, methods of contact, and assuring continuity of the patient's external home back-up power source for life-sustaining and emergent-care equipment operation while the CDHS is responsible for the patient's care and treatment. For ventilator patients, this plan must include: a. The patient's ventilator type and instructions for proper implementation and use of the external back-up power source; b. The method for CDHS staff to assure, during the daily communication report, that the patient's external back-up power source is operational and has sufficient power to operate for a minimum of 24 hours; and c. Any additional information necessary to assure the patient's safety in an emergency. 2. The patient's written authorization allowing the CDHS to: a. Transfer the patient for emergent care when needed; and b. Release and receive patient information necessary to provide patient care and treatment as ordered by the patient's physician. 3. A list of supplies, medications, and equipment necessary for the CDHS to provide care and treatment in accordance with the patient's physician-approved written plan of care identifying which items will be provided by the CDHS and which items will be provided by the patient.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.08B.**

		Met	Not Met	N/A	
6-006.08 (cont.)	4. A written description of the CDHS procedures for communication between the patient or patient-designated caregiver and a CDHS practitioner in accordance with 175 NAC 6-006.08C. 5. A signed patient acknowledgment that the CDHS must: a. Receive patient or physician notification of all changes to the patient's current physician order(s) and practitioner care plan(s) prior to accepting the patient for daily care and treatment by the CDHS; b. Only accept the patient for care and treatment when the patient's instructions for his/her care and treatment are not in conflict with the physician-approved written plan of care, practitioner care plan(s) or could compromise the patient's health or safety; and c. Not accept the patient for care and treatment when the patient does not bring the supplies, medications, and equipment necessary to provide care and treatment as ordered by the patient's physician and in accordance with the patient's signed service agreement. 6. A list of care/service coordinator(s) authorized by the patient to exchange patient information necessary for the CDHS to: a. Coordinate the CDHS patient's care plan(s) with non-CDHS practitioner's care and treatment for the CDHS patient; and b. Send written summary reports when requested by the patient. **6-006.08C Daily Communication Report**: The CDHS must have an established procedure for communication between the patient and the CDHS to ensure that services are appropriately rendered/provided. Such communication must occur each time the patient is accepted for care and treatment and include: 1. Any changes in the patient's medication, care and treatment regimen, or both; 2. Any changes to the patient's health condition; and 4. The condition and availability of life-sustaining and emergent-care equipment needs for patients who require such equipment.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.08C.**

6-006.08 (cont.) 6-006.08	**6-006.08D Acceptance for Daily Care and Treatment**: The CDHS must exclude the patient from attendance when symptoms of illness are present as identified in 173 NAC 3, Attachment 1. The CDHS must establish, implement and revise as necessary, written policies and procedures to prevent exposure to others when patients develop				

		Met	Not Met	N/A	
(cont.)	symptoms of illness while at the CDHS. The policies and procedures must be consistent with prevailing professional standards and encompass aspects to protect the health and safety of patients. **6-006.08E Transfer**: When the patient is transferred to another health care facility, the CDHS must provide appropriate information for continuity of the patient's care and treatment to the receiving facility with written patient consent or as permitted by law. **6-006.08F Discharge**: The CDHS must provide both an oral and written notification to the patient within two working days after receipt of the physician's discharge order. **6-006.08G Termination of Services**: If a CDHS wishes to terminate services for any reason other than a physician-ordered discharge or a transfer, the patient must receive both an oral and written explanation. Information regarding community resources must be given to the patient. Patients must receive at least a two-week notice prior to termination of services. No notice prior to termination of services is required when a patient is discharged by the physician's order, or when patient services are being terminated based on non-compliance with the patient's physician-approved written plan of care, failure to pay for services, or disruptive, abusive, or uncooperative behavior to the extent that delivery of care and treatment to the patient or the ability of the CDHS to operate safely and effectively is impaired. The CDHS must make a serious effort to address presenting problems or issues that adversely affect care and treatment prior to termination of services. The CDHS must document their efforts to address problems and issues in the patient's medical record.				**The facility must have written policies and procedures describing how the requirements will be met for 6-006.08E through 006.08G.**
6-006.09	**6-006.09 Patient Care, Treatment, and Activities**: The CDHS must establish, implement and revise as necessary, written policies and procedures that encompass all care, treatment and activities provided to patients. The policies and procedures must be consistent with prevailing professional standards, delineate the scope of services provided in the CDHS, address how physician and supervising practitioner orders will be obtained, updated and incorporated into the physician-approved/supervising practitioner-approved written plan of care initially and on an ongoing basis, and encompass aspects to protect the health and safety of patients. **6-006.09A Plan of Care**: The CDHS patient must have a physician-approved and/or supervising practitioner-approved written plan of care which includes all care and treatment to be provided for the patient by the CDHS. The patient's care and treatment must follow a written plan of care which				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.09A.**
6-006.09					

		Met	Not Met	N/A	
(cont.)	must: 1. Include physician's order when the following services are provided: a. Skilled nursing care services; b. Rehabilitation services; or c. Respiratory care service; 2. Include a supervising practitioner's order when mental health services are provided; 3. Be developed by a: a. Registered nurse for skilled nursing care services after an initial patient assessment by the registered nurse; and/or b. Practitioner of the appropriate discipline for mental health practice services or rehabilitation services, after an initial patient assessment by the practitioner of the appropriate discipline; 4. Specify the scope and frequency of services to be provided by the CDHS; 5. Include a physician-approved medication list with complete medication orders for the CDHS patient including those medication(s) to be administered by the CDHS; 6. Provide for the coordination of all services to be provided by the CDHS to ensure the services complement one another and support the objectives in the plan of care; 7. Provide for coordination with any other existing plan of care for the patient from a non-CDHS practitioner identified in the patient's Service Agreement; 8. Recognize the parent and family as members of the care team; 9. Be reviewed by a registered nurse and/or a practitioner of the appropriate discipline for mental health or rehabilitation services as often as the patient's condition requires, but at least every 62 days; 10. Be reviewed, approved, and signed by the patient's physician and/or supervising practitioner every six months or when the physician-approved written plan of care requires a change either through a recommendation by a practitioner of the appropriate discipline or when a change in the severity of the patient's condition requires; and 11. Include a written summary report of the patient's care and treatment provided by the CDHS which must be submitted to the patient's ordering physician and/or supervising practitioner every six months or when there has been a significant change in the patient's condition.				

6-006.09 (cont.) 6-006.09	**6-006.09B Activities**: The CDHS must: 1. Provide age- and developmentally-appropriate daily activities designed to promote the patient's social well-being in accordance with each patient's plan of care. Activity areas are not required, but				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.09B.**

		Met	Not Met	N/A	
(cont.)	developmentally appropriate equipment and materials must be available for patient daily use; 2. Allow flexibility with eating, toileting, sleeping, resting, and play times as needed in coordination with the patient's plan of care; and 3. When activities for patients are routinely conducted outdoors or off the premises, the CDHS must: a. Develop a **schedule of activities** which is posted in a conspicuous place in the CDHS or given to the parents; b. Obtain **written permission from parents** before transporting patients on field trips or leaving the CDHS; and c. While patients are in the care of the CDHS, but off the CDHS premises, the CDHS must: (1) Maintain staff requirements as provided in 175 NAC 6-006.03 to ensure patient care and treatment are provided as ordered in a safe and timely manner; and (2) Ensure adequate supervision as required in the child care licensing regulations.				

6-006.10	**6-006.10 Nursing Services**: When skilled nursing care services are provided by the CDHS, the CDHS must establish, implement and revise as necessary, written policies and procedures that delineate how nursing services are to be provided to patients in a manner that protects the health and safety of the patients. **6-006.10A**: The CDHS must ensure a sufficient number of qualified nursing staff are available to provide specialized care and treatment as required in the physician-approved written plan of care and to meet the patient's needs. **6-006.10B**: The CDHS must ensure a registered nurse is on duty and available to the direct care staff during all hours of operation. **6-006.10C**: The CDHS must have an organized nursing service, including written job descriptions which delineate duties and responsibilities for each category of nursing staff. **6-006.10D** The CDHS must have a Director of Nursing (DON) when the CDHS provides skilled nursing care services, children's day health aide services or intravenous therapy services. The DON must be available to CDHS staff during all hours of operation. **6-006.10D1** The CDHS must have an individual designated as the full-time Director of Nursing (DON). The DON must be a registered nurse with at least three years of full-time RN experience. Such				**When skilled nursing care services are provided by the CDHS, the facility must have form(s), job description(s), and written policies and procedures describing how the requirements will be met for 6-006.10 subsections.** **CDHS has documentation of the Director of Nursing's:** **____ Name;** **____ Active licensure/certification; and** **____ Qualifications**
6-006.10					

		Met	Not Met	N/A	
(cont.)	experience must include providing direct patient care or supervising RNs providing direct patient care. **6-006.10D2** The DON must name and designate, in writing, a registered nurse to assume the DON responsibilities during times when the DON is unavailable to the CDHS staff. This designated RN must have two years of full-time experience in providing direct patient care as a registered nurse. **6-006.10E** Skilled nursing care services must be provided by a registered nurse and/or licensed practical nurse in accordance with the physician-approved written plan of care and acceptable standards of nursing practice. Skilled nursing care services are: 1. Services of such complexity that they can be safely and effectively performed only by or under the direct supervision of a registered nurse; 2. Services not normally requiring skilled nursing care, but which, because of special medical needs or complications, become skilled nursing services because they must be performed or supervised by a registered nurse; and 3. The above services when needed to prevent a patient's further deterioration or preserve a patient's current capabilities even if recovery or medical improvement is not possible. **6-006.10F** When skilled nursing care is ordered by a physician, the following specific services must be provided by a registered nurse: 1. Initial patient assessment visit; 2. Reevaluation of the patient's nursing needs; 3. Provision of services requiring specialized nursing skill; 4. Initiation of appropriate preventive and rehabilitative nursing procedures; 5. Coordination of services; 6. Direct supervision of other nursing staff; and 7. Assignment of nursing care and treatment to meet the patient's needs. **6-006.10G** When skilled nursing care is ordered by a physician, the following specific services may be performed by a registered nurse or by a licensed practical nurse if s/he is under the direct supervision of a registered nurse: 1. Implementing the physician-approved written plan of care and necessary revisions to the plan. A registered nurse must review the plan of care as often as the severity of the patient's condition requires, but at least every 62 days; 2. Preparation of clinical and progress notes; 3. Informing the physician and other staff of changes in the patient's conditions and needs;				**CDHS has documentation of the DON's written designee's:** **____ Name;** **____ Active licensure/certification; and** **____ Qualifications**
6-006.10 (cont.)					

		Met	Not Met	N/A	
	4. Teaching other nursing staff; and 5. Teaching the patient and caregiver for the purpose of meeting nursing and other related needs.				
6-006.11	**6-006.11 Children's Day Health Aide and Personal Care Aide Services**: A CDHS that employs children's day health aides (CDHA) or personal care aides (PCA) must meet the following children's day health aide and personal care aide requirements for training and testing prior to the CDHA or PCA providing care and services to patients. The CDHS must ensure the following requirements are met. **6-006.11A Employ Qualified Aides**: The CDHS must only employ children's day health aides and personal care aides who meet the qualifications as required in 175 NAC 6-006. **6-006.11B In-service Program**: The CDHS must provide or make available to its children's day health aides and personal care aides four hours of in-service programs per year on multiple subjects relevant to the CDHS patient population. The CDHS must maintain sufficient records to confirm this requirement is met. Documentation for in-service or continuing education must include: the date provided, the topic and content, trainer qualifications, length of the in-service program, and participants printed name, signature, job title and attendance date. **6-006.11C Permitted Acts**: Children's day health aides may perform only personal care, assistance with the activities of daily living, and basic therapeutic care. A personal care aide may perform only personal care and assist with activities of daily living. Children's day health aides and personal care aides must not perform acts which require the exercise of nursing or medical judgment. **6-006.11D Requirements**: A children's day health aide and a personal care aide must be listed on the Medication Aide Registry operated by the Department before being allowed to perform the provision of medication. A children's day health aide and personal care aide must only perform the provision of medication in accordance with the Medication Aide Act and in accordance with175 NAC 6-006, & 172 NAC 95 and 96. **6-006.11E Children's Day Health Aide and Personal Care Aide Training** **6-006.11E1** Children's day health aide and personal care aide training provided by the CDHS must meet the following standards with regard to training content, qualifications for instructors, and documentation of training. The training must, at a minimum, address each of the subject areas identified below and be provided under the direct supervision of an RN or LPN who holds an active				**When a CDHS *employs* children's day health aides (CDHA) or personal care aides (PCA) *or provides CDHA/PCA services*, the facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.11 through 006.11G4. The facility must include all items specified in these regulatory requirements in form(s) and policies and procedures.**
6-006.11 (cont.)					

		Met	Not Met	N/A	
	nursing license from the Department and who has two years or more of direct patient care experience as an RN or LPN, preferably in a pediatric setting. Personal care aide training must include items 1 through 10 below. Children's day health aide training must include items 1 through 13 below. 1. Communication skills; 2. Observation, reporting, and documentation of patient status and the care or service furnished; 3. Adequate nutrition and fluid intake; 4. Basic infection control procedures; 5. Basic elements of body functioning and changes in body functioning that must be reported to an aide's supervisor; 6. Maintenance of a clean, safe, and healthy environment; 7. Recognizing emergencies and knowledge of emergency procedures; 8. The physical, emotional, and developmental needs of and ways to work with the populations served by the CDHS, including the need for respect of the patient, his or her privacy, and his or her property; 9. Appropriate and safe techniques in personal hygiene and grooming that include: a. Nail and skin care; b. Oral hygiene; and c. Toileting and elimination; 10. Safe transfer techniques and ambulation; 11. Normal range of motion and positioning; 12. Reading and recording temperature, pulse, and respiration; and 13. Any other task that the CDHS may choose to have the children's day health aide perform. Except as identified in 175 NAC 6-006.11F2, the training above will be waived for a children's day health aide or a personal care aide who: 1. Successfully completes a nurse aide/nurse assistant training course approved by the Department in accordance with 172 NAC 108 and meets the requirements at 175 NAC 6-006.11F; or 2. Has been employed by or contracted by a service that meets the definition of a CDHS and has been trained and has been providing children's day health aide services or personal care aide services for six months prior to the effective date of these regulations and meets the requirements at 175 NAC 6-006.11F. **6-006.11E2** Children's day health aide and personal care aide training must be provided under the direct supervision of an RN or LPN who has two years or more of direct patient care experience as an RN or LPN, preferably in a pediatric setting.				
6-006.11 (cont.)	**6-006.11E3** The CDHS must maintain sufficient documentation to demonstrate that the				

		Met	Not Met	N/A	
	requirements above are met. **6-006.11F Verify Competency** **6-006.11F1** The CDHS must verify and maintain records of the competency of all children's day health aides and personal care aides employed by the CDHS, prior to the aides providing services. **6-006.11F2** Any children's day health aide or personal care aide not acting as a personal care aide or a children's day health aide for a period of three years must meet the children's day health aide and/or personal care aide training requirements identified at 6-006.11E1. The CDHS must determine and verify competency of all children's day health aides and personal care aides as indicated below. **6-006.11F3** Children's Day Health Aide and Personal Care Aide Competency Evaluation Requirements 1. Children's day health aide and personal care aide competency evaluations must address each of the subjects specific to the type of aide being trained and/or evaluated as identified and listed in 175 NAC 6-006.11E1. 2. The competency evaluation must be performed by an RN who has two years or more of direct patient care experience as an RN, preferably in a pediatric setting. 3. The subject areas in 175 NAC 6-006.11E1 must be evaluated by observation and a written or oral examination. a. CDHAs must demonstrate competency for Items 1-7 below. PCAs must demonstrate competency for Items 1-4 below. Observations must be made with a live patient or other individual, and must include but are not limited to: (1) Safe transfer techniques and ambulation; (2) Nail and skin care; (3) Oral hygiene; (4) Toileting and elimination; (5) Reading and recording temperatures, pulse, and respiration; (6) Normal range of motion and positioning; and (7) Any other task that the CDHS may choose to have the children's day health aide perform b. The written or oral examination must include but is not limited to: (1) Communication skills; (2) Observation, reporting, and documentation; (3) Basic infection control procedures; (4) Basic elements of body functioning and changes in body functioning that must be reported to the children's day health aide's supervisor; (5) Maintenance of a clean, safe, and				
6-006.11 (cont.)					

		Met	Not Met	N/A	
	healthy environment; (6) Recognizing emergencies and knowledge of emergency procedures; (7) The physical, emotional, and developmental needs of and ways to work with the population served by the CDHS, including respect for the patient, his or her privacy and property; and (8) Adequate nutrition and fluid intake. **6-006.11F4** A children's day health aide or personal care aide that receives an unsatisfactory on any task performed must not perform that task without direct supervision by a nurse until after s/he receives additional training in that task, is evaluated, and subsequently is evaluated as satisfactory. **6-006.11G Aide Care Plan and Supervision** **6-006.11G1 Children's Day Health Aide Care Plan**: An RN must make the initial evaluation of each patient for whom the physician orders children's day health aide services, an RN must devise a written aide care plan, and an RN must prepare a written plan of care for the physician's approval. The RN must review this plan of care as often as the patient's condition requires, but at least every 62 days. **6-006.11G2 Personal Care Aide Care Plan**: A practitioner must make the initial evaluation of each patient for whom the physician orders personal care aide services, a practitioner must devise a written aide care plan, and a practitioner must prepare a written plan of care for the physician's approval. The practitioner must review this plan of care as often as the patient's condition requires, but at least every 62 days. **6-006.11G3 Supervision**: The children's day health aide must provide services in accordance with the physician-approved written plan of care and the aide care plan under the direct supervision of the registered nurse. The personal care aide must provide services in accordance with the physician-approved written plan of care and the aide care plan under the direct supervision of the registered nurse or appropriate practitioner. The plan of care must include patient-specific written instructions for each patient's care, prepared by the supervising registered nurse for children's day health aides or prepared by the appropriate practitioner for personal care aides. **6-006.11G4 Documentation**: Children's day health aide and personal care aide services must be documented in accordance with the written aide care plan and the plan of care prepared by the RN or practitioner as required in 6-006.11G and 6-006.09A.				
6006.12	**6-006.12 Administration or Provision of Medications**: The CDHS must establish, implement				**The facility must have form(s) and written policies and procedures describing how the**

		Met	Not Met	N/A	
6006.12 (cont.)	and revise as necessary, written policies and procedures to ensure patients receive medications only as legally prescribed by a prescribing practitioner, in accordance with the CDHS physician-approved written plan of care, the five rights and prevailing professional standards. **6-006.12A Acceptance of Patient Instructions and Medications**: The CDHS must establish, implement and revise as necessary, written policies and procedures for CDHS staff acceptance of patient medication(s), supplies, equipment, and patient instructions necessary to provide patient care, treatment and medication(s) in accordance with the physician-approved written plan of care. **6-006.12A1 Acceptance of Patient Instructions**: If a conflict exists between the physician-approved written plan of care and the patient's instructions for providing care, treatment, or medication(s), the CDHS staff must contact the physician for clarification before providing the care, treatment, or medication(s). **6-006.12A2 Acceptance of Patient Medications**: When accepting patient medications and related supplies necessary to provide patient care and treatment by the CDHS staff, the CDHS must: 1. Only accept medications that are clearly labeled for the CDHS patient; and 2. Only accept medications in the original manufacturer's or pharmacy's container. **6-006.12B Methods of Administration**: When the CDHS is responsible for the administration of medications, it must be accomplished by the following methods: **6-006.12B1 Self-Administration of Medications**: Patients may be allowed to self-administer medications, with or without supervision, when the CDHS determines that the patient is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The CDHS must establish, implement and revise as necessary, written policies and procedures to address patient self-administration of medication, including: 1. Inclusion of the determination that the patient may self-administer medication in the patient's physician-approved written plan of care; and 2. Monitoring the plan to assure continued safe administration of medications by the patient. **6-006.12B2 Licensed Practitioner**: When the CDHS uses a licensed practitioner for whom medication administration is included in the scope of practice, the CDHS must establish, implement and revise as necessary, written policies and procedures to ensure that medications are properly administered and documented in accordance with prevailing professional standards.				**requirements will be met for 6-006.12 through 6-006.12H2.**

		Met	Not Met	N/A	
6006.12 (cont.)	**6-006.12B3 Provision of Medication by Other Than a Licensed Practitioner**: When the CDHS uses someone other than a licensed practitioner for whom medication administration is included in the scope of practice in the provision of medications, the CDHS must only use individuals who are registered medication aides and must follow 175 NAC 6-006, & 172 NAC 95 and 96. The CDHS must establish, implement and revise as necessary, written policies and procedures as follows: 1. To ensure that medication aides who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 95-003; 2. To ensure that competency assessments and/or courses for medication aides are provided in accordance with the provisions of 172 NAC 96-005; 3. That specify in writing how direction and monitoring will occur when the CDHS allows medication aides to perform the routine/acceptable activities authorized by 172 NAC 95-005, and as follows: a. Provide routine medication; and b. Provision of medications by the following routes: (1) Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays; (2) Inhalation which includes inhalers, nebulizers, and oxygen given by inhalation; (3) Topical application of sprays, creams, ointments, lotions, and transdermal patches; and (4) Instillation by drops, ointments, and sprays into the eyes, ears and nose; 4. That specify in writing how patient-specific direction and monitoring will occur when the CDHS allows medication aides to perform the additional activities authorized by 172 NAC 95-006, 95-008, and 95-009, which include: a. Provision of PRN medication(s); b. Provision of medications by additional routes which may include: gastrostomy tube, rectal, vaginal, and injections including subcutaneous, intradermal, and intramuscular; and/or c. Participation in direction and monitoring by observing for identified recipient responses and reporting these responses as directed; 5. That specify how competency determinations will be made before medication aides are allowed to perform routine and additional activities pertaining to medication provision; 6. That specify how patient-specific, written direction will be provided for medication aides to perform the additional activities authorized by 172 NAC 95-006, 95-008, and 95-009; 7. That specify how records of medication provision by medication aides will be				

		Met	Not Met	N/A	
	recorded and maintained; 8. That specify how medication errors made by medication aides and adverse reactions to medications will be reported. The reporting must be: a. Made to the identified individual responsible for direction and monitoring; b. Made immediately upon discovery; and c. Documented in the patient's medical records; 9. When the CDHS is not responsible for medication administration and provision, the CDHS must maintain responsibility for overall supervision, safety, and welfare of the patient; **6-006.12C Reporting of Medication Errors**: The CDHS must establish, implement and revise as necessary, written policies and procedures for reporting any errors in administration or provision of prescribed medications to the patient and the patient's physician and prescribing practitioner in a timely manner upon discovery and a written report of the error prepared. Errors include any variance from the five rights. **6-006.12D Reporting of Adverse Reactions**: The CDHS must establish, implement and revise as necessary, written policies and procedures for reporting any adverse reaction to a medication immediately upon discovery to the patient and the patient's physician and prescribing practitioner and document the event in the patient's medical record. **6-006.12E Verbal Orders**: The CDHS must establish, implement and revise as necessary, written policies and procedures for those staff authorized to receive telephone and verbal diagnostic, therapeutic, and medication orders. **6-006.12F Storage of Medication**: The CDHS must establish, implement and revise as necessary, written policies and procedures for the storage of all medications and related supplies. The CDHS must store all medications in locked areas provided solely for the storage of medications, in accordance with the child care licensing regulations, and in accordance with the manufacturer's instructions for temperature, light, humidity, or other storage instructions. The CDHS must return to the patient any unused medications when no longer needed or expired. **6-006.12G Access to Medication**: The CDHS must establish, implement and revise as necessary, written policies and procedures for staff access to medications and related supplies. The CDHS must ensure that only authorized staff who are designated by the CDHS to be responsible for administration or provision of medications have access to medications.				
6006.12 (cont.)	**6-006.12H Medication Record**: The CDHS must establish, implement and revise as necessary,				

		Met	Not Met	N/A	
	written policies and procedures for the recording of administration and provision of medication. **6-006.12H1** The CDHS must keep records in sufficient detail to assure that: 1. Patients receive the medications authorized by a prescribing practitioner; and 2. The facility is alerted to theft or loss of medication. **6-006.12H2** The CDHS must keep a separate medication administration record for each patient. This record must include: 1. Identification of the patient; 2. Name of the medication given; 3. Date, time, dosage and method of administration for each medication administered or provided; and the identification of the person who administered or provided the medication; and 4. Patient's medication allergies and sensitivities, if any.				
6-006.13	**6-006.13 Intravenous Therapy Services**: The CDHS must establish, implement and revise as necessary, written policies and procedures to ensure patients receive all intravenous therapy services only as legally prescribed by a prescribing practitioner, in accordance with the CDHS physician-approved written plan of care, the five rights and prevailing professional standards. **6-006.13A** All intravenous therapy services, when provided by the CDHS, must be provided by a registered nurse in accordance with the physician-approved written plan of care and prevailing standards of practice. **6-006.13B** Intravenous therapy includes, but is not limited to: 1. Total parenteral nutrition (TPN); 2. Hydration therapy; 3. Chemotherapy; 4. Antibiotic therapy; and 5. Blood and blood products. **6-006.13C** A registered nurse must complete an initial evaluation of each patient for whom the physician orders intravenous therapy, and must devise a written plan of care for the physician's approval. The registered nurse must review the plan of care as often as the severity of the patient's condition requires, but at least every 62 days.				**When the CDHS provides intravenous therapy services, the facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.13 subsections.**
6-006.14	**6-006.14 Medical Supplies and Equipment**: When medical supplies, equipment, and appliances are				**The facility must have form(s) and written policies and procedures describing how the**

		Met	Not Met	N/A	
	provided by the CDHS for patient use while at the CDHS, the CDHS must have a process designed for routine and preventative maintenance of equipment to ensure that it is safe and works as intended. The CDHS must define in the service agreement, prior to admitting an individual to the CDHS, all supplies, equipment, and appliances the CDHS patient is expected to provide while at the CDHS. The medical supplies and equipment in this section are intended to include such items as pulse oximetry and blood pressure machines, alcohol pads, syringes, and other similar supplies/equipment necessary to provide care and treatment as ordered by the patient's physician while at the CDHS. **6-006.14A Durable Medical Equipment**: When the CDHS agrees to provide durable medical equipment for CDHS patient use, the CDHS must ensure that durable medical equipment is tested and calibrated in accordance with the manufacturer's recommendations. **6-006.14B Required Equipment**: The CDHS must provide equipment adequate for meeting each patient's needs as specified in the service agreement and the patient's physician-approved written plan of care.				**routine and preventative maintenance of equipment requirements will be met for 6-006.14 subsections.**
6-006.15 6-006.15 (cont.)	**6-006.15 Mental Health Services**: When mental health services are provided by the CDHS, the CDHS must establish, implement and revise as necessary, written policies and procedures that delineate how mental health services are to be provided. Mental health services may be provided by contracted staff or employees of the CDHS. **6-006.15A** Mental Health Services means, for the purposes of these regulations, mental health practice as defined in Neb. Rev. Stat. § 38-2115 and other activities, interventions, or directives designed to address behavioral needs outlined in the patient-specific, written plan of care. **6-006.15A1** Mental health practice must be provided by an appropriately credentialed practitioner under the Uniform Credentialing Act. **6-006.15A2** When other activities, interventions, or directives designed to address behavioral needs outlined in the patient-specific, written plan of care are provided by unlicensed staff, such services must be: 1. **Supervised by a licensed mental health practitioner who must:** a. **have a minimum of two years of experience in providing mental health practice services;** b. assume overall responsibility and direction for all mental health services provided by the unlicensed staff; and c. **be immediately available, during CDHS operating hours, to the CDHS staff by phone, and when required, available onsite at the CDHS**; and				**When mental health services are provided by the CDHS, the facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.15 subsections.** **"Specialized care and treatment" as defined at 175 NAC 002, requires "care and treatment provided at a level requiring a practitioner and/or under the direction of a practitioner for ... mental health."** **When unlicensed staff provide the activities described at 6-006.15A2, the CDHS has documentation of the Supervising LMHP's:** **____ Name;** **____ Active licensure/certification;** **____ Qualifications (6-006.15A2, 6-002); and** **____ Availability to CDHS staff & patients**

		Met	Not Met	N/A	
	2. Provided in accordance with the patient-specific, written plan of care. **6-006.15B** The CDHS must have an organized mental health service, including written job descriptions which delineate duties and responsibilities for each category of staff. **6-006.15C** A licensed mental health practitioner must devise a patient-specific written plan of care after performing the initial patient assessment, and must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days. **When a LMHP provides services which require a supervising practitioner, the supervising practitioner must sign the patient-specific, written plan of care.**				**CDHS has documentation of the LMHP's Supervising Practitioner's:** **____ Name;** **____ Active licensure/certification;** **____ Qualifications as defined at 6-002; and**
6-006.16	**6-006.16 Rehabilitation Services:** When rehabilitation services are provided by the CDHS, they may be provided by contracted staff or employees of the CDHS. Rehabilitation services must be provided by an appropriately credentialed practitioner as provided in A-C below. A patient-specific rehabilitation plan of care must be incorporated into the patient's physician-approved written plan of care. The rehabilitation practitioner, as appropriate for the rehabilitation services provided, must devise a patient-specific written plan of care after performing the initial patient assessment, and must review this plan of care as often as the severity of the patient's condition requires, but at least every 62 days. If the patient chooses not to use the rehabilitation services furnished by the CDHS, the patient is responsible to arrange for continuation of rehabilitation services by a non-CDHS provider. **6-006.16A** Speech-Language Pathology services must be provided in accordance with Neb. Rev. Stat. §§ 38-501 to 38-527, Audiology and Speech-Language Pathology Practice Act, and 172 NAC 23. Practice of speech-language pathology does not include the practice of medical diagnosis, medical treatment, or surgery. **6-006.16B** Occupational therapy services must be provided in accordance with Neb. Rev. Stat. §§ 38-2501 to 38-2531 and 172 NAC 114. **6-006.16C** Physical therapy services must be provided in accordance with Neb. Rev. Stat. §§ 38-2901 to 38-2929 and 172 NAC 137. Physical therapy does not include the use of roentgen rays and radium for diagnostic and therapeutic purposes, including cauterization.				**When rehabilitation services are provided by the CDHS, the facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.16 subsections.** **When the CDHS provides Rehabilitation Services:** **CDHS has documentation of the Speech Language Pathologist's:** **____ Name;** **____ Active licensure/certification;** **____ Qualifications (6-006.16A, 6-002); and** **____ Availability to CDHS staff & patients** **CDHS has documentation of the Occupational Therapist's:** **____ Name;** **____ Active licensure/certification;** **____ Qualifications (6-006.16B, 6-002); and** **____ Availability to CDHS staff & patients** **CDHS has documentation of the Occupational Therapist's:** **____ Name;** **____ Active licensure/certification;** **____ Qualifications (6-006.16C, 6-002); and** **____ Availability to CDHS staff & patients**
6-006.17	**6-006.17 Respiratory Care Services:** A CDHS may				**When respiratory care services are provided**

		Met	Not Met	N/A	
	provide respiratory care services for patients admitted to the CDHS by persons who are credentialed under the Uniform Credentialing Act and whose scope of practice permits them to provide respiratory care services. Respiratory care services must be provided in accordance with Neb. Rev. Stat. §§ 38-3201 to 38-3216 and 172 NAC 162. When a CDHS provides a Respiratory Care Service/Department, it must designate a medical director who must be a licensed physician who has special interest and knowledge in the diagnosis and treatment of respiratory problems. Such physician must: 1. Be an active medical staff member of a licensed health care facility; 2. Whenever possible be qualified by special training or experience in the management of acute and chronic respiratory disorders, and 3. Be competent to monitor and assess the quality, safety, and appropriateness of the respiratory care practitioners and must require that respiratory care be ordered by a physician who has medical responsibility for any patient that needs such care.				**by the CDHS, the facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.17 subsections.** **CDHS has documentation of the Respiratory Therapist's:** **____ Name;** **____ Active licensure/certification;** **____ Qualifications (6-006.16C, 6-002); and** **____ Availability to CDHS staff & patients** **CDHS has documentation of the Medical Director's:** **____ Name;** **____ Active licensure/certification;** **____ Qualifications (6-006.17, 6-002); and** **____ Availability to CDHS staff & patients**

6-006.18	**6-006.18 Social Services**: The CDHS must provide activities to promote the development and utilization of patients' social skills, including such things as appropriate interaction, sharing, and cooperation. **6-006.18A** The CDHS must establish, implement and revise as necessary, written policies and procedures for all social services provided including patient assessments, development of patient-specific activities, and referral to outside social services necessary to promote the patient's social well-being. **6-006.18B** The CDHS **must perform a social service needs assessment** as part of the initial patient assessment for use in: 1. Developing a written, **patient-specific plan of activities** designed to promote the patient's social well-being; and 2. Referring the patient to outside resources when the patient's social service needs exceed the social services provided by the CDHS. **6-006.18C** The CDHS must reassess the patient's social service needs and update their patient-specific plan of activities as often as the severity of the patient's condition requires reassessment. **6-006.18D** The CDHS **must maintain sufficient documentation in the patient's clinical record to demonstrate the requirements at 175 NAC 6-006.18 are met.**				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.18 subsections.**

		Met	Not Met	N/A	
6-006.19	**6-006.19 Food Services**: The CDHS must ensure that the daily nutritional needs of all patients are met, including any diet ordered by the attending physician. Food service must include but is not limited to: 1. Providing food service directly or through a written agreement; 2. Ensure a staff member is trained or experienced in food management or nutrition with the responsibility of: a. Planning menus which meet the nutritional needs of each patient, following the orders of the patient's physician; b. Supervising the meal preparation and service to ensure that the menu plan is followed; 3. Be able to meet the needs of the patient's physician-approved written plan of care; nutritional needs, and therapeutic diet; and 4. Procure, store, prepare, distribute, and serve all food under sanitary conditions and in accordance with the Food Code.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.19 subsections and applicable Food Code requirements shown on CDHS Licensure Inspection Report – Attachment B.**
6-006.20	**6-006.20 Transportation Services**: Transportation services, when offered by the CDHS, may be provided by contracted staff or employees of the CDHS. When transportation is provided for CDHS patients, the licensee must meet all Child Care Licensing transportation requirements in accordance with the child care licensing regulations, all applicable 175 NAC 6-006 and the following additional requirements: 1. Staff in each vehicle must have a functioning cellular telephone or other functioning two-way voice communication device with them for use in an emergency. 2. When a patient who is transported by the CDHS has a condition that requires RN observation or assessment, there must be at least two staff members on the transporting vehicle at all times, one of whom must be a registered nurse. 3. When a patient who is transported by the CDHS requires a ventilator power source, the back-up power source must be checked before transport to confirm the power source is operational and has sufficient charge to ensure uninterrupted ventilator service during transport.				**When transportation services are provided by the CDHS, the facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.20 subsections.**
6-006.21 6-006.21	**6-006.21 Patient Roster and Record Keeping Requirements**: The CDHS must maintain a patient roster that clearly identifies CDHS patients scheduled and accepted for care and treatment on a daily basis. When the CDHS holds multiple licenses on the same premises, the patient roster must distinguish between Child Care clients and CDHS patients and document the hours of care receiving CDHS services as specified in 175 NAC 6-004.01.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.21 subsections. The facility must ensure all required items identified at 6-006.21A are included.**

		Met	Not Met	N/A	
(cont.)	The CDHS must maintain and safeguard clinical records. Clinical records must be maintained in accordance with accepted professional standards and practice. **6-006.21A Content of Clinical Records**: The clinical record must contain sufficient information to identify the patient clearly, to justify the diagnosis, care, and treatment, and to accurately document the results of care and treatment. All clinical records must contain at least the following categories of data: 1. Identification data and consent forms; 2. The patient's service agreement; 3. The name and address of the patient's physician(s); 4. The physician's and/or supervising practitioner's signed order for skilled nursing care services, rehabilitation services, and/or mental health services and the physician- and/or supervising practitioner's-approved written plan of care. The documents must include, when appropriate: a. Medical diagnosis; b. Medication orders; c. Dietary orders; d. Activity orders; e. Safety orders; 5. Initial and periodic assessments and care plan by disciplines providing services; a. The CDHS must provide pertinent current and past medical history to the credentialed staff providing services on its behalf; 6. Signed and dated admission, observation, progress, and supervisory notes; 7. Copies of summary reports sent to the patient's physician and/or supervising practitioner's, the patient, and care/service coordinators as authorized by the patient to receive medical information; 8. Diagnostic and therapeutic orders signed by the physician and/or supervising practitioner; 9. Reports of treatment and clinical findings; and 10. Discharge summary report. **6-006.21B** All clinical information pertaining to the patient's care and treatment must be centralized in the patient's clinical record maintained by the CDHS. **6-006.21C** Clinical records of services provided for each patient must be kept in ink, typed, or on electronic data systems. **6-006.21D** Entries into the clinical record for care, treatment, and services rendered must be written within 24 hours and incorporated into the clinical record within seven working days. **6-006.21E** Entries must be made by the individual providing services, must contain a statement of facts personally observed, and must be signed with				
6-006.21					

		Met	Not Met	N/A	
(cont.)	full name and title. Initials may be used if identified in the clinical record. **6-006.21F** All physician's and/or supervising practitioner's verbal orders for care and treatment must be signed and incorporated into the clinical record within 30 working days. **6-006.21G** Clinical records must be secured in locked storage. The CDHS must establish, implement and revise as necessary, written policies and procedures regarding use and removal of records and the conditions for release of information. The patient's written consent must be required for release of information not authorized by law. **6-006.21H** Retention and Destruction: Clinical records must be retained in a retrievable form for at least five years after the last discharge of the patient. In case of a minor, records must be retained for at least five years after the patient becomes of age under Nebraska law. The records are subject to inspection by an authorized representative of the Department. Clinical records may be destroyed after five years following the last discharge date or five years after date the patient becomes of age, whichever is later. **6-006.21H1** All records must be disposed of by shredding, mutilation, burning or by other similar protective measures in order to preserve the patients' rights of confidentiality. Records or documentation of the actual fact of clinical record destruction must be permanently maintained. **6-006.21H2 Protection of Information**: The CDHS must safeguard the clinical record against loss, destruction and unauthorized use. The patient has the right to confidentiality of their records maintained by the CDHS. Patient information and/or records will be released only with consent of the patient or as required by law. **6-006.21H3 Informed Consent**: The CDHS must demonstrate respect for an patient's rights by ensuring that an informed consent form that specifies the type of care, treatment and services that may be provided as care and treatment during the admission has been obtained for every patient. **6-006.21I Access**: Patient information and/or records will be released only with consent of the patient or as permitted by law.				

6-006.22 6-006.22.	**6-006.22 Infection Control**: The CDHS must have an infection control program to minimize sources and transmissions of infections and communicable diseases for services provided in the CDHS as follows: 1. Use of good hand washing techniques; 2. Use of safe work practices and personal protective equipment;				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.22 subsections.**

		Met	Not Met	N/A	
(cont.)	3. Proper handling, cleaning, and disinfection of patient care equipment, supplies and linens; and 4. Patient teaching to include information concerning infections and modes of transmission, hygienic practices, methods of infection prevention, and methods for adapting available resources to maintain appropriate hygienic practices.				

6-006.23	**6-006.23 Environmental Services**: The CDHS must provide necessary housekeeping and maintenance to protect the health and safety of patients. Every building on the same premises used for care and treatment must comply with 175 NAC 6. **6-006.23A Housekeeping and Maintenance**: The CDHS building and grounds must be kept clean, safe and in good repair. 1. The CDHS must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided; and 2. All garbage and rubbish must be disposed of in a manner that prevents the attraction of rodents, flies, and all other insects and vermin. Disposal must be done in such a manner as to minimize the transmission of infectious diseases and minimize odor. The CDHS must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin. **6-006.23B Equipment, Fixtures, Furnishings**: The CDHS must establish and implement a **process designed for routine and preventative maintenance of equipment, fixtures, and furnishings** to ensure they are clean, safe, in good repair, and function to meet their intended use. **6-006.23C Linens**: The CDHS must provide an adequate supply of bed, bath, and other linens as necessary for each patient. 1. The CDHS must maintain an adequate supply of linens and towels that are clean and in good repair; 2. The CDHS must establish, implement and revise as necessary, written policies and procedures for the storage and handling of clean and soiled linens; and 3. When the CDHS launders bed and bath linens, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit. Laundry may be appropriately sanitized or disinfected by another acceptable method in accordance with the manufacturer's instructions.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.23 subsections.**
6-006.23	**6-006.23D Animals**: If an animal is allowed in the				

		Met	Not Met	N/A	
(cont.)	CDHS, the CDHS must assure that the animal does not negatively affect any patients. The CDHS must establish, implement and revise as necessary, written policies and procedures regarding animals that include the following requirements: 1. An annual examination by a veterinarian; 2. Vaccinations as recommended by the veterinarian, which must include at a minimum current vaccination for rabies for dogs, cats, and ferrets; 3. Provision of animal care necessary to prevent the acquisition and spread of fleas, ticks, and other parasites and other insects; and 4. Responsibility for the care and supervision of the animal by CDHS staff. **6-006.23E** Environmental Safety: The CDHS is responsible for maintaining the CDHS in a manner that minimizes accidents. 1. The CDHS must maintain the environment to protect the health and safety of patients by keeping surfaces smooth and free of sharp edges, mold or dirt; keeping floors free of objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk of injury; 2. The CDHS must maintain all doors, stairways, passageways, aisles or other means of exit in a manner that provides safe and adequate access for care and treatment; 3. The CDHS must establish, revise and implement written policies and procedures to ensure hazardous or poisonous materials and medications are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the material or medication by patients 4. Separate locked storage is provided for insecticides, cleaning, polishing, sanitizing agents, and any other poisons which all must be kept separate from food items and inaccessible to children; 5. The CDHS must restrict access to any potentially hazardous medical supplies, equipment, appliances, and mechanical equipment which may pose a danger to patients; 6. Covered waterproof containers are provided for storing wet, soiled clothing; other soiled clothing must be stored in a covered container provided for that purpose; 7. Clean and adequate storage is provided for all personal items of children and staff and this storage must not be in the same storage area where food or medication is kept; and 8. Toothbrushes, if used, are distinctly marked with each patient's name. **6-006.23F Disaster Preparedness and Management**: The CDHS must establish and				
6-006.23					

		Met	Not Met	N/A	
(cont.)	implement disaster preparedness plans and procedures to ensure that patient care and treatment, safety, and well-being are provided and maintained during natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations. The plans and procedures must address and delineate: 1. How the CDHS will maintain the proper identification of each patient to ensure that care and treatment coincide with the patient's needs. For drop-in patients, a photograph is required; 2. How the CDHS will move patients, including those with life-sustaining equipment or wheelchairs, to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster; 3. How the CDHS will protect patients during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials; 4. How the CDHS will provide food, water, medicine, medical supplies, and other necessary items for care and treatment in the event of a natural or other disaster; and 5. How the CDHS will provide for the comfort, safety, and well-being of patients in the event of power outage, to provide for: a. Heating, cooling, or sewer system failure; or b. Loss or contamination of water supply. **6-006.23F1** The CDHS must establish and implement disaster preparedness plans and procedures to ensure that: 1. Patients and families are educated on how to handle patient care and treatment, safety, and well-being during and following instances of natural (tornado, flood, etc.) and other disasters, disease outbreaks, or other similar situations; 2. Plans are in place to promptly reunite each patient with his/her parent or other emergency contact as authorized by the parent in the patient's service agreement; 3. Staff is educated on disaster preparedness; and 4. Staff safety is assured.				

6-006.24	**6-006.24 Emergency Care of Patients**: The CDHS must establish, implement and revise as necessary, written policies and procedures for emergent medical needs of current patients in accordance with each patient's plan of care. The policies and procedures must be consistent with prevailing professional standards and encompass aspects to protect the health and safety of patients. The CDHS must have the necessary drugs, devices, biologicals, equipment, and supplies immediately available for provision of care and treatment should an emergency arise.				**The facility must have form(s) and written policies and procedures describing how the requirements will be met for 6-006.24 subsections.**

		Met	Not Met	N/A	
6-006.24 (cont.)	**6-006.24A** The CDHS must ensure that at least two staff members with a current CPR certification are on duty at all times. **6-006.24B** The CDHS must own, maintain, and ensure that staff members are trained to use an Automated External Defibrillator.				

Additional Survey Information:

_____ Children's Day Health Service Licensure Inspection Report - Attachment A

_____ Children's Day Health Service Licensure Inspection Report - Attachment B (Food Code Protocols)

Signature of Surveyor completing inspection: _____

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
LICENSURE UNIT – DEPARTMENT OF PUBLIC HEALTH
P O BOX 94986
LINCOLN, NE 68509-4986

TYPE OF INSPECTION

- ☐ Random Selection
- ☐ Focused Selection
- ☐ Complaint Investigation
- ☐ Revisit
- ☐ Initial

CHILDREN'S DAY HEALTH SERVICE
Licensure Inspection Report-Attachment A

Facility_____ **Administrator**_____

Address_____ **Inspection Date**_____

City, Zip Code_____

Applicant must demonstrate the capability to meet the following requirements of Title 175 NAC Chapter 6:

		Met	Not Met	Not Applicable	Comments
6-001	Scope and Authority				
6-006	Standards of Operation, Care and Treatment				
6-006.01	Governing Authority				
6-006.02	Administration				
6-006.03	Staff and Volunteer Requirements				
6-006.04	Employment and Volunteer Eligibility				
6-006.05	Patient Rights				
6-006.06	Complaints/Grievances				
6-006.07	Quality Assurance and Improvement				
6-006.08	Admission and Retention Requirements				
6-006.09 6-006.09A 6-006.09B	Patient Care, Treatment and Activities Plan of Care Activities				
6-006.10	Nursing Services				
6-006.11	Children's Day Health Aide & Personal Care Aide Services				
6-006.12	Administration or Provision of Medications				
6-006.12B3	Provision of Medication by Other Than a Licensed Practitioner				
6-006.12C 6-006.12D	Reporting of Medication Errors Reporting of Adverse [Medication] Reactions				
6-006.12E	Verbal Orders				
6-006.12F	Storage of Medication				
6-006.12G	Access to Medication				
6-006.12H	Medication Record				
6-006.13	Intravenous Therapy Services				
6-006.14	Medical Supplies and Equipment				
6-006.15	Mental Health Services				
6-006.16	Rehabilitation Services				
6-006.16A	Speech Language Pathology Services				
6-006.16B	Occupational Therapy Services				
6-006.16C	Physical Therapy Services				
6-006.17	Respiratory Care Services				
6-006.18	Social Services				
6-006.19	Food Services				
6-006.19,#4	Food Code				
6-006.20	Transportation Services				

CHILDREN'S DAY HEALTH SERVICE
Licensure Inspection Report-Attachment A (cont.)

Facility Name & Address: _____

Inspection Date(s): _____

Surveyor's Name: _____

Regulatory Reference Number	Summary Statement of Deficiencies

Nebraska Department of Health and Human Services
Licensure Unit – Public Health Division
P O Box 94986
Lincoln, NE 68509-4986

Children's Day Health Service (CDHS)
Licensure Inspection Report – Attachment B
175 NAC 6-006.19: Nebraska Food Code Protocols

Facility Name: _____ Phone: _____

Address: _____

Owner: _____

Inspection Date: _____ Surveyor(s): _____

6-006.19 Food Code ***(References in brackets are from Nebraska Food Code Effective 3-8-2012)***

☐ **Met** ☐ **Not Met**

Met	Not Met		
			Food is procured from approved sources:
____	____	1.	Home canned foods are not used. [3-201.12 pg. 40] (Exception: Home canned food brought in when desired by individual residents)
____	____	2.	Fluid milk and fluid milk products meet the Grade A quality standards. [3-201.13 pg.40]
____	____	3.	Shell eggs are obtained from a source that has an egg-handling permit and are clean and are not cracked. [3-202.13 pg. 43]
____	____	4.	Fish is commercially and legally harvested and processed. [3-201.14 pg. 40]
____	____	5.	Game animals when used meet Nebraska Food Code requirements. [3-201.17 pg. 41]
____	____	6.	Beef, pork, poultry and lamb are obtained from sources that are under a routine inspection program. [3-201.11 pg. 39]
			Food is stored under sanitary conditions:
____	____X	7.	Temperature of <u>potentially hazardous foods</u> is maintained at 41° F or below or 135° F or above at all times, except during preparation, cooking or cooling. [81-2,272.01 pg.64]
____	____	8.	Frozen foods are maintained frozen. [3-501.11 pg. 62]
____	____	9.	Cooked <u>potentially hazardous foods</u> are cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or below within an additional 4 hours. [3-501.14 pg. 63]

Met	Not Met		
____	____	10.	Potentially hazardous foods that are made from ingredients at room temperature are cooled to 41° F within 4 hours. [3-501.14 pg. 63]
____	____X	11.	Food is protected from cross-contamination, by separating raw animal foods, unwashed and soiled foods from ready-to-eat foods. [3-302.11 pg.48]
____	____X	12.	Poisonous or toxic materials are stored separately from food. [7-201.11 pg. 129]
____	____	13.	All containers of poisonous or toxic materials stored in the kitchen area are clearly and individually labeled as to contents. [7-101.11, 7-102.11 pg.129]
____	____	14.	Food packages are resealed after opening and have no holes or tears in the packaging so that food is protected from contamination. [3-202.15 pg. 44]
____	____	15.	Food is stored in clean, dry locations where exposure to splash, dust or other contaminants will not occur, food is not stored on the floor, except as allowed by (B) & (C) of this Food Code section. [3-305.11 pg. 53]
____	____	16.	Containers holding food or food ingredients that are removed from their original packages and not easily recognized are identified with the common name of the food. [3-302.12 pg. 49]
____	____	17.	Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours is marked with date of preparation. [81-2,272.24 pg. 65]
____	____	18.	There are no containers of potentially hazardous food available for consumption past 7 days of preparation or opening and no containers of food that are available past food processor's expiration date. [81-2,272.24 pg. 65]
____	____	19.	Food is not stored in locker rooms, toilet rooms, dressing rooms, garbage rooms, mechanical rooms, sewer lines that are not shielded to intercept potential drips, under leaking water lines including leaking automatic fire sprinkler heads or lines with condensation, open stairwells, or under other sources of contamination. [3-305.12 pgs. 53-54]

Food is prepared under sanitary conditions:

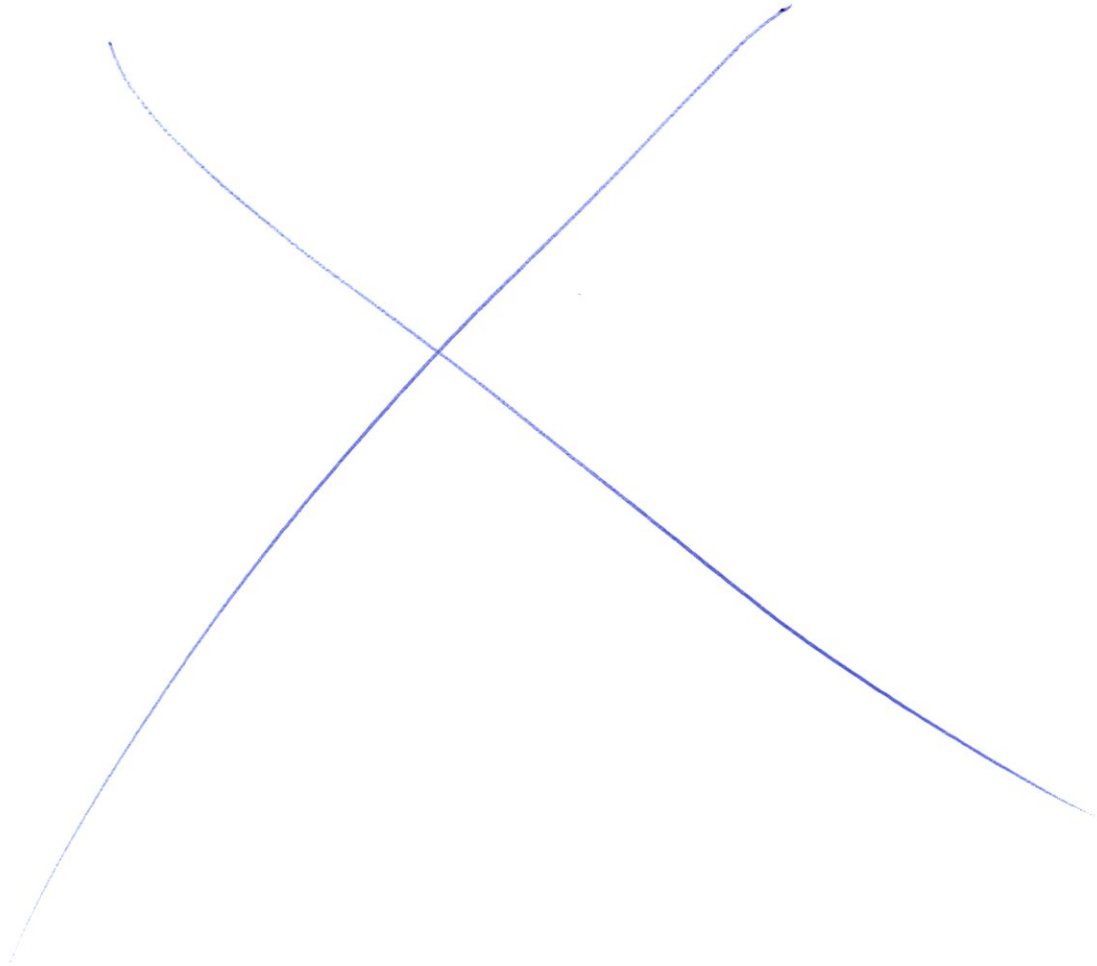
____	____	20.	Employees drink and smoke only in designated areas which do not include food preparation or dishwashing areas, except as allowed in (B) of this Food Code section [2-401.11 pg. 38]
____	____X	21.	There are no more than 2 instances of failure to wash hands by food service employees: ____ after using toilet room ____ after touching bare body parts ____ after coughing, sneezing, or blowing nose ____ after using tobacco ____ after eating or drinking ____ as often as necessary to remove soil and contamination and ____ to prevent cross-contamination when changing tasks from soiled to clean [2-301.12 pg. 35; 2-301.14 pg. 36]
____	____	22.	Single-use gloves are used for only one task, and discarded when damaged or soiled, or when interruptions occur in the operation. [3-304.15 pg. 52]

Met	Not Met		
____	____	23.	A separate handwashing sink equipped with soap, towel dispenser/waste receptacle or heated air hand drying device is convenient to food preparation and dishwashing area. [5-203.11 pg. 107; 5-204.11 pg. 109, 5-205.11 pg. 109; 6-301.11 pg. 123; 6-301.12 pg. 123; and 6-301.13 pg.123.]
____	____	24.	Dietary employees wear effective hair restraint when working with food. [2-402.11 pg.38]
____	____X	25.	Employees working in the food preparation do not exhibit any condition/symptom as specified in the Food Code that would cause likelihood of food borne disease transmission. [2-201.11 pgs. 26-28]
____	____X	26.	Potentially hazardous foods are thawed: 1) Under refrigeration 2) Completely submerged under running water of temperature of 70° F or below 3) In a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process 4) As part of the conventional cooking process [3-501.13 pgs. 62-63]
____	____	27.	Food or food ingredients are free from spoilage, spare filth or other contamination [3-101.11 pg. 39]
____	____	28.	Employees use a clean utensil each time when tasting food. [3-301.12 pg. 48]
____	____X	29.	Ground meat is cooked to an internal temperature of 155° F for 15 seconds except as otherwise specified [3-401.11(A)(2) pg. 56]
____	____	30.	Poultry is cooked to an internal temperature of 165° F or above and held for 15 seconds [3-401.11(A)(3) pg. 56]
____	____	31.	Pork or pork products are cooked to an internal temperature of 158° F with no hold time except as otherwise specified. [3-401.11(B)(2) pg. 57]
____	____	32.	Beef and seafood are cooked to an internal temperature of 145° F for 3 minutes . [3-401.11 pgs. 56]
____	____	33.	Potentially hazardous foods that have been cooked and then refrigerated are reheated within 2 hours to an internal temperature of 165° F for 15 seconds. [3-403.11 pg. 61]
			Sanitization of food contact surfaces of equipment and utensils:
____	____X	34.	HOT WATER SANITIZATION -Manual sanitization is completed by immersion for at least 30 seconds at 171° F or above [4-501.111 pg. 92 and 4-703.11(A) pg. 100] -Mechanical--during sanitization, surfaces reach a temperature of 160° F [4-703.11 pg. 100] CHEMICAL SANITIZATION -Manual & mechanical - a test kit that measures the concentration of sanitizing solutions is available and the concentration when checked meets the product recommendations [4-302.14 pg. 88; 4-703.11(C) pg. 100; 4-501.114 pg. 92 and 4-501.116 pg. 94]
____	____	35.	After cleaning and sanitizing, equipment and utensils may be air-dried and not cloth dried before contact with food. [4-901.11 pgs. 101-102]

Met	Not Met		
____	____	36.	Food contact surfaces of equipment and utensils are clean to sight and touch. [4-601.11 pg. 94 and 4-602.11 pg. 95]
____	____	37.	Non-food contact surfaces of equipment and utensils are clean to sight and touch. [4-601.11 pg. 94 and 4-602.13 pg. 97]
____	____	38.	Moist cloths used for wiping food spills on kitchenware and food-contact surfaces of equipment are stored in a sanitizing solution following directions for sanitizer. [3-304.14 pg. 51] Cloths used for raw animal foods are kept separate as required in (C) of this Food Code section.
____	____	39.	Floors, floor coverings, walls, wall coverings, ceilings and attachments are clean. [6-501.12 pg. 125]
____	____	40.	Food contact surfaces, floors, floor coverings, walls, wall coverings and ceilings are maintained in good repair. [4-202.11 pg. 78 and 6-501.11 pg. 125]

Food is distributed and served under sanitary conditions:

____	____X	41.	During service potentially hazardous foods are maintained at 41° F or below or 135° F or above. [81-2,272.01 pg. 64]
____	____	42.	Food on display is protected by sneeze guards, packaging or other effective means. [3-306.11 pg. 54]
____	____	43.	When food is self-service, residents use clean tableware when returning for additional helpings of food. [3-304.16 pg. 52]
____	____	44.	During pauses in food serving, utensils are stored: a. In the food with the dispensing utensil handle extended out of the food; b. On a clean portion of food prep table or cooking equipment; c. In running water with sufficient velocity to flush particles; or d. In a clean, protected location if the utensils are used only with non-potentially hazardous foods. [3-304.12 pg. 51]



Kerns, Pamela

From: Pelley, Jacqueline
Sent: Wednesday, July 3, 2019 3:26 PM
To: Kerns, Pamela
Subject: FW: Attached Image
Attachments: 2209_001.pdf

Licensure forms for Adult Day Services

Jacqueline Pelley | *Nursing Svs Surveyor Consultant*
PUBLIC HEALTH
Nebraska Department of Health and Human Services
OFFICE: 402-937-3023
DHHS.ne.gov | Facebook | Twitter | LinkedIn

From: dhhs.donotreply@nebraska.gov [mailto:dhhs.donotreply@nebraska.gov]
Sent: Wednesday, July 3, 2019 3:25 PM
To: Pelley, Jacqueline <Jacqueline.Pelley@nebraska.gov>
Subject: Attached Image

ADS Inspection forms

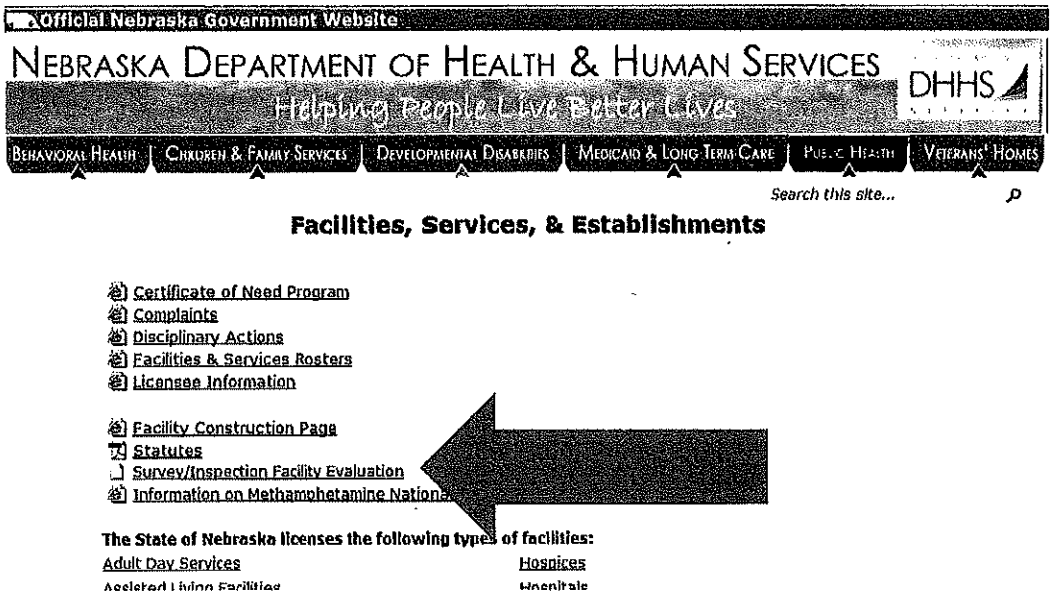
We Value Your Opinion!

Dear Administrator,
We depend on your feedback to help us know how to improve our survey process. If you have not already done so, will you please take a few minutes to tell us how we did on your recent survey? If you have already completed the evaluation form, please accept out thanks and disregard this notice.

You can access the evaluation form directly at:

https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC7lzAxfP6OgMyQ%3d%3d

Or you can access the evaluation form from our website at:



https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC7lzAxfP6OgMyQ%3d%3d

Thank you for taking a moment to let us know what we are doing well and where we need to improve. Your responses are confidential and are used for data analysis and quality improvement purposes only. We appreciate your feedback!

Facility Name: _____

Dates of Survey: _____

Town: _____

Surveyor(s): _____

Sample Patient List

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

LIST OF PERSONNEL

FACILITY NAME: _____

PROVIDER NUMBER: _____

SURVEYOR: _____

DATE OF SURVEY: _____

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

M. _____

N. _____

O. _____

P. _____

Q. _____

R. _____

S. _____

T. _____

U. _____

V. _____

W. _____

X. _____

Y. _____

Z. _____

EXIT CONFERENCE ATTENDEES

Facility Type: Hospice ADS HHA ESRD OPT CORF Respite X-Ray HMO

Facility Name: _____

City: _____

License Number or Provider Number: _____

Date of Survery: _____

Surveyor(s) Name: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ADS INSPECTION PACKET CHECKLIST

Facility Name: _____ **City:** _____

License Number: _____ Licensed Capacity: _____ **Census:** _____

Surveyor: _____ **Survey Dates:** _____

Type of inspection: Initial Compliance Focused Complaint (intake #_____)

_____ Inspection Checklist Provided on Entrance

_____ CMS 670 Team Composition Workload Report

_____ ADS Compliance Inspection Report

_____ ADS Compliance Inspection Protocols

_____ List of Clients

_____ Patient Sample Selection

_____ Direct Care Staff Form

_____ List of Employees

_____ Employee Sample Selection

_____ Number of Client Record Keeping Form

_____ Number of Client Interviews

Yes or No Licensure Deficiencies Cited

Yes or No Revisit On site:_____ or Paper:_____

_____ Surveyor Notes

_____ Copies requested from the ADS

_____ Exit CD on all surveys

_____ List of Exit Conference Attendees

_____ Pictures

Complaint w/survey: Yes or NO

Submit Separate:
- CMS 670
- Investigative Notes
- Finding Statement

Adult Day Service Initial Inspection Checklist

Please prepare the following information front and back for the initial inspection:

1. ____ Copy of Administrators duties and responsibilities (5-006.01)
2. ____ Copy of written personnel policies, job descriptions, & current service policies provided to employees. (5-006.02 #5)
3. ____ Copy of incident & accident reports used. (5-006.02 #10)
4. ____ Procedures for reporting evidence of abuse, neglect or exploitation (5-006.02 #12)
5. ____ Criminal background checks completed for unlicensed direct care staff. (5-006.03A1)
6. ____ Method for obtaining Nurse Aide Registry, Adult Central registry, Child Central Registry & NE State Patrol Sexual Offender Registry checks for unlicensed direct care staff. (5-006.03A2)
7. ____ Policy & Procedure use for employee health status. (5-006.03A5)
8. ____ Copy of Health history screening form. (5-006.03A5)
9. ____ Content of staff orientation. (5-006.03B1)
10. ____ Client/designee rights in written format. (5-006.04A)
11. ____ Process for addressing complaints & grievances. (5-006.05)
12. ____ Process to measure consumer satisfaction. (5-006.06)
13. ____ Copy of written Service Plan.
14. ____ Copy of written assessment/evaluation form. (5-006.07)
15. ____ Copy of criteria for admission. (5-006.08A)
16. ____ Copy of client agreement of participation. (5-006.08C)
17. ____ Copy of discharge criteria. (5-006.08D)
18. ____ Plan of client activities. (5-006.09)
19. ____ Copy of written Program Description. (5-006.10
20. ____ Process for Service Plan. (5.006.10 # 8)
21. ____ Policies & procedures needed to implement client program. (5-006.11)
22. ____ Process for annual review of the program. (5-006.12)
23. ____ Policy & procedures for administration or provisions of medication. (5-006.13)
24. ____ Policy for client self administration of medication if applicable. (5-006.13A1)
25. ____ Policy for provisions of medication by a person other than a licensed health care professional if applicable. (5.006.13A3)

26. ____ Policy for reporting medication errors. (5-006.13C)

27. ____ Copy of medication administration record. (5-006.13F)

28. ____ Copy of policy for disposal of medication. (5-006.13G)

29. ____ Copy of client menus. (5-006.14A)

30. ____ Client record keeping system & related procedures. Please have a dummy client record with all forms that will be used. (5-006.15)

31. ____ Policy for facility owned pet if applicable. (5-006.16D)

32. ____ Procedures for client care & safety related to natural disaster or disease outbreak. (5-006.16F)

33. ____ List of staffs that have been hired.

Facility:_____

Regulation and Licensure
Credentialing Division ADS Compliance
Direct Care Staff Inspection

Date:_____
Time:_____

Staff Name/Title Hire Date	Criminal background checks	Nurse aide registry checked & findings	Adult Central Registry	Child Central Registry	Sex Offender Registry	Employed w/ criminal backgrnd or adverse registry findings	Profess. License OR Med Aide Registry checked & current	Health Screen prior to start of job	Job duties	Client rights	Client Service Agreements	Infection Control (hand washing, hygiene, disposal)	Info on physical, mental special needs	Medical / Health emergency procedures incl. Adv. Directives	Personnel policies	Client Policies	Abuse, Neglect, Misappropriation	Natural Disaster Preparedness	Ongoing Infec Control	Ongoing Emergency & Adv Dir	Ongoing Abuse, Neglect	Ongoing Disaster	Ongoing Client Rights
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

X=if information present
O=if information not present

Surveyor:_____

Revised: 8-7-09
ADS Compliance Insp Direct Care Staff.xls

Type of Inspection: INITIAL ADS LICENSURE

Facility Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____
Fax Number: _____

Email: _____

Adult Day Service (ADS)
INITIAL LICENSURE INSPECTION REPORT

Department Health and Human Services
Division of Public Health
P.O. BOX 94986
Lincoln, Nebraska 68509-4986
(402) 471-4967

Applicant must demonstrate the capability to meet the Scope and Authority, Standards of Operation, Care and Treatment & Physical Plant Standards as prescribed in Title 175 NAC 5-001, 5-006, & 5-007.

Regulation Citation		Met	Not Met	N/A	Comments
5-006.01	**LICENSEE RESPONSIBILITIES** 1. Monitoring policies to assure the appropriate administration and management of the ADS; 2. Maintaining the ADS compliance by the ADS with all applicable state statues and relevant rules and regulation; 3. Ensuring the quality of all care and services provided to clients whether furnished by the ADS staff or through contract with the ADS; 4. Designating an administrator who is responsible for the day to day management of the ADS and defining the duties and responsibilities of the administrator in writing; 5. Ensuring clients are provided with a stable and supportive environment through respect for the rights of clients and responsiveness to client needs: 6. Receiving periodic reports and recommendations regarding the quality assurance/performance improvement program; 7. Implementing programs and policies to maintain and improve the quality of client care and services based on quality assurance/performance reports; and 8. Ensuring that staff levels are sufficient to meet the clients' needs.				

I have had this Inspection Report and Attachments explained to me and understand what corrections must be made, if any, in order to comply with the Title 175 NAC Chapter 5.

Date of Inspection: _____

Inspection Rating: θ **COMPLIANCE** θ **NON-COMPLIANCE**

_____
Facility Representative's Signature

_____
Surveyor's Signature

		Met	Not Met	N/A	
5-006.02	**Administration** 1. Being responsible for the ADS's compliance with rules and regulation; 2. Being responsible for the ADS's promotion of client self-direction and participation in decisions which incorporate independence, individuality, privacy, and dignity; 3. Being on the premises a sufficient number of hours to permit adequate attention to the management of the ADS; 4. Maintaining sufficient number of staff with appropriate training and skills to meet clients' needs as defined in service agreements; 5. Providing written personnel policies, job descriptions, and current service policies and procedures that are made available to all personnel; 6. Maintaining appropriate personnel and administrative records; 7. Providing orientation for new staff, schedule in-service education programs and opportunities for continuing education for the staff 8. Designating a substitute to act in his or her absence who must be responsible and accountable for management of the ADS; 9. Monitoring the agreements of participation and service plans are established and implemented; 10. Monitoring that facility staff identify and review incidents and accidents, client complaints and concerns, patterns and trends in overall operation such as provisions of client care and service, and take action to alleviate problems and prevent recurrence; 11. Developing procedures that require the reporting of any evidence of abuse, neglect or exploitation of any served at the ADS in accordance the Neb Rev. Sta. §28-372 of the Adult Protective Services Act or in the case of a person under the age of 18, in accordance with Neb. Rev. Stat. § 28-711; and 12. Ensuring an investigation is completed on suspected abuse, neglect, exploitation, or misappropriation of money or property and take action to prevent recurrence until the investigation is completed.				**Name of Administrator:**

5-006.03 5-006.03A	**STAFF REQUIREMENT** Employment Eligibility: Each ADS must ensure and maintain evidence of the following:				

		Met	Not Met	N/A	
5-006.03A1	Criminal Background Checks: ADS must complete preemployment criminal background checks on each unlicensed direct care staff member through a governmental law enforcement agency or a private entity that maintains criminal background information.				
5-006.03A2	Registry Check: The ADS must have evidence of contact to verify that each direct care staff has no adverse findings entered on the following registries: 1. Nurse Adle Registry 2. Adult Central Registry of abuse and Neglect: 3. Child Central Register of Abuse and Neglect; and 4. Nebraska State Patrol's Sexual Offenders Registry				
5-006.03A3	The ADS must: 1. Determine how to use the criminal background and registry information, except for the Sex Offender Registry and the Nurse Aide Registry , in making hiring decisions; 2. Decide whether employment can begin prior to receiving the criminal background and registry information; and 3. Document any decision to hire a person with a criminal background or adverse registry findings, except for the Sex Offender Registry and the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to client safety or client property.				
5-006.03A4	The ADS must not employ individuals with adverse findings on the Sex Offender Registry, or on the Nurse Aide Registry regarding client abuse, neglect, or misappropriation of client property.				
5-006.03A5	Health Status: The ADS must establish and implement policies and procedures regarding the health status of staff to prevent transmission of diseases to clients. The ADS: 1. Must complete a health history screening for each staff person prior to their assuming job responsibilities. 2. May, at its discretion, based on results of the health history screening, require a physical examination.				
5-006.03B	Direct Care Staff Training: The ADS must ensure direct care staff receive training in				

		Met	Not Met	N/A	
	order to perform job responsibilities. The ADS must provide for and maintain evidence of the following:				
5-006.03B1	Orientation: the ADS must provide each direct care staff person with orientation of the ADS prior to the staff person having direct responsibility for care and services to clients. The training must include but is not limited to : 1. Job Duties and responsibilities; 2. Client rights; 3. Client service agreements 4. Infection control practices including hand washing techniques, personal hygiene, and disposal; of infectious material; 5. Information on any physical and mental special care needs of the clients served by the ADS; 6. The ADS emergency procedures and information regarding advanced directives; 7. Personnel policies and procedures; 8. Client policies and procedures; 9. Information on abuse, neglect, and misappropriation of money property of a client and reporting procedures; and 10. Disaster preparedness plans.				
5-006.03B2	Ongoing Training: The ADS must provide and maintain evidence of ongoing/continuous in-service or continuing education for staff. The ADS must maintain a record including date, topic, and participants. Training must include, but is not limited to: 1. Infection control practices including hand washing techniques, personal hygiene, and disposal of infectious material; 2. The facility's emergency procedures and information regarding advanced directives; 3. Information on abuse, neglect, and misappropriation of money or property of a client and reporting procedures; 4. Disaster preparedness plans; 5. Client rights; and 6. Other topics determined by the program				
5-006.03C	Staffing Resources: The ADS must ensure that staffing resources and training are sufficient to meet the level of supervision and assistance with activities of daily living, personal care and health maintenance activities that are required by the clients and defined in their client service agreement. The ADS staff must provide				

		Met	Not Met	N/A	
	supervision and assistance in a safe and timely manner.				
5-006.03C1	The ADS must have at least one staff person at the ADS at all times when clients are present to meet the needs of the clients as required by the agreement of participation and the service plan.				
5-006.03D	Employment Record: The ADS must maintain a current employment record of each staff person. The record must contain, at a minimum, information on background checks, orientation and in-service training, and health history screening.				

5-006.04	**CLIENT RIGHTS**				
5-006.04A	The ADS must: 1. Inform clients of their rights in writing upon enrollment; 2. Ensure that clients are aware of their rights for the duration of their participation in the ADS; 3. Operate so as to afford the clients the opportunity to exercise their rights; and 4. Protect and promote client rights.				
5-006.04B	At a minimum, client rights include the right to: 1. Receive respectful and safe care from competent personnel: 2. Be free from abuse, neglect, exploitation, and treated with dignity; 3. Receive ADS without discrimination based upon race, color, religion, national origin, or payer: 4. Voice complaints and grievances without discrimination or reprisal and have those complaints and grievances addressed; 5. Have all records, communications and personal information kept confidential; 6. Self-administer medications if it is safe to do so; 7. Be free of chemical and physical restraints; 8. Be informed of changes in agency policies, procedures, and changes for service or have his/her designee receive this information.				
5-006.04C	Designee Rights: At a minimum, designee rights include the right to:				

		Met	Not Met	N/A	
	1. Be informed of agency's policies, procedures, and charges for service; 2. Voice complaints and grievances without discrimination or reprisal against themselves or the client and have those complaints and grievance addressed. 3. Formulate advanced directives and have the ADS comply with the directives unless the facility notifies the caretaker of their inability to do so; and 4. Be informed of client and designee rights during admission.				

5-006.05	**COMPLAINTS AND GRIEVANCES:** The ADS must establish and implement a process to address complaints and grievances. At a minimum, the process must include: 1. A procedure for submission of complaints and grievances that is made available to employees, clients, or representatives; 2. Time frames and procedures for review of complaints and grievances and provision of a response; 3. Adscription of how information from complaints and grievances and responses is used to improve the quality of care and services for clients; and 4. A method to ensure that the telephone number and address of the Department is readily available to residents, employees, and others who wish to lodge complaints or grievances.				

5-006.06	**CONSUMER SATISFACTION/IMPROVEMENT:** The ADS must develop and implement a process to measure consumer satisfaction.				

5-006.07	**SERVICE PLAN:** The ADS must evaluate each client and must have a written service plan which identifies how particular services are to be provided to the client by the ADS. The plan must address the following basic needs of the client: 1. Health; 2. Psycho-social; and				

		Met	Not Met	N/A	
	3. Functional				

5-006.08	**ADMISSION AND DISCHARGE OF CLIENTS:** The ADS must ensure that its admission and discharge practices meet the client's identified needs and conform with the program description.				
5-006.08A	Admission Criteria: The ADS must have written criteria for admission that includes each level of care and the components of care and services provided.				
5-006.08B	Admission Decisions: The ADS must ensure that the decision to admit a client is based upon its admission criteria and its capability to meet the identified needs of the client.				
5-006.08C	Agreement of Participation: The ADS must negotiate an agreement of participation with the client or designee.				
5-006.08D	Discharge Criteria: The ADS must have written criteria for dismissal of clients.				
5-006.08E	Discharge Decisions: The ADS must ensure that the decision to discharge a client is based upon its discharge criteria.				

5-006.09	**ACTIVITIES:** The ADS must: 1. Plan and provide activities that: a. Meet the interests of clients; b. Promote the physical, mental, and psychosocial well being of clients; and c. Are ongoing 2. Inform clients of the opportunity to participate; and 3. Post an otherwise make available to clients, information about ADS activities.				

5-006.10	**PROGRAM DESCRIPTION:** The ADS must have a written program description that is available to staff, clients and their designees, and members of the public that explains the range of care and services activities provide. The description must include the following: 1. The mission statement, program philosophy or goals, and objectives; 2. The client population served,				

		Met	Not Met	N/A	
	including age groups and other relevant characteristics; 3. The hours and days the ADS provides care and services; 4. Staff Composition and staff qualification requirements to sufficiently provide care and/or services to meet facility goals and objectives; 5. Staff job responsibilities for meeting care and services objectives; 6. System of referral for alternative services for those individuals who do not meet admission criteria; 7. The admission and discharge process, including criteria; 8. The client admission and ongoing assessment and evaluation procedures used by the program, including services plan process; 9. Plan for providing emergency care and services, including use of facility approved interventions to be used by staff in an emergency situation; 10. System governing the reporting, investigation, and resolution of allegations; 11. Client and designee rights and the system for ensuring client rights will be protected and promoted; and 12. The telephone number and address of the Department.				

5-006.11	**POLICIES AND PROCEDURES:** The ADS must establish policies and procedures to implement its program as described in 175 NAC 5-006-10.				

5-006.12	**ANNUAL REVIEW:** The ADS must review elements of the written program description as listed in 175 NAC 5-006,009 at least annually. The ADS must document the results of the annual review. The ADS must include in the review process relevant findings from its quality assurance/performance improvement program for the purpose of improving client services and resolving problems in client care and services. The licensee must revise the program description, as necessary, to reflect accurately care and services the ADS is providing.				

		Met	Not Met	N/A	
5-006.13	ADMINISTRATION OR PROVISION OF MEDICATION: The ADS must establish and implement policies and procedures to ensure that clients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and with prevailing professional standards.				
5-006.13A	Methods of Administration of Medication: When the ADS is responsible for the administration of medication, it must be accomplished by the following methods:				
5-006.13A1	Self-administration of Medications: Clients may be allowed to self-administer medications, with or without visual supervision, when the ADS determines that the client is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The ADS must develop and implement policies to address client self-administration of medication, including: 1. Storage and handling of medications; 2. Inclusion of the determination that the client may self-administer medication in the client's individualized service plan; and 3. Monitoring the pal to assure continued safe administration of medications by the client.				
5-006.13A2	Licensed Health Care Professional: When the ADS uses a licensed health care professional for whom medication administration is included in the scope of practice, the ADS must ensure the medications are properly administered in accordance with prevailing professional standards.				
5-006.13A3	Provision of Medication by a Person Other Than a Licensed Health Care Professional: When the ADS uses a person other than a licensed health care professional in the provision of medications, the ADS must follow 172 NAC 95, Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96, Regulations Governing the Medication Aide Registry. The ADS must establish and implement policies and procedures: 1. To ensure that medication aides and other unlicensed person who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 96-004; 2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provision of 172 96-005 3. That specify how direction and monitoring will occur when the ADS allows medication aides and other unlicensed persons to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows: a. Provide routine Medication; and b. Provision of medications by the following routes: 1) Oral which includes any medication given by mouth including sublingual (placing between the cheek and gum)				

		Met	Not Met	N/A	
	routes and oral sprays; 2) Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation; 3) Topical applications of sprays, creams, ointments, and lotions and transdermal patches; and 4) Instillation by drops, ointments, and sprays into the eyes, ears, and nose. 4. That specify how direction and monitoring will occur when the ADS allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009, which include but are not limited to: a. Provision of PRN Medication; b. Provision of medications by additional routes including but not limited to gastrostomy tube, rectal , and vaginal; and/or c. Documented in client records. 5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision. 6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009; 7. That specify how records of medication provision by medication aides and other unlicensed persons will recorded and maintained. 8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reaction to medications will be reported. The reporting must be; a. Made to the identified person responsible for direction and monitoring; b. Made immediately upon discovery; and c. Documented in client records.				
5-006.13B	When the ADS is not responsible for medication administration or provision, the ADS must maintain responsibility for overall supervision, safety, and welfare of the client.				
5-006.13C	Reporting of Medication Errors: The ADS must have policies and procedures for reporting any errors in administration or provision of prescribed medications. The ADS must report any variance from the five rights as an error; 1. To the client's licensed practitioner; 2. In a timely manner upon discovery and 3. by written report.				
5-006.13D	Storage of Medication: The ADS must store medications in locked areas and in accordance with the manufacturer's instructions for temperature, light, humidity, or other storage instructions.				
5-006.13E	Access to Medication: The ADS must ensure that only authorized staff who are designated by the ADS to be responsible for administration or provision of medications have access to medications.				

		Met	Not Met	N/A	
5-006.13F	Medication Records				
5-006.13F1	The ADS must keep records in sufficient detail to assure that: 1. Clients receive the medications authorized by a licensed health care professional; and 2. The facility is alerted to theft or loss of medication.				
5-006.13F2	The ADS must keep an individual medication administration record for each client. This record must include: 1. Identification of the client; 2. Name of the medication given; 3. Date, time, dosage and method of administration for each medication administered or provided; and the identification of the person who administered or provide the medication; and 4. Client's medication allergies and sensitivities, if any.				
5-006.13G	Disposal of Medications: The ADS must destroy medications that are discontinued by the licensed health care professional and those medications which are beyond their expiration date. The ADS must develop and implement policies and procedures to identify who will be responsible for disposal of medications and how disposal will occur.				
5-006.13H	Medication Provision during Temporary Absences: The ADS must put medication scheduled to be taken by the client in a container identified for the client when a client is temporarily absent from the ADS.				

5-006.14	**FOOD SERVICE:** The ADS must provide food service as specified in the client service agreement and may include special diets.				
5-006.14A	Menus: When the ADS provides food service, meals and snacks must be appropriate to the client's needs and preferences and must meet daily nutritional requirements.				
5-006.14A1	The ADS must plan and write based on the Food Guide Pyramid, or equivalent, and modified to accommodate special diets and texture adaptations needed by clients. The ADS must make menus accessible to clients and designees.				
5-006.14B	Food Safety: The ADS must store, prepare, protect, serve and dispose of food in a safe and sanitary manner and in accordance with the Food Code.				
5-006.14B1	If clients are involved in food service, the ADS must train clients on food safety.				

5-006.15	**RECORD KEEPING REQUIREMENTS:** The ADS must maintain records and reports in such a manner to ensure accuracy.				

N/A=not applicable

10/29/13

		Met	Not Met	N/A	
5-006.15A	Client Records: The ADS must ensure a permanent record for all clients. The ADS must establish the record within five working days of enrollment.				
5-006.15A1	Content: Client records must contain information that includes, but is not limited to: 1. Date of enrollment 2. Name of client 3. Gender 4. Date of birth 5. Client services agreement 6. Licensed practitioner's orders where applicable 7. Significant medical condition 8. Medications and any special diet 9. Allergies 10. Any unusual event or occurrence; 11. Person to contact in emergency situations 12. Designed physician or registered nurse 13. Advanced directives if available; and 14. Quarterly documentation of assistance with activities of daily living, person care, health maintenance activities or supervision, if these are required by the client.				
5-006.15A2	Retention: The ADS must maintain and preserve client records for a minimum of two years.				
5-006.15A3	Confidentiality: The ADS must keep client records confidential and available only for use by authorized persons or as otherwise permitted by law. The ADS must make records available for examination by authorized representatives of the Department.				
5-006.15A4	Access: The ADS must release client information and records only with consent of the client or designee or as permitted by law.				
5-006.15A5	Destruction: The ADS may destroy client records after two years. The ADS must use effective protective measures such as shredding, incineration, electronic deletion, or equally effective methods when it destroys client records.				

		Met	Not Met	N/A	
5-006.16	**ENVIRONMENTAL SERVICES**: If the ADS provides service to clients in a building it owns, manages or uses, it must do so in a safe, clean, comfortable environment. Every detached building on the same premises used for care and services must comply with these regulations:				
5-006.16A	Housekeeping and Maintenance: The ADS must provide the necessary housekeeping and maintenance to protect the health and safety of the clients.				
5-006.16A1	The ADS buildings and grounds must be kept clean, safe, and in good repair.				
5-006.16A2	The ADS must dispose of garbage and rubbish in a manner to prevent the attraction of rodents, flies, and all other insects and vermin. The ADS must dispose of garbage so as to minimize the transmission of infectious diseases and minimize odor.				
5-006.16A3	The ADS must maintain adequate lighting, environmental temperatures, and sound levels in all areas that are conducive to the care provided.				
5-006.16A4	The ADS must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.				
5-006.16B	Equipment, Fixtures, Furnishings: The ADS must keep the equipment, fixtures, and furnishings used in the ADS clean, safe and in good repair.				
5-006.16B1	The ADS must establish and implement a process for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and function to meet the intended use.				
5-006.16C	Bed and Bath Linens: When the ADS provides bed and bath linens, it must maintain an adequate supply of clean linens in good repair.				
5-006.16C1	The ADS must establish and implement procedures for the storage and handling of soiled and clean linens.				
5-006.16D	Pets: The ADS must take all reasonable steps to prevent any ADS owned pet from negatively affecting clients. The ADS must have policies and procedures regarding pets that include: 1. An annual examination, if				

		Met	Not Met	N/A	
	uninhabitable due to natural other disasters; 3. How the ADS will protect clients during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances of materials; 4. How the ADS will provide food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster; and 5. How the ADS will provide for the comfort, safety, and well –being of clients in the event of 24 or more consecutive hours of: a. Electrical or gas outage: b. Heating, cooling, or sewer system failure; or c. Loss or contamination of water supply.				

Additional Survey Information

_____ Adult Day Service Licensure Inspection Report – Attachment A

_____ Adult Day Service Licensure Inspection Report – Attachment B (Food Code Protocols)

Signature of Surveyor completing inspection:_____

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
LICENSURE UNIT – DEPARTMENT OF PUBLIC HEALTH
P O BOX 94986
LINCOLN, NE 68509-4986

TYPE OF INSPECTION

- ☐ Random Selection
- ☐ Focused Selection
- ☐ Complaint Investigation
- ☐ Revisit
- ☐ Initial

ADULT DAY SERVICE
Licensure Inspection Report-Attachment A

Facility_____ **Administrator**_____

Address_____ **Inspection Date**_____

City, Zip Code_____

Applicant must demonstrate the capability to meet the following requirements of Title 175 NAC Chapter 5:

		Met	Not Met	Not Applicable	Comments
5-001	Scope and Authority				
5-006	Standards of Operation, Care and Services				
5-006.01	Licensee				
5-006.02	Administration				
5-006.03	Staff Requirements				
5-006.04	Client Rights				
5-006.05	Complaints/Grievances				
5-006.06	Consumer Satisfaction/Improvement				
5-006.07	Service Plan				
5-006.08	Admission and Discharge of Clients				
5-006.09	Activities				
5-006.10	Program Description				
5-006.11	Policies and Procedures				
5-006.12	Annual Review: Quality Assurance/Performance Improvement Program				
5-006.13	Administration or Provision of Medications				
5-006.13A3 5-006.13A3 5-006.13A3	Provision of Medication by Other Than a Licensed Health Care Professional Direction and Monitoring Reporting of Medication Errors & Adverse [Medication] Reactions				
5-006.13C	Reporting of Medication Errors				
5-006.13D	Storage of Medication				
5-006.13E	Access to Medication				
5-006.13F	Medication Record				
5-006.13G	Disposal of Medications				
5-006.13H	Medication Provision During Temporary Absences				
5-006.14	Food Service				
5-006.14B	Food Code				
5-006.15	Record Keeping Requirements				
5-006.16	Environmental Services				
5-006.16A	Housekeeping and Maintenance				
5-006.16B	Equipment, Fixtures and Furnishings				
5-006.16C	Linens				
5-006.16D	Pets				
5-006.16E	Environmental Safety				
5-006.16F	Disaster Preparedness and Management				

5-007	Physical Plant Standards				
5-007.01A	Dietary – Food Code				

Corrective Action Required: (see below and, when required, additional sheets attached)

Regulatory Reference Number **Summary Statement of Deficiencies**

This report is a preliminary report of the inspection findings. A final report will be forwarded at a later date.

☐ **In Compliance** ☐ **Not In Compliance**

Surveyor Signature **Date** **Facility Representative Signature** **Date**

Surveyor Signature **Date** **Facility Representative Printed Name** **Date**

ADULT DAY SERVICE
Licensure Inspection Report-Attachment A (cont.)

Facility Name & Address: _____

Inspection Date(s): _____

Surveyor's Name: _____

Regulatory Reference Number	Summary Statement of Deficiencies

Nebraska Department of Health and Human Services
Licensure Unit – Public Health Division
P O Box 94986
Lincoln, NE 68509-4986

Adult Day Service (ADS)
Licensure Inspection Report – Attachment B
175 NAC 5-006.14B: Nebraska Food Code Protocols

Facility Name: _____ Phone: _____

Address: _____

Owner: _____

Inspection Date: _____ Surveyor(s): _____

5-006.14B Food Code ***(References in brackets are from Nebraska Food Code Effective 3-8-2012)***

☐ **Met** ☐ **Not Met**

Met	Not Met		
			Food is procured from approved sources:
____	____	1.	Home canned foods are not used. [3-201.12 pg. 40] (Exception: Home canned food brought in when desired by individual residents)
____	____	2.	Fluid milk and fluid milk products meet the Grade A quality standards. [3-201.13 pg.40]
____	____	3.	Shell eggs are obtained from a source that has an egg-handling permit and are clean and are not cracked. [3-202.13 pg. 43]
____	____	4.	Fish is commercially and legally harvested and processed. [3-201.14 pg. 40]
____	____	5.	Game animals when used meet Nebraska Food Code requirements. [3-201.17 pg. 41]
____	____	6.	Beef, pork, poultry and lamb are obtained from sources that are under a routine inspection program. [3-201.11 pg. 39]
			Food is stored under sanitary conditions:
____	____X	7.	Temperature of potentially hazardous foods is maintained at 41° F or below or 135° F or above at all times, except during preparation, cooking or cooling. [81-2,272.01 pg.64]
____	____	8.	Frozen foods are maintained frozen. [3-501.11 pg. 62]
____	____	9.	Cooked potentially hazardous foods are cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or below within an additional 4 hours. [3-501.14 pg. 63]

Met	Not Met		
____	____	10.	Potentially hazardous foods that are made from ingredients at room temperature are cooled to 41° F within 4 hours. [3-501.14 pg. 63]
____	____X	11.	Food is protected from cross-contamination, by separating raw animal foods, unwashed and soiled foods from ready-to-eat foods. [3-302.11 pg.48]
____	____X	12.	Poisonous or toxic materials are stored separately from food. [7-201.11 pg. 129]
____	____	13.	All containers of poisonous or toxic materials stored in the kitchen area are clearly and individually labeled as to contents. [7-101.11, 7-102.11 pg.129]
____	____	14.	Food packages are resealed after opening and have no holes or tears in the packaging so that food is protected from contamination. [3-202.15 pg. 44]
____	____	15.	Food is stored in clean, dry locations where exposure to splash, dust or other contaminants will not occur, food is not stored on the floor, except as allowed by (B) & (C) of this Food Code section. [3-305.11 pg. 53]
____	____	16.	Containers holding food or food ingredients that are removed from their original packages and not easily recognized are identified with the common name of the food. [3-302.12 pg. 49]
____	____	17.	Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours is marked with date of preparation. [81-2,272.24 pg. 65]
____	____	18.	There are no containers of potentially hazardous food available for consumption past 7 days of preparation or opening and no containers of food that are available past food processor's expiration date. [81-2,272.24 pg. 65]
____	____	19.	Food is not stored in locker rooms, toilet rooms, dressing rooms, garbage rooms, mechanical rooms, sewer lines that are not shielded to intercept potential drips, under leaking water lines including leaking automatic fire sprinkler heads or lines with condensation, open stairwells, or under other sources of contamination. [3-305.12 pgs. 53-54]
			Food is prepared under sanitary conditions:
____	____	20.	Employees drink and smoke only in designated areas which do not include food preparation or dishwashing areas, except as allowed in (B) of this Food Code section [2-401.11 pg. 38]
____	____X	21.	There are no more than 2 instances of failure to wash hands by food service employees: ____ after using toilet room ____ after touching bare body parts ____ after coughing, sneezing, or blowing nose ____ after using tobacco ____ after eating or drinking ____ as often as necessary to remove soil and contamination and ____ to prevent cross-contamination when changing tasks from soiled to clean [2-301.12 pg. 35; 2-301.14 pg. 36]
____	____	22.	Single-use gloves are used for only one task, and discarded when damaged or soiled, or when interruptions occur in the operation. [3-304.15 pg. 52]

Met	Not Met		
____	____	23.	A separate handwashing sink equipped with soap, towel dispenser/waste receptacle or heated air hand drying device is convenient to food preparation and dishwashing area. [5-203.11 pg. 107; 5-204.11 pg. 109, 5-205.11 pg. 109; 6-301.11 pg. 123; 6-301.12 pg. 123; and 6-301.13 pg.123.]
____	____	24.	Dietary employees wear effective hair restraint when working with food. [2-402.11 pg.38]
____	____X	25.	Employees working in the food preparation do not exhibit any condition/symptom as specified in the Food Code that would cause likelihood of food borne disease transmission. [2-201.11 pgs. 26-28]
____	____X	26.	Potentially hazardous foods are thawed: 1) Under refrigeration 2) Completely submerged under running water of temperature of 70° F or below 3) In a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process 4) As part of the conventional cooking process [3-501.13 pgs. 62-63]
____	____	27.	Food or food ingredients are free from spoilage, spare filth or other contamination [3-101.11 pg. 39]
____	____	28.	Employees use a clean utensil each time when tasting food. [3-301.12 pg. 48]
____	____X	29.	Ground meat is cooked to an internal temperature of 155° F for 15 seconds except as otherwise specified [3-401.11(A)(2) pg. 56]
____	____	30.	Poultry is cooked to an internal temperature of 165° F or above and held for 15 seconds [3-401.11(A)(3) pg. 56]
____	____	31.	Pork or pork products are cooked to an internal temperature of 158° F with no hold time except as otherwise specified. [3-401.11(B)(2) pg. 57]
____	____	32.	Beef and seafood are cooked to an internal temperature of 145° F for 3 minutes . [3-401.11 pgs. 56]
____	____	33.	Potentially hazardous foods that have been cooked and then refrigerated are reheated within 2 hours to an internal temperature of 165° F for 15 seconds. [3-403.11 pg. 61]

Sanitization of food contact surfaces of equipment and utensils:

____	____X	34.	HOT WATER SANITIZATION -Manual sanitization is completed by immersion for at least 30 seconds at 171° F or above [4-501.111 pg. 92 and 4-703.11(A) pg. 100] -Mechanical--during sanitization, surfaces reach a temperature of 160° F [4-703.11 pg. 100] CHEMICAL SANITIZATION -Manual & mechanical - a test kit that measures the concentration of sanitizing solutions is available and the concentration when checked meets the product recommendations [4-302.14 pg. 88; 4-703.11(C) pg. 100; 4-501.114 pg. 92 and 4-501.116 pg. 94]
____	____	35.	After cleaning and sanitizing, equipment and utensils may be air-dried and not cloth dried before contact with food. [4-901.11 pgs. 101-102]

Met	Not Met		
____	____	36.	Food contact surfaces of equipment and utensils are clean to sight and touch. [4-601.11 pg. 94 and 4-602.11 pg. 95]
____	____	37.	Non-food contact surfaces of equipment and utensils are clean to sight and touch. [4-601.11 pg. 94 and 4-602.13 pg. 97]
____	____	38.	Moist cloths used for wiping food spills on kitchenware and food-contact surfaces of equipment are stored in a sanitizing solution following directions for sanitizer. [3-304.14 pg. 51] Cloths used for raw animal foods are kept separate as required in (C) of this Food Code section.
____	____	39.	Floors, floor coverings, walls, wall coverings, ceilings and attachments are clean. [6-501.12 pg. 125]
____	____	40.	Food contact surfaces, floors, floor coverings, walls, wall coverings and ceilings are maintained in good repair. [4-202.11 pg. 78 and 6-501.11 pg. 125]

Food is distributed and served under sanitary conditions:

____	____X	41.	During service potentially hazardous foods are maintained at 41° F or below or 135° F or above. [81-2,272.01 pg. 64]
____	____	42.	Food on display is protected by sneeze guards, packaging or other effective means. [3-306.11 pg. 54]
____	____	43.	When food is self-service, residents use clean tableware when returning for additional helpings of food. [3-304.16 pg. 52]
____	____	44.	During pauses in food serving, utensils are stored: a. In the food with the dispensing utensil handle extended out of the food; b. On a clean portion of food prep table or cooking equipment; c. In running water with sufficient velocity to flush particles; or d. In a clean, protected location if the utensils are used only with non-potentially hazardous foods. [3-304.12 pg. 51]

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

LICENSURE INSPECTION
Consent for Home Visit

Patient Name: _____

Address: _____

Name of Home Health Agency: _____

Date of Home Visit: _____

Name of Surveyor: _____

This consent statement permits the Department of Health and Human Services, Division of Public Health, Licensure Unit personnel to conduct a home visit to determine the Agency's compliance with the State Regulations governing the licensure of Home Health Agencies and to evaluate the quality of services provided to their patients.

I understand that consent for this visit is voluntary and the visit will only be performed with my permission.

_____ _____
Patient Signature Date

If you have any questions or concerns, contact the Licensure Unit at (402) 471-4967.

Distribution: White - Patient Pink - Licensure Unit Yellow - Provider Agency

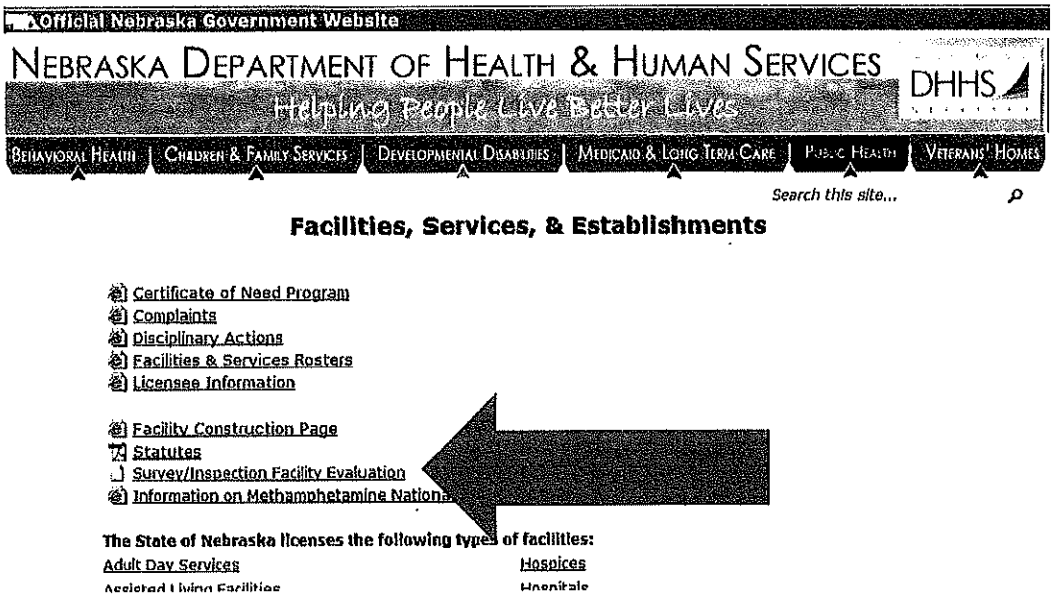
We Value Your Opinion!

Dear Administrator,
We depend on your feedback to help us know how to improve our survey process. If you have not already done so, will you please take a few minutes to tell us how we did on your recent survey? If you have already completed the evaluation form, please accept out thanks and disregard this notice.

You can access the evaluation form directly at:

https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Or you can access the evaluation form from our website at:



https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d

Thank you for taking a moment to let us know what we are doing well and where we need to improve. Your responses are confidential and are used for data analysis and quality improvement purposes only. We appreciate your feedback!

Facility Name: _____

Dates of Survey: _____

Town: _____

Surveyor(s): _____

Sample Patient List

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

LIST OF PERSONNEL

FACILITY NAME: _____

PROVIDER NUMBER: _____

SURVEYOR: _____

DATE OF SURVEY: _____

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

M. _____

N. _____

O. _____

P. _____

Q. _____

R. _____

S. _____

T. _____

U. _____

V. _____

W. _____

X. _____

Y. _____

Z. _____

EXIT CONFERENCE ATTENDEES

Facility Type: Hospice ADS HHA ESRD OPT CORF Respite X-Ray HMO

Facility Name: _____

City: _____

License Number or Provider Number: _____

Date of Survery: _____

Surveyor(s) Name: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

RESPITE APPLICATION CHECKLIST

City:_____ Respite Name:_____

Administrator Name: _____

INITIAL LICENSE FEES:
Program through Volunteers = $50
Program with capacity of 8-16 = $250
Program with capacity of 17-50 = $350
Program with capacity of 51 or above = $450

_____ Date Application received

Y N Licensure Fee Paid

Y N Federal Employer Identification # of the Corporate Owner of the facility

Y N Social Security Number if the Owner of the facility is an individual

Y N Administrator

_____ Starting Date of Operation

☐ Free Standing
☐ Part of health care facility

Y N Mailing Address of Ownership

Y N List of persons in Control/Management or having Financial interest in facility

Y N Appropriate # of Signatures

Y N Ownership of Facility

Y N Ownership Address

Y N Is Owner Address in another state?
If so, we need check to see if this owner is a foreign corporation

Y N Foreign Corporation Document (if applicable)

CONSTRUCTION DOCUMENTS (Claire)

☐ _____ Construction plans (blueprints) [if new construction or there is remodeling]

☐ _____ Fire Occupancy Certificate

☐ _____ Completion Certificate (by architect/engineer)

☐ _____ Schematics – (simple diagram with rooms, room number, and of # of beds per room) **NOTE**: If not new construction or remodeling still must obtain certification that the building meets the licensure requirements see NAC 5-005.01C 3

Y N Application complete

_____ Date Applicant Notified of missing items

Y N All Additional Requested Information received: _____

_____ Entered in ACO

_____ Facility ID Assigned

_____ Date Application is Complete

_____ Date PM reviewed the application & gave to SA

_____ Date ready letter sent to agency

_____ Date Ready Letter received

_____ Survey Due Date: assigned & scheduled to be completed by this date

_____ Date Surveyor notified and sent copies of this file (survey must be done 30 days from date of ready letter)

_____ Effective Date of License _____Date PM approved licensure/gives to SA

_____ ****Date License mailed to facility***

___ Add new Respite to Roster Book

Revised 11/2010

Respite Care Services
INSPECTION REPORT

Department of Health and Human Services
Division of Public Health
P.O. BOX 94986
Lincoln, Nebraska 68509
(402) 471-4967

Applicant must demonstrate the capability to meet the Standards of Operation, Care as prescribed in 175 NAC 15-006 Respite Care Services.

Type of Inspection: INITIAL LICENSURE

Agency: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Owner: _____

Regulatory Citation		Met	Not Met	N/A	Comments
15-006.01	**Licensee**: The licensee must determine, implement, and monitor policies to assure that the service is administered and managed appropriately. The licensee's responsibilities include: 1. Maintain the RCS's compliance with all applicable state statutes and relevant rules and regulations; 2. Ensure the quality of all services and care provided to clients, whether furnished by the RCS staff or through contract with the RCS; 3. Ensuring clients are provided with a stable and supportive environment, through respect for the rights of clients and responsiveness to client needs; and 4. Ensuring that staff levels are sufficient to meet the clients' needs.				
006.02	**Person in Charge:** The RCS must designate a person to be in charge of the day to day operation of the RCS. In a free-standing RCS site, the person must be onsite during the hours of operation.				**Name of Administrator**:
006.03	**Staff Requirements**: The RCS must maintain a sufficient number of staff with the required training and skills necessary to meet the client's requirements for assistance or provision of personal care, activities of daily living, health maintenance activities, supervision, and support health and safety. The service must provide care to clients in a safe and timely manner.				

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the 175 NAC 15 005-006.

Date of Inspection: _____

Inspection Rating: θ **IN-COMPLIANCE** θ **NON-COMPLIANCE**

_____
Facility Representative's Signature

_____
Surveyor's Signature

		Met	Not Met	N/A	
006.03A	**Employment Eligibility:** Each RCS must ensure and maintain evidence of the following:				
006.03A1	Criminal Background Checks: The RCS must complete pre-employment criminal background checks on each unlicensed direct care staff member through a governmental law enforcement agency or a private entity that maintains criminal background information.				
006.03A2	Registry Checks: The RCS must check each unlicensed direct care staff for adverse findings on the following Nebraska registries: 1. Nurse Aide Registry; 2. Adult Protective Services Central Registry; 3. Central Register of Child Protection Cases; and 4. State Patrol Sex Offender Registry.				
006.03A3	The RCS must: 1. Determine how to use the criminal background and registry information, except for the Sex Offender Registry and Nurse Aide Registry, in making hiring decisions; 2. Decide whether employment can begin prior to receiving the criminal background and registry information; and 3. Document any decision to hire a person with a criminal background or adverse registry findings, except for the Sex Offender Registry and the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to client safety or client property.				
006.03A4	The RCS must not employ a person with adverse findings on the Sex Offender Registry, or on the Nurse Aide Registry regarding client abuse, neglect, or misappropriation of property.				
006.03A5	Health Status: Each RCS must establish and implement policies and procedures regarding the health status of staff to prevent transmission of disease to clients. The RCS: 1. Must complete a health screening for each staff person prior to assuming job responsibilities; and 2. May, in its discretion, based on the health screening, require a staff person to have a physical examination.				
006.03B	**Staff Training**: The RCS must provide staff with sufficient training to meet client needs for care.				
006.03B1	**Orientation**: The RCS must provide staff with orientation prior to the staff person having direct responsibility for care and services to clients. The training must include:				

		Met	Not Met	N/A	
	1. Job duties and responsibilities; 2. Client rights; 3. Client service agreements; 4. Infection control practices including handwashing techniques, personal hygiene, and disposal of infectious material; 5. Information on any physical and mental special care needs of the clients; 6. Emergency procedures and information regarding advance directives; 7. Information on abuse, neglect, and misappropriation of money or property of a client and reporting procedures; and 8. Disaster preparedness plans.				
006.03B2	**Ongoing Training**: Each RCS must provide and maintain evidence of ongoing/continuous inservices or continuing education for staff. A record must be maintained including the date of the training, the topic, and participants.				
006.03C	**Staffing Resources**: The RCS must ensure that staffing resources and training are sufficient to meet the level of supervision and assistance with activities of daily living, personal care, and health maintenance activities that are required by the clients.				
006.03C1	**Supervision**: The RCS must establish and implement policies and procedures regarding appropriate client supervision.				
006.03D	**Employment Record**: A current employment record must be maintained for each staff person. The record must contain at a minimum, information on orientation, inservices, employment eligibility information, and health history screening.				
006.03E	**Provision of Respite Care Services**: The RCS must provide staffing to ensure that services to clients are provided in a safe and timely manner to meet the needs of the client and in accordance with the instructions and direction of the caregiver.				

006.04	**Client Rights**: Each RCS must protect and promote each client's rights. This includes the establishment and enforcement of written policies and procedures to ensure the operations of the RCS afford clients the opportunity to exercise their rights. At a minimum, each client must have the right to: 1. Respectful and safe care by competent personnel; 2. Be free from abuse, neglect, exploitation, and to be treated with dignity; 3. Receive respite care services without discrimination based upon race, color, religion, gender, or national origin; 4. Confidentiality of all records, communications, and personal information; 5. Be free of chemical and physical restraints;				

		Met	Not Met	N/A	
	and 6. Be informed of changes in agency policies, procedures, and charges for service.				
006.04A	**Designee/Caregiver Rights**: At a minimum, each designee/caregiver must have the right to: 1. Be informed of any changes in the RCS description as indicated in 175 NAC 15-006.05; 2. Voice complaints without discrimination or reprisal against themselves or the client and have those complaints addressed; 3. Be informed of client and designee/caregiver rights during admittance; and 4. Be informed of changes in agency policies, procedures, and charges for service.				
006.04B	**Designee Rights**: At a minimum, each designee must have the right to formulate advance directives and have the RCS comply with the directives unless the RCS notifies the designee of their inability to do so.				
006.04C	**Complaints**: Each RCS must establish and implement a process of addressing all complaints received from clients, caregivers, designees, employees, and others. The process must include, but is not limited to: 1. A procedure for submission of complaints that is made available to employees, clients, or designee/caregivers; and 2. Time frames and procedures for review of complaints and provision of responses to address complaints.				

006.05	**Respite Care Service Description**: The RCS must have a written description that is available to staff, clients, caretakers, designees, and members of the public that explains the range of respite care services that can be provided. The description must include the following: 1. The goals and objectives of the RCS; 2. The hours and days when care is provided; 3. The description of the types of clients to be served, including age, gender, care needs, and any other relevant characteristics; 4. The composition of staff and their qualifications; 5. The job responsibilities of staff; and 6. The system used for the reporting, investigating, and resolving allegations of client abuse, neglect, and exploitation.				

006.06	**Evaluations**: The RCS must evaluate each client and have a written agreement with the client or designee to delineate the services to be provided to meet the needs identified in the evaluation. The agreement must contain the following basic components:				

		Met	Not Met	N/A	
	1. Who will provide the service; 2. Where the service will be provided; and 3. Disclosure of liability insurance held by the RCS, if any, and what the coverage provides.				

006.07	**Administration or Provision of Medications**: Each RCS must establish and implement policies and procedures to ensure that clients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and with prevailing professional standards.				
006.07A	**Methods of Administration of Medication**: When the RCS is responsible for the administration of medication, it must be accomplished by the following methods: 1. **Self-Administration of Medications**: Clients may be allowed to self-administer medications, with or without visual supervision, when the RCS determines that the client is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The RCS must develop and implement policies to address client self-administration of medication, including: **a.** Storage and handling of medications; **b.** Inclusion of the determination that the client may self-administer medication in the client's individualized service plan; and **c.** Monitoring the plan to assure continued safe administration of medications by the client. 2. **Licensed Health Care Professional**: When the RCS uses a licensed health care professional for whom medication administration is included in the scope of practice, the RCS must ensure the medications are properly administered in accordance with prevailing professional standards. 3. **Provision of Medication by a Person Other Than a Licensed Health Care Professional**: When the RCS uses a person other than a licensed health care professional in the provision of medications, the RCS must follow 172 NAC 95, Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96, Regulations Governing the Medication Aide Registry where applicable. The RCS must establish and implement policies and procedures: **a.** To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 96-004; **b.** To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provision of 172 NAC 96-005;				

		Met	Not Met	N/A	
	c. That specify how direction and monitoring will occur when the RCS allows medication aides and other unlicensed persons to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows: (1) Provide routine medication; and (2) Provision of medications by the following routes: (a) Oral, which includes any medication given by mouth, including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays; (b) Inhalation, which includes inhalers and nebulizers, including oxygen given by inhalation; (c) Topical applications of sprays, creams, ointments, lotions, and transdermal patches; and (d) Instillation by drops, ointments, and sprays into the eyes, ears, and nose; **d.** That specify how direction and monitoring will occur when the RCS allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-007, which include but are not limited to: (1) Provision of PRN medication; (2) Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or (3) Participation in monitoring; **e.** That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision; **f.** That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-007; **g.** That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained; and **h.** That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be: (1) Made to the identified person responsible for direction and monitoring; (2) Made immediately upon discovery; and (3) Documented in client records.				

		Met	Not Met	N/A	
006.07B	When the RCS is not responsible for medication administration or provision, the RCS must maintain responsibility for overall supervision, safety, and welfare of the client.				
006.07C	**Reporting of Medication Errors**: When the RCS provides for medication administration or provision, the RCS must have policies and procedures for reporting any errors in administration or provision of any medications by the service or its employee(s). Any variance from the five rights must be reported as an error: 1. To the client's licensed practitioner; 2. To the client's designee/caregiver; 3. In a timely manner upon discovery; and 4. By written report.				
006.07D	**Storage of Medication**: Except when the respite care service is provided in the client's home, all medications must be stored in secured areas and stored in accordance with the manufacturer's instructions for temperature, light, humidity, or other storage instructions. If children under the age of 13 are being served, all medications must be locked.				
006.07E	**Access to Medication**: Except when the RCS is provided in the client's home, the RCS must ensure that only authorized staff who are designated by the RCS to be responsible for administration or provision of medications have access to medications.				
006.07F	**Medication Record**: The RCS must maintain records with sufficient detail to assure that: 1. Clients receive the medications authorized by a licensed health care professional; and 2. The RCS is alerted to theft or loss of medication.				
006.07F1	**Individual Client Record**: Each client must have an individual medication administration record which must include: 1. Identification of the client; 2. Name of the medication given; 3. Date, time, dosage and method of administration for each medication administered or provided; and the identification of the person who administered or provided the medication; any refusal by the client; and 4. Client's medication allergies and sensitivities, if any.				

006.08	**Food Service**: If the RCS provides food service, meals and snacks must be appropriate to the client's needs and preferences, and must meet daily nutritional requirements.				
006.08A	**Menus**: Menus must be planned and written based on the Food Guide Pyramid or equivalent and modified to accommodate special diets and texture adaptations as needed by the client. Menus must be made accessible to clients, caregivers, and				

		Met	Not Met	N/A	
	designees.				
006.08B	**Food Storage**: The RCS must store, handle and dispose of food in a safe and sanitary manner and in accordance with the Nebraska Food Code.				

006.09	**Client Information**: Each RCS must obtain written, accurate client information from the caregiver. Client information must be kept confidential.				
006.09A	**Content**: Client records must contain, when applicable, the following information: 1. Name of client; 2. Gender of client; 3. Date of birth of client; 4. Licensed practitioner's orders where applicable; 5. Significant medical conditions; 6. Medications and any special diet; 7. Allergies; 8. Person to contact in emergency situations; 9. Designated physician or registered nurse; and 10. Advance directives if available.				
006.09B	**Client Identification**: The RCS must establish policies and procedures for client identification when there are multiple clients at a site.				

006.10	***Disaster Preparedness and Management***: The RCS must establish and implement disaster preparedness plans and procedures to ensure that client care, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations causing clients to remain at the RCS. Such plans and procedures must address and delineate: 1. How the RCS will maintain the proper identification of each client to ensure that care coincides with the client's needs; 2. How the RCS will move clients to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster; 3. How the RCS will protect clients during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials; 4. How the RCS will provide food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster; and 5. How the RCS will provide for the comfort, safety, and well-being of clients in the event of 24 or more consecutive hours of: **a.** . Electrical or gas outage; **b.** Heating, cooling, or sewer system failure; or **c.** Loss or contamination of water supply.				

Additional Survey Information

Signature of Surveyor completing inspection: _____

Kerns, Pamela

From: Pelley, Jacqueline
Sent: Wednesday, July 3, 2019 3:47 PM
To: Kerns, Pamela
Subject: FW: Attached Image
Attachments: 2214_001.pdf

Licensure forms used for Health Maintenance Organization (HMO) QA audits for the Department of Insurance

Jacqueline Pelley | *Nursing Svs Surveyor Consultant*
PUBLIC HEALTH
Nebraska Department of Health and Human Services
OFFICE: 402-937-3023
DHHS.ne.gov | Facebook | Twitter | LinkedIn

From: dhhs.donotreply@nebraska.gov [mailto:dhhs.donotreply@nebraska.gov]
Sent: Wednesday, July 3, 2019 3:45 PM
To: Pelley, Jacqueline <Jacqueline.Pelley@nebraska.gov>
Subject: Attached Image

HMO Only

Attachment A:

Nebraska Department of Health and Human Services
Division of Public Health
Licensure Division
Lincoln, NE

Health Maintenance Organization (HMO)
Quality Assurance Assessment Report

HMO _____ **Administrator** _____
Address _____ **Inspection Date** _____
City, Zip Code _____
Applicant must demonstrate the capability to meet the following requirements of Nebraska Revised Stat. §44-32,126; 44-32, 127; and 44-32,128.

Statute 44-32, 126

Quality of Care: Procedures established.

A. Review procedure/mechanisms that assure Availability, accessibility & continuity of care Met_____ Not Met _____

Comments:

_____

_____

Statute 44-32,127

Quality Assurance Program: requirements.

A. Review the Quality Assurance program that evaluates & monitors the HMO health care services

1. Review of Primary & specialists physician services.
   Met_____ Not Met _____

Comments:

_____

_____

2. Ancillary & Preventive health care services in Non-institutional settings; i.e. hospitals, Nursing Homes, HMO's
   Met_____ Not Met _____

Comments:

_____

_____

3. Evaluate written QA Program, which must include but not limited to:
   a. HMO's Scope and Purpose
      Met_____ Not Met _____
      Comments:
      _____
      _____

b. Organizational structure (responsible for QA):
Met_____ Not Met _____
Comments:
_____
_____

c. Contracts (when appropriate) to delegate QA activities:
Met_____ Not Met _____
Comments:
_____
_____

d. Policies and procedures regarding confidentiality.
Met_____ Not Met _____
Comments:
_____
_____

e. System for evaluation of ongoing activities
Met_____ Not Met _____
Comments:
_____
_____

f. System for focused evaluation activities
Met_____ Not Met _____
Comments:
_____
_____

g. System for credentialing providers & perform peer review activities.
Met_____ Not Met _____
Comments:
_____
_____

h. Designate the physician responsible for QA.
Met_____ Not Met _____
Comments:
_____
_____

4. Review records of ongoing QA activities such as:
   a. Problem assessment, identification, selection, & study.
   Met_____ Not Met _____
   Comments:
   _____
   _____

b. Corrective Action, monitoring, evaluation & reassessment
Met_____ Not Met _____
Comments:
_____
_____

c. Contains interpretation & analysis of patterns of care rendered to individual patients by individual providers.
Met_____ Not Met _____
Comments:
_____
_____

5. Review documentation of focused QA activity based on sampled enrollees, identifies topic selection, study, data collection, analysis, interpretation & report format.
Met_____ Not Met _____
Comments:
_____
_____

6. Review written plan corrective action whenever inappropriate of substandard services were provided, or services that were not provided that should have been.
   a. QA meeting minutes shall be available for review by the Director of Regulation and Licensure or designee, governing body, providers, and appropriate staff.
   Met_____ Not Met _____
   Comments:
   _____
   _____

Statute 44-32,128

Patient record system requirements. Review and evaluate enrollee records.

1. Each HMO must maintain an adequate patient record system. Review records for the following:
   a. Documentation in and ability to retrieve clinical records.
   Met_____ Not Met _____
   Comments:
   _____
   _____

   b. Continuity and coordination of patient care.
   Met_____ Not Met _____
   Comments:
   _____
   _____

c. Quality of health and medical care provided to enrollees.
Met_____ Not Met _____
Comments:
_____
_____

Corrective action required :
_____
_____
_____
_____

Rating:
____ Compliance with QA requirements _____ Non-Compliance with QA requirements

Surveyor Signature _____Date _____
HMO Representative _____ Date _____

Attachment B: Checklist of documents required to complete the review for compliance with Nebraska Statutes by the Health Maintenance Organization regarding their Quality Assurance Program:

HMO Name: _____ Date: _____
Contact Name: _____ Phone Number: _____ Ext._____
Email Address: _____
Name and license number (if applicable) of the following:

Administrator: _____
Medical Director: _____
Physician Responsible for Quality Assurance: _____
Quality Assurance Coordinator: _____
Nurse Reviewer/Case Manager/Medical Records: _____
Others: _____

Please provide the following to my email
To survey for compliance by the HMO with Neb. Rev. Stat. §§44-32, 126 through 44-32, 128, the following is being requested for the Department's re-review:

1. Policies and procedures to assure availability, accessibility and continuity of care.
2. How will the Quality Assurance Program monitor health care services for primary and specialized physician services, ancillary and preventative care services across institutional and non-institutional settings?
3. System to evaluate focused and ongoing activities.
4. System for credentialing providers and preforming peer review activities.
5. Responsibilities of the designated physician responsible for Quality Assurance.
6. Format plan to use to access, identify problem, corrective action identified and analysis of pattern.
7. How will the clinical information be retrieved for the purpose of identifying the quality of care?
8. Any other documents you can share with us to assure compliance with the above statutes.
9.

Please identify where in new documentation the HMO has demonstrated compliance with each of these Nebraska Statutes. This form can be used along with Attachment A as a checklist to verify compliance with provision of required documentation.

The department will also need a name and address for submission of charges for the Quality Assurance Review.

Thank you, in advance, for your assistance in getting this information to the HMO contact responsible for the Quality Assurance Program.

Attachment C

Nebraska Department of Health and Human Services
Regulation and Licensure - Credentialing Division
P O Box 95007
Lincoln Ne 68509-5007

HEALTH MAINTENANCE ORGANIZATION (HMO) QUALITY ASSURANCE ASSESSMENT REPORT

HMO_____ Administrator_____

Address_____ Inspection Date_____

City,Zip Code_____

Applicant must demonstrate the capability to meet the following requirements of Neb. Rev. Stat. §44-32,126; 44-32,127; 44-32,128

	Met	Not Met	Comments
Statute 44-32,126 Quality of Care; procedures established. A. Review procedures/mechanisms that assure availability, accessibility, & continuity of care.			
Statute 44-32,127 Quality Assurance Program; requirements. A. Review the quality assurance program, that evaluates & monitors the HMO health care services.			
1. Review of primary & specialist physician services.			
2. Ancillary & preventive health care services in non/institutional settings, ie; Hospitals, Nursing Homes, HMO's.			
3. Evaluate written Q.A. program, which must include but not limited to: a. HMO's scope & purpose.			
b. Organizational structure(responsible for Q.A.).			
c. Contracts (when appropriate) to delegate Q.A. activities.			
d. Policies & procedures regarding confidentiality.			
e. System for evaluation of ongoing activities.			
f. System for focused evaluation activities.			
g. System for credentialing providers, & perform peer review activities.			

h. Designate the physician responsible for Q.A. responsibilities.			
4. Review records of the ongoing Q.A. activities such as: a. Problem assessment, identification, selection, & study			
b. Corrective action, monitoring, evaluation & reassessment			
c. Contains interpretation & analysis of patterns of care rendered to individual patients by individual providers.			
5. Review documentation focused Q.A. activity based on sampled enrollees, identifies topic selection, study, data collection, analysis, interpretation & report format.			
6. Review written plan corrective action whenever inappropriate or substandard services were provided, or services that were not provided that should have been. a. Q.A. meeting minutes shall be available for review by the Director of R&L designee, governing body, providers, and appropriate staff.			
Statute 44-32,128 Patient record system; requirements. Review & evaluate enrollee records. 1. Each HMO must maintain an adequate patient record system. Review records for the following: a. Documentation in & ability to retrieve clinical information.			
b. Continuity and coordination of patient care.			
c. Quality of health & medical care provided to enrollees.			

Corrective Action Required:

Rating: ☐ **Compliance with QA Requirements** ☐ **Non-Compliance with QA Requirements**

Surveyor Signature _____ Date _____ HMO Representative _____ Date _____

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

BODY ART FACILITY INSPECTION REPORT

DHHS – LICENSURE UNIT
P.O. BOX 94986
LINCOLN, NEBRASKA 68509
(402) 471-2117
Email: dhhs.licensure2117@nebraska.gov

License #: _____ Date Issued: _____

Facility Name: _____

Address: _____

_____

Owner: _____ Tele #: _____

SECTION A

☐ Open by Appointment Only

Days & Hours of Operation:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SECTION B

		YES	NO
1	Documents Posted (46-003)		
2	Client Records (46-004)		
3	Record Keeping and Retention Schedule (46-004.01)		
4	Surfaces (46-005.01)		
5	Address (46-005.02)		
6	Entrance and Exits (46-005.03)		
7	Privacy Area (46-005.04)		
8	Ventilation (46-006)		
9	Water (46-007)		
10	Safety (46-008)		
11	Required Equipment and Furnishings (46-009)		
12	Furniture (46-010)		
13	Storage (46-011)		

SECTION B - CONTINUED

		YES	NO
14	Towels and Linens (46-012)		
15	Products (46-013)		
16	Supplies, Products and Materials (46-014)		
17	Pigments, Colors and Dyes (46-015)		
18	Rash or Infection (46-016)		
19	Licensee Hand Cleanliness (46-017)		
20	Gloves (46-018)		
21	Single Use Items (46-019)		
22	Preparation and Care of the Body Art Area (46-020)		
23	Sterilization (46-021)		
24	Autoclave Standards (46-022)		
25	Disinfectant Solution Storage and Cleanliness (46-023)		
26	Implements . . . Activities Not Allowed (46-024)		

RESULTS IN AUTOMATIC FAILURE:

☐ **Practice without a current body art license**
☐ **Operating without a current facility license**

INSPECTION RATING:

SCORING CRITERIA: You must have a 'YES' in all items numbered 2-26 and at least 80% in item 1 of SECTION B to achieve a Satisfactory rating. A 'NO' in any item found in 2-26 will result in an unsatisfactory rating. **Practice without a current license** or operating a **facility without a current license** will result in an automatic unsatisfactory rating.

☐ SATISFACTORY
☐ UNSATISFACTORY Deficiency statement due: _____

SIGNATURE OF PERSON COMPLETING INSPECTION:

_____
Signature

_____ Date of Inspection

_____
Signature of Owner or Manager

_____
Date

Facility Name: _____

SECTION B

#	Regulation		Rating Yes	No
1	Documents Posted (46-003)	a. A copy of 172 NAC 46 (the regulations governing sanitation and safety) is posted for the information and guidance of all persons employed and for the general public; b. Pamphlets or literature explaining body art aftercare are posted.	a. b.	
2	Client Records (46-004)	a. Name, Address, Date of Birth, and ID # (drivers license, military ID, State ID, passport, etc) of client; b. Any known allergies; c. Any condition that may affect/hamper healing; d. The name of the body artist who performed the procedure; e. The date of the procedure; f. The location of the procedure on the client's body; g. A description of the type of procedure provided; h. Consent form for all persons under 18 years of age.	a. b. c. d. e. f. g. h.	
3	Record Keeping and Retention Schedule (46-004.01)	a. Photo identification of each person providing body art procedures; b. Client records, are maintained in a confidential manner, and are retained for 3 years (starting April 1, 2005); and c. Consent forms for persons under the age of 18 which are kept for 5 years (starting April 1, 2005).	a. b. c.	
4	Surfaces (46-005.01)	All walls, floors and all procedure surfaces in rooms or areas where body art procedures are performed are smooth, washable, and in good repair.		
5	Address (46.005.02)	The body art facility has a dedicated physical address.		
6	Entrance and Exits (46-005.03)	The body art facility has: a. An entrance leading directly into the establishment; and b. No direct opening between the body art facility and any building or portion of a building used as living or sleeping quarters or as a food, liquor, or tobacco establishments. Exception: Body art facilities located in a nail technology salon or cosmetology salon may share an entrance into the entire establishment, however, the body art facility must be separated by at least 6-foot high walls. c. The openings to the outside are protected by means of self-closing doors or screened/closed windows to prevent the presence of insects, vermin, or rodents	a. b. c.	
7	Privacy Area (46.005.04)	Has an area that can be screened from public view for customers requesting privacy or for all genitalia body art procedures.		

Facility Name: _____

8	Ventilation (46-006)	a. Has a ventilation system which is in good, working condition; or b. A furnace or air conditioner in which: • The air distribution system filters are cleaned or replaced annually or more often if needed to avoid restriction of airflow; and • The furnace fan setting is placed on "continuous" or "on" setting at all times the facility is occupied to ensure fresh air is coming into the facility; or c. Open windows/doors with a screen and a fan to provide and circulate fresh outside air.	a. b. c.	
9	Water (46-007)	a. In cities or villages in which an authorized public water supply is available, the facility is connected to the public water supply and comply with state law, city or village ordinances, and local health authority requirements b. Wastewater is disposed of through a system that carries it away from buildings and is either: • A public sewer connection; or • A private disposal system that complies with state law, city or village ordinances, and local health authority requirements.	a. b.	
10	Safety (46-008)	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and in good repair; b. Floors are free of unsafe objects and slippery or uneven surfaces; c. Doors, stairways, passageways, aisles or other means of exit provide safe and adequate access; d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution; and e. Water or product spills on the floor are removed immediately and the floor is dried to avoid falls.	a. b. c. d. e.	

Facility Name: _____

11	Required Equipment/ Furnishings (46-009)	a. Hand washing sink, which is clean and includes: • Hot and cold running water that passes through a mixing type of faucet; • Liquid soap; • Single-use paper towels; and • Waste receptacle.	a.	
		b. Equipment washing sink for employee use only, which is clean and includes: • Hot and cold running water that passes through a mixing type of faucet; • Liquid soap; • Single-use paper towels; and • Waste receptacle. Facilities which use all disposable equipment are not required to have an equipment washing sink.	b.	
		c. Sharps Container: Contaminated sharps are disposed of in approved sharps container in a manner to ensure the prevention of cross-contamination.	c.	
		d. Autoclave(s): Autoclave(s) used for sterilizing metal tools/equipment are clean and the owner ensures that the employee follows manufacture's direction for use. • If all disposable equipment/instruments are used, an autoclave is not required. • If ultrasonic cleaning units or dry heat sterilizers are used, they must not be the only means of sterilization and must be used and maintained in accord with manufacturer's recommendations and be kept clean and sanitary.	d.	
		e. Waste Receptacle: At least 1 waste receptacle for each workstation, which is covered and has a plastic liner.	e.	
		f. Work Tables or Counters: All work table or counters are smooth, non-absorbent, non-porous and cleanable. Each workstation includes a surface cleaner (germicidal).	f.	
		g. Disposable Ink Caps: Ink caps are required if providing tattooing and permanent color technology procedures. • If the licensee uses an ink cap holder, the holder is smooth, non-absorbent, non-porous and sterilizable.	g.	
		h. First Aid Kit: There is at least 1 first aid kit in the facility.	h.	
		i. Customer Chair(s) and Body Artist(s) Chairs: The chairs are made of cleanable material; cloth chairs are not acceptable.	i.	
		j. Storage Cabinets or Containers: Clean cabinets/containers for storing clean and sterilized instruments and supplies.	j.	
		k. Barriers: A barrier is used to ensure the prevention of cross-contamination.	k.	
12	Furniture (46-010)	Furniture is in good repair and in a sanitary.		

Facility Name: _____

13	Storage (46-011)	a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device. b. All chemicals are stored in closed bottles or containers and labeled. c. No cleaning/sterilizing products are stored: • Where food is kept; • In the restroom, unless in a locked cabinet; or • With single use supplies. d. Storage units: • Cabinets, drawers, containers used for storage of supplies, instruments and towels are clean. e. Supplies: • Unused supplies are stored in a clean, enclosed container or drawer; • Used/soiled disposable supplies are discarded immediately in a clean, closed waste receptacle with a plastic liner; and • Labeled accordingly. f. Instrument Storage: • Instruments that have been used on a client or soiled in any manner are placed in a properly labeled covered receptacle until sterilized; and • Sterilized instruments are individually packed and stored in a clean closed container or drawer until used. g. Contaminated sharps are stored and disposed of in approved sharps container to ensure the prevention of cross-contamination. h. Infectious Waste is: • Handled and stored so that human exposure is prevented; and • Discarded in double-lined plastic bags in covered waste receptacle or in an approved "red" bag marked with the international biohazard symbol and stored safely until transported by a licensed infectious waste hauler to an appropriate treatment or disposal facility.	a. b. c. d. e. f. g. h.	

Facility Name: _____

14	Towels and Linens (46-012)	a. Used/Soiled Towel/Linen Storage: • Cloth linens (such as capes) are deposited in a closed receptacle after use; • Used/soiled cloth linens are not used again until properly laundered and sanitized; and • Only disposable single-use towels are used for body art services and are discarded in a closed waste receptacle, with a plastic liner, immediately following each body art service.	a.	
		b. Laundry: Cloth towels are laundered either: • By regular commercial laundering; or • By a noncommercial laundering process which includes immersion in water at 140 degrees Fahrenheit for not less than 15 minutes during the washing or rinsing operation.	b.	
		c. Clean Towel/Linen Storage: • All clean linens are stored in a clean, enclosed cabinet or container until used. • All disposable towels are stored in a clean, enclosed cabinet or container until used.	c.	
15	Products (46-013)	a. All liquids, cosmetics, creams, gels, pastes, powders, and other products are kept in clean, closed containers;	a.	
		b. Original product bottles and containers have an original manufacturer label;	b.	
		c. When only a portion of the product is to be used on a client, the product is removed from the container by a spatula, scoop, spoon, or dropper so that the product does not come in direct contact with the client and to assure the remaining product is not contaminated; and	c.	
		d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.	d.	
16	Supplies, Products and Materials (46-014)	a. Supplies and implements which come in direct contact with a client and cannot be disinfected, such as cotton pads, cotton balls, pads, "Q-tips", sponges, bandages, tapes, surgical dressing and other similar items, are disposed of in a covered waste receptacle, with a plastic liner, immediately after use.	a.	
		b. All products applied to the skin, including stencils are single-use and disposable. Acetate stencils are not allowed for re-use if sanitization procedures are not performed between uses. Petroleum jellies, soaps, and other products used in the application of stencils are dispensed and applied on the area to be tattooed with sterile gauze or in a manner to prevent contamination of the original container and its contents. The gauze is used only once and then discarded.	b.	

Facility Name: _____

17	Pigments, Colors and Dyes (46-015)	Pigments, colors and dyes used from stock solutions for each customer are placed in a single-use receptacle and the receptacle and remaining solution is discarded and disposed of after each use.		
18	Rash or Infection (46-016)	a. No licensee affected with boils, infected wounds, open sores, abrasions, keloids, weeping dermatological lesions, rash or acute respiratory infection may work in any capacity in which there is likelihood that they could contaminate body art equipment, supplies, or working surfaces with body substances or pathogenic organisms. b. A client does not receive body art procedures on areas which are irritated/inflamed or have moles, rash, broken skin, or infection.	a. b.	
19	Licensee Hand Cleanliness (46-017)	Every body artist washes his/her hands thoroughly with liquid soap and water and dries them with single use disposable towels, before and after serving each client and at any time during the procedure when the hands become contaminated.		
20	Gloves (46-018)	When performing body art procedures, the licensee washes his/her hands prior to gloving. Gloves are disposed after the completion of each procedure on each customer. If gloves become torn, punctured or otherwise contaminated, licensees remove and dispose of the gloves, wash his/her hands with liquid soap and water, and dry with a disposable towel, and then put on a new pair of gloves before resuming the body art procedure.		
21	Single Use Items (46-019)	Single use items are not used on more than one client for any reason. After use, all single use needles, razors, razor blades and other sharps are immediately disposed of in a waste receptacle.		
22	Preparation and Care of the Body Art Area (46-020)	Before performing body art procedures, the immediate area of the skin or mucous membrane where the body art procedure is to be placed is washed with liquid soap and water. Only single-use disposable towels, washing pads, blotters, etc are used. An antiseptic mouth rinse is used prior to any oral procedure. The towel, pad, and/or blotter, is discarded after a singe use. • Shaving: If shaving is necessary, single-use disposable razors or safety razors with single-service blades or clippers are used. Single-service is discarded after each use and the reusable holder is autoclaved after use. Clippers are cleaned and sprayed with a disinfectant solution after each client. Following shaving, the skin and surrounding area is washed with liquid soap and water. The washing pad is discarded after a singe use. • Oral body art: Before an oral body art procedure may be performed, the customer rinses his/her mouth with an antiseptic mouthwash which is provided to the customer in single use cups. • Blood Flow: In the event of blood flow, all products used to check the flow of blood or to absorb blood are sanitary and single-use products.		

Facility Name: _____

23	Sterilization (46-021)	After use by each customer, all non-disposable instruments and procedure work surfaced are cleaned and sterilized with a sanitzer that has a demonstrated tuberculocidal activity, as indicated by the product label. a. Jewelry used for new body piercing is sterilized with an autoclave or chem-clave. Acrylic jewelry is not used for a new piercing. Jewelry used in healed body piercing does not have to be sterilized, but is used according to product label. b. Clippers are disinfected with a liquid chemical sterilant after each use. c. All non-disposable instruments used for body art are cleansed and sterilized after each use. Autoclave or chem-clave sterilization is conducted for the cycle of time and corresponding operating pressure recommended by the manufacturer of the autoclave. Sanitizers used in the cleaning process have demonstrated tuberculocidal activity, as indicated by the product label and be registered with the U.S. Environmental Protection Agency. d. Instruments that are to be autoclaved within the facility are packed in single-use paper pre-packs or other containers designed for sterilizing instruments and marked with the expiration date. The expiration date does not **exceed 90 days from the date autoclaved**. e. All sterilized instruments remain stored in sterilized packages until just prior to performing a body art procedure. Where several instruments are sterilized at the same time in the same package, such as in a single use setup, once the container is opened any instrument not used immediately in a procedure is resterilized. f. Every batch of sterilized equipment is monitored for sterilization by use of a heat sensitive indicator that is capable of indicating approximate time and temperature achieved.		Name of Product: _____ Tuberculocidal: ☐ yes ☐ no
			a.	
			b.	
			c.	
			d.	
			e.	
			f.	
24	Autoclave Standards (46-022)	a. Spore destruction tests are performed to prove that autoclaves are capable of attaining the minimum operating standards. Spore tests are performed at a minimum of once for each autoclave every 30 days and are verified through an independent laboratory or tester. A tester must be qualified by the CDC, American Dental Association (ADA), or FDA. A record of all spore tests are maintained for 2 years; prior to April 1, 2005, the facility must have tests available for the past 60 days. • An autoclave which has received a positive spore test is immediately removed from service. Prior to using, the owner ensures that there is evidence of 1 negative spore test. If the autoclave requires repair work, it is not utilized until it has received 2 negative spore tests. b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer. A copy of the manufacturers cleaning and servicing instructions is maintained in the facility.	a.	
			b.	

Facility Name: _____

25	Disinfectant Solution Storage and Cleanliness (46-023)	a. The disinfectant solution is covered at all times; and b. The disinfectant solution is changed whenever visibly cloudy or dirty.	a. b.	
26	Implement, Supplies, Products, or Activities That Are Not Allowed (46-024)	a. Food or beverages are not consumed in any area where body art is performed, except that clients may be allowed to consume food or non-intoxicating drinks. b. Food in not stored in the same area where chemical supplies are used or stored. c. There is no evidence of using, consuming, serving, or in any manner possessing or distributing intoxicating beverages or controlled substances upon its premises during the hours the facility is open to the public and/or any procedures are being performed. d. There is no evidence of performing body art when s/he is under the influence of alcohol, narcotic drugs, stimulants, or depressants or on any person who appears to be under the influence of alcohol, narcotic drugs, stimulants, or depressants. e. Animals, including pets, are not in the facility except for the following are allowed: • Animals used as guides for visually impaired or hearing-impaired persons, or service dogs for physically disabled; or • Fish in covered aquariums.	a. b. c. d. e.	

SECTION C

NAMES OF EMPLOYEES WHO PROVIDE BODY ART (mark type of services for each & lic # ➔)	Body Brander		Permanent Color Technician		Body Piercer		Tattoo Artist	
	Lic #	Posted	Lic #	Posted	Lic #	Posted	Lic #	Posted

☐ **Practice without a current body art license**
☐ **Operating without a current facility license**

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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

Date of Inspection: _____

Date Form Due: _____

Body Art Facility
Documentation of Action Taken to Correct Deficiencies Received on an Unsatisfactory Inspection Rating

(This form must be submitted to the Licensure Unit **within 15 days** of receipt of an unsatisfactory inspection rating)

Section A - Personal Information

(Print the following information exactly as it appears on your body art facility license.)

License #:	
Owner:	
Facility Name:	
Facility Address:	

Section B - Corrective Action

(Find the number below that matches the number on your inspection report marked as "NO" or was marked as an "AUTOMATIC FAIL"; then tell us what you did to fix it.

1.	Documents Posted (46-003)
2.	Client Records (46-004)
3.	Record Keeping and Retention Schedule (46-004.01)
4.	Surfaces (46-005.01)
5.	Address (46-005.02)
6.	Entrance and Exits (46-005.03)
7.	Privacy Area (46-005.04)
8.	Ventilation (46-006)
9.	Water (46-007)
10.	Safety (46-008)
11.	Required Equipment and Furnishings (46-009)
12.	Furniture (46-010)

(CONTINUED ON BACK SIDE)

13.	Storage (46-011)
14.	Towels and Linens (46-012)
15.	Products (46-013)
16.	Supplies, Products and Materials (46-014)
17.	Pigments, Colors and Dyes (46-015)
18.	Rash or Infection (46-016)
19.	Licensee Hand Cleanliness (46-017)
20.	Gloves (46-018)
21.	Single Use Items (46-019)
22.	Preparation and Care of the Body Art Area (46-020)
23.	Sterilization (46-021)
24.	Autoclave Standards (46-022)
25.	Disinfectant Solution Storage and Cleanliness (46-023)
26.	Implements . . . Activities Not Allowed (46-024)

Section C – Signature

Sign your name below and print the date that you signed this form

_____
(Signature of Owner or Authorized Person)

_____
(Date)

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DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit
P.O. BOX 94986
LINCOLN, NEBRASKA 68509
(402) 471-4920 dhhs.licensure2117@nebraska.gov

BODY ART FACILITY SELF-EVALUATION REPORT

To be completed by the OWNER of the Body Art Facility

Instructions for completing the SELF-EVALUATION

1. Complete the following information:

Facility Name: _____

Address: _____

_____

Owner: _____ Tele #: _____

2. On page 1 (SECTION A) of the attached form, list your business hours for each day that your facility is open.

3. List the first and last names of each person who will be providing body art services within your facility. Then identify the type of service each person will be providing by marking the appropriate box(s).

4. Complete SECTION B on pages 1 - 7. Review each regulation listed. Now perform a self-evaluation of your facility and rate each regulation by marking either 'yes' or 'no' in the appropriate column. To pass the evaluation, you must have a rating of YES for all regulations listed on the self-evaluation form.

5. After completing the self-evaluation, sign your name and date the form on page 7.

6. Return this self-evaluation (and this instruction page) with your application for a body art facility license.

7. If the Department approves your SELF-EVALUATION and application for a body art facility, you will be sent a license to operate. Within 90 days of issuance of your license, a State of Nebraska inspector will complete an unannounced inspection of your facility, to assure that you have met all regulations listed on the self-evaluation, and to assure that all persons providing body art within your facility are licensed.

   If your facility receives an inspection rating of less than 100%, submit evidence to the department within 15 days providing proof of corrective action taken. A repeat inspection will be conducted within 60 days after the original inspection to determine if corrective action has occurred. The department may assess a fee for each repeat inspection required.

   If the facility receives an unsatisfactory rating on the repeat inspection, or if evidence is not submitted within 15 days, the license will immediately be placed on inactive status pending action by the department, and the facility may not operate in any manner while its license is inactive.

SECTION A

Days and Hours of Operation:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

LIST BELOW THE NAMES OF EACH PERSON WHO WILL PROVIDE BODY ART **mark type of services for each ➔** **and the license number of each person**	Body Brander	Permanent Color Technician	Body Piercer	Tattoo Artist

SECTION B

#	Regulation		Rating Yes	Rating No
1	Documents Posted (46-003)	a. A copy of 172 NAC 46 (the regulations governing sanitation and safety) is posted for the information and guidance of all persons employed and for the general public; b. Pamphlets or literature explaining body art aftercare are posted.		
2	Client Records (46-004)	a. Name, Address, Date of Birth, and ID # (drivers license, military ID, State ID, passport, etc) of client; b. Any known allergies; c. Any condition that may affect/hamper healing; d. The name of the body artist who performed the procedure; e. The date of the procedure; f. The location of the procedure on the client's body; g. A description of the type of procedure provided; h. Consent form for all persons under 18 years of age.		
3	Record Keeping and Retention Schedule (46-004.01)	a. Photo identification of each person providing body art procedures; b. Client records, are maintained in a confidential manner, and are retained for 3 years (starting April 1, 2005); and c. Consent forms for persons under the age of 18 which are kept for 5 years (starting April 1, 2005).		
4	Surfaces (46-005.01)	All walls, floors and all procedure surfaces in rooms or areas where body art procedures are performed are smooth, washable, and in good repair.		
5	Address (46.005.02)	The body art facility has a dedicated physical address.		

			Yes	No
6	Entrance and Exits (46-005.03)	The body art facility has: a. An entrance leading directly into the establishment; and b. No direct opening between the body art facility and any building or portion of a building used as living or sleeping quarters or as a food, liquor, or tobacco establishment. Exception: Body art facilities located in a nail technology salon or cosmetology salon may share an entrance into the entire establishment, however, the body art facility must be separated by at least 6-foot high walls. c. The openings to the outside are protected by means of self-closing doors or screened/closed windows to prevent the presence of insects, vermin, or rodents		
7	Privacy Area (46.005.04)	Has an area that can be screened from public view for customers requesting privacy or for all genitalia body art procedures.		
8	Ventilation (46-006)	a. Has a ventilation system which is in good, working condition; or b. A furnace or air conditioner in which: • The air distribution system filters are cleaned or replaced annually or more often if needed to avoid restriction of airflow; and • The furnace fan setting is placed on "continuous" or "on" setting at all times the facility is occupied to ensure fresh air is coming into the facility; or c. Open windows/doors with a screen and a fan to provide and circulate fresh outside air.		
9	Water (46-007)	a. In cities or villages in which an authorized public water supply is available, the facility is connected to the public water supply and comply with state law, city or village ordinances, and local health authority requirements b. Wastewater is disposed of through a system that carries it away from buildings and is either: • A public sewer connection; or • A private disposal system that complies with state law, city or village ordinances, and local health authority requirements.		
10	Safety (46-008)	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and in good repair; b. Floors are free of unsafe objects and slippery or uneven surfaces; c. Doors, stairways, passageways, aisles or other means of exit provide safe and adequate access; d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution; and e. Water or product spills on the floor are removed immediately and the floor is dried to avoid falls.		

			Yes	No
11	Required Equipment & Furnishings (46-009)	a. Hand washing sink, which is clean and includes: • Hot and cold running water that passes through a mixing type of faucet; • Liquid soap; • Single-use paper towels; and • Waste receptacle. b. Equipment washing sink for employee use only, which is clean and includes: • Hot and cold running water that passes through a mixing type of faucet; • Liquid soap; • Single-use paper towels; and • Waste receptacle. Facilities which use all disposable equipment are not required to have an equipment washing sink. c. Sharps Container: Contaminated sharps are disposed of in approved sharps container in a manner to ensure the prevention of cross-contamination. d. Autoclave(s): Autoclave(s) used for sterilizing metal tools/equipment are clean and the owner ensures that the employee follows manufacturer's direction for use. • If all disposable equipment/instruments are used, an autoclave is not required. • If ultrasonic cleaning units or dry heat sterilizers are used, they must not be the only means of sterilization and must be used and maintained in accord with manufacturer's recommendations and be kept clean and sanitary. e. Waste Receptacle: At least 1 waste receptacle for each workstation, which is covered and has a plastic liner. f. Work Tables or Counters: All work table or counters are smooth, non-absorbent, non-porous and cleanable. Each workstation includes a surface cleaner (germicidal). g. Disposable Ink Caps: Ink caps are required if providing tattooing and permanent color technology procedures. • If the licensee uses an ink cap holder, the holder is smooth, non-absorbent, non-porous and sterilizable. h. First Aid Kit: There is at least 1 first aid kit in the facility. i. Customer Chair(s) and Body Artist(s) Chairs: The chairs are made of cleanable material; cloth chairs are not acceptable. j. Storage Cabinets or Containers: Clean cabinets/containers for storing clean and sterilized instruments and supplies. k. Barriers: A barrier is used to ensure the prevention of cross-contamination.	☐ Yes, I have an autoclave	☐ No, I do not have an autoclave, I use all disposable equipment and instruments
12	Furniture (46-010)	Furniture is in good repair and sanitary.		

			Yes	No
13	Storage (46-011)	a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device. b. All chemicals are stored in closed bottles or containers and labeled. c. No cleaning/sterilizing products are stored: • Where food is kept; • In the restroom, unless in a locked cabinet; or • With single use supplies. d. Storage units: • Cabinets, drawers, containers used for storage of supplies, instruments and towels are clean. e. Supplies: • Unused supplies are stored in a clean, enclosed container or drawer; • Used/soiled disposable supplies are discarded immediately in a clean, closed waste receptacle with a plastic liner; and • Labeled accordingly. f. Instrument Storage: • Instruments that have been used on a client or soiled in any manner are placed in a properly labeled covered receptacle until sterilized; and • Sterilized instruments are individually packed and stored in a clean closed container or drawer until used. g. Contaminated sharps are stored and disposed of in approved sharps container to ensure the prevention of cross-contamination. h. Infectious Waste is: • Handled and stored so that human exposure is prevented; and • Discarded in double-lined plastic bags in covered waste receptacle or in an approved "red" bag marked with the international biohazard symbol and stored safely until transported by a licensed infectious waste hauler to an appropriate treatment or disposal facility.		
14	Towels and Linens (46-012)	a. Used/Soiled Towel/Linen Storage: • Cloth linens (such as capes) are deposited in a closed receptacle after use; • Used/soiled cloth linens are not used again until properly laundered and sanitized; and • Only disposable single-use towels are used for body art services and are discarded in a closed waste receptacle, with a plastic liner, immediately following each body art service. b. Laundry: Cloth towels are laundered either: • By regular commercial laundering; or • By a noncommercial laundering process which includes immersion in water at 140 degrees Fahrenheit for not less than 15 minutes during the washing or rinsing operation. c. Clean Towel/Linen Storage: • All clean linens are stored in a clean, enclosed cabinet or container until used. • All disposable towels are stored in a clean, enclosed cabinet or container until used.		
15	Products (46-013)	a. All liquids, cosmetics, creams, gels, pastes, powders, and other products are kept in clean, closed containers; b. Original product bottles and containers have an original manufacturer label; c. When only a portion of the product is to be used on a client, the product is removed from the container by a spatula, scoop, spoon, or dropper so that the product does not come in direct contact with the client and to assure the remaining product is not contaminated; and d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.		

			Yes	No
16	Supplies, Products and Materials (46-014)	a. Supplies and implements which come in direct contact with a client and cannot be disinfected, such as cotton pads, cotton balls, pads, "Q-tips", sponges, bandages, tapes, surgical dressing and other similar items, are disposed of in a covered waste receptacle, with a plastic liner, immediately after use. b. All products applied to the skin, including stencils are single-use and disposable. Acetate stencils are not allowed for re-use if sanitization procedures are not performed between uses. Petroleum jellies, soaps, and other products used in the application of stencils are dispensed and applied on the area to be tattooed with sterile gauze or in a manner to prevent contamination of the original container and its contents. The gauze is used only once and then discarded.		
17	Pigments, Colors and Dyes (46-015)	Pigments, colors and dyes used from stock solutions for each customer are placed in a single-use receptacle and the receptacle and remaining solution is discarded and disposed of after each use.		
18	Rash or Infection (46-016)	a. No licensee affected with boils, infected wounds, open sores, abrasions, keloids, weeping dermatological lesions, rash or acute respiratory infection may work in any capacity in which there is likelihood that they could contaminate body art equipment, supplies, or working surfaces with body substances or pathogenic organisms. b. A client does not receive body art procedures on areas which are irritated/inflamed or have moles, rash, broken skin, or infection.		
19	Licensee Hand Cleanliness (46-017)	Every body artist washes his/her hands thoroughly with liquid soap and water and dries them with single use disposable towels, before and after serving each client and at any time during the procedure when the hands become contaminated.		
20	Gloves (46-018)	When performing body art procedures, the licensee washes his/her hands prior to gloving. Gloves are disposed after the completion of each procedure on each customer. If gloves become torn, punctured or otherwise contaminated, licensees remove and dispose of the gloves, wash his/her hands with liquid soap and water, and dry with a disposable towel, and then put on a new pair of gloves before resuming the body art procedure.		
21	Single Use Items (46-019)	Single use items are not used on more than one client for any reason. After use, all single use needles, razors, razor blades and other sharps are immediately disposed of in a waste receptacle.		
22	Preparation and Care of the Body Art Area (46-020)	Before performing body art procedures, the immediate area of the skin or mucous membrane where the body art procedure is to be placed is washed with liquid soap and water. Only single-use disposable towels, washing pads, blotters, etc are used. An antiseptic mouth rinse is used prior to any oral procedure. The towel, pad, and/or blotter, is discarded after a singe use. • Shaving: If shaving is necessary, single-use disposable razors or safety razors with single-service blades or clippers are used. Single-service is discarded after each use and the reusable holder is autoclaved after use. Clippers are cleaned and sprayed with a disinfectant solution after each client. Following shaving, the skin and surrounding area is washed with liquid soap and water. The washing pad is discarded after a singe use. • Oral body art: Before an oral body art procedure may be performed, the customer rinses his/her mouth with an antiseptic mouthwash which is provided to the customer in single use cups. • Blood Flow: In the event of blood flow, all products used to check the flow of blood or to absorb blood are sanitary and single-use products.		

			Yes	No
23	Sterilization (46-021)	After use by each customer, all non-disposable instruments and procedure work surfaced are cleaned and sterilized with a sanitzer that has a demonstrated tuberculocidal activity, as indicated by the product label. a. Jewelry used for new body piercing is sterilized with an autoclave or chem-clave. Acrylic jewelry is not used for a new piercing. Jewelry used in healed body piercing does not have to be sterilized, but is used according to product label. b. Clippers are disinfected with a liquid chemical sterilant after each use. c. All non-disposable instruments used for body art are cleansed and sterilized after each use. Autoclave or chem-clave sterilization is conducted for the cycle of time and corresponding operating pressure recommended by the manufacturer of the autoclave. Sanitizers used in the cleaning process must have demonstrated tuberculocidal activity, as indicated by the product label and be registered with the U.S. Environmental Protection Agency. d. Instruments that are to be autoclaved within the facility are packed in single-use paper pre-packs or other containers designed for sterilizing instruments and marked with the expiration date. The expiration date does not exceed 90 days from the date autoclaved. e. All sterilized instruments remain stored in sterilized packages until just prior to performing a body art procedure. Where several instruments are sterilized at the same time in the same package, such as in a single use setup, once the container is opened any instrument not used immediately in a procedure is resterilized. f. Every batch of sterilized equipment is monitored for sterilization by use of a heat sensitive indicator that is capable of indicating approximate time and temperature achieved.		Print the Name of the Product you use as a sanitizer: _____ Is this product a Tuberculocidal? ❒ yes ❒ no
24	Autoclave Standards (46-022)	a. Spore destruction tests are performed to prove that autoclaves are capable of attaining the minimum operating standards. Spore tests are performed at a minimum of once for each autoclave every 30 days and are verified through an independent laboratory or tester. A tester must be qualified by the CDC, American Dental Association (ADA), or FDA. A record of all spore tests are maintained for 2 years; prior to April 1, 2005, the facility must have tests available for the past 60 days. • An autoclave which has received a positive spore test is immediately removed from service. Prior to using, the owner ensures that there is evidence of 1 negative spore test. If the autoclave requires repair work, it is not utilized until it has received 2 negative spore tests. b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer. A copy of the manufacturers cleaning and servicing instructions is maintained in the facility.		
25	Disinfectant Solution Storage and Cleanliness (46-023)	a. The disinfectant solution is covered at all times; and b. The disinfectant solution is changed whenever visibly cloudy or dirty.		

			Yes	No
26	Implement, Supplies, Products, or Activities That Are Not Allowed (46-024)	a. Food or beverages are not consumed in any area where body art is performed, except that clients may be allowed to consume food or non-intoxicating drinks. b. Food is not stored in the same area where chemical supplies are used or stored. c. There is not evidence of using, consuming, serving, or in any manner possessing or distributing intoxicating beverages or controlled substances upon its premises during the hours the facility is open to the public and/or any procedures are being performed. d. There is no evidence of performing body art when s/he is under the influence of alcohol, narcotic drugs, stimulants, or depressants or on any person who appears to be under the influence of alcohol, narcotic drugs, stimulants, or depressants. e. Animals, including pets, are not in the facility except for the following are allowed: • Animals used as guides for visually impaired or hearing-impaired persons, or service dogs for physically disabled; or • Fish in covered aquariums.		

I verify that I personally completed the SELF-EVALUATION of this body art facility.

Owner's Signature

Date Self-evaluation Completed

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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

DOCUMENTATION OF CLOSED SALON

License # _____

Date: _____
(Attempted Inspection)

Cosmetology/Esthetics _____ Nail _____

Body Art Salon _____ Massage _____

Establishment Name _____

Establishment Owner _____
Owner Name

Establishment Address _____

_____
City State Zip

Remarks/Documents certifying the salon is, in fact, closed (to avoid salons being closed in error, please make every attempt to prove operation has ceased):

_____

_____

_____

_____

_____

_____

_____

_____ _____
Inspector's Signature **Date**

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DEPT. OF HEALTH AND HUMAN SERVICES

COSMETOLOGY/Esthetics Services Sanitation Inspection Report

Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

License #: _____ Date Issued: _____

Name: _____

Address: _____

_____

Owner: Tel#:

Column A: (Indicate "N/A" for Areas not applicable)		Yes/No	
STRUCTURE			
1. Walls, Ceiling & Furniture clean & in good repair			
2. Lighting clean/safe/in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air set "ON" or "continuous"		
6. Electrical appliances clean and safe/no bare wires (blow dryer, curling iron, clippers, wax machines, etc)			
STORAGE			
7. Flammable/combustible chemicals stored away from potential sources of ignition			
8. Chemicals stored in closed bottles/containers			
9. Cabinets, drawers, containers used for storage of Implements/towels are clean			
10. Unused supplies are stored in clean, enclosed container/drawer			
11. Implements that have not been used on a client/soiled are placed in a labeled covered container until disinfected			
TOWELS			
12. Cloth towels deposited in closed receptacle after use			
13. Used/soiled towels not used again until properly laundered and sanitized			
14. Disposable towels discarded in closed waste receptacle with a plastic liner immediately after use			
RESTROOM			
15. Chemicals (except deodorizers) in locked cabinets			
16. Clean and operational toilet and sink			
17. Suitable holders for toilet paper			
18. Clean waste receptacle, with disposable plastic liner			
19. Hot and cold running water			
20. Liquid Soap			
21. Single-use disposable towels/appropriate clean holder			
LAUNDRY FACILITIES			
22. Clean, including washer & dryer			
23. Closed receptacle for storing soiled towels			
24. Used for establishment laundry only/no personal items			
HANDWASHING			
25. Licensee washes/sanitizes hands before service			
26. Gloves free of tears/changed gloves if contaminated			

Column B: (Indicate "N/A" for Areas not applicable)		Yes/No	
DISINFECTION & DISINFECTANT SOLUTION STORAGE			
27. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Name:			
28. Immersion Disinfection process followed	Remove foreign matter		
	Wash hands		
	Wash implement with hot water/soap		
	Thoroughly rinse implement in water		
	Place implement in EPA solution		
	Wash hands before removing implement		
	Rinse implement in water		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
29. Spray Disinfection process followed (metal implements, clippers)	Remove foreign matter		
	Wash hands		
	Spray implement until totally		
	Saturated with EPA solution		
30. No formaldehyde vapor nor ultra-violet ray treatment procedures used in lieu of immersion/spray disinfection			
BLOOD SPILL PROCEDURES			
31. Client injury procedure followed			
32. Licensee injury procedure followed			
33. No Styptic pencils used			
PRODUCTS			
34. Liquids, creams, etc kept in clean closed containers			
35. Original bottles have original manufacturer labels			
36. All product bottles labeled			
37. Product removed with spatula, scoop, pump, etc			
SUPPLIES & MATERIALS			
38. Neck strips/clean towel used under cape – sanitized or disposable cape (1per client) may be used in lieu of these			
39. Non-disinfectable supplies/implements are disposed of in covered waste receptacle with plastic liner after each use (Q-tips, sponges, cotton balls, neck strips, etc)			
40. No non-washable or non-disinfectable dusters/brushes used (sable/fabric)			
HAIR REMOVAL WAX			
41. Wax removed from machine with clean applicator			
42. Wax machine clean			

UNSATISFACTORY RATING is determined by:

8 or More **No's** in Column A, items # 1-26
5 or More **No's** in Column B, items #27-42

Date of Inspection: _____

Inspection Rating:

☐ **SATISFACTORY**

☐ **UNSATISFACTORY**

Deficiency Statement Due: _____

AUTOMATIC UNSATISFACTORY RATING is determined if a **YES** is marked in any of the following:

	Yes	No
A. Intoxicating Beverages/Controlled Substance on premise		
B. Pets in Establishment -aquariums/guide animals acceptable		
C. Unlicensed persons providing services		
D. Unlicensed Establishment		
E. Denied Access to all salon areas, personnel, records		
F. Establishment in an Inoperable Condition (i.e. remodeling)		

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

COSMETOLOGY SERVICES
SANITATION INSPECTION REPORT – Page 2

Name: _____ **Lic#:** _____

Establishment Type:	☐ Salon	☐ School	☐Nail Technology/Cosmetology Salon	☐ Home Service	☐ Nail Technology/Barber Combination
Type of Inspection:	☐ Initial	☐ Routine	☐ Repeat	☐ Special, Explain:	

Days of Operation:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

NAMES OF LICENSEES/REGISTRANTS	Lic #	Temp #	Posted Yes/No	

DOCUMENTS		Yes	No
Rules of Sanitation Posted			
Most Recent Inspection Report Posted			
MSDS Sheets Accessible at all times to all employees			
Adequate Square Footage for Number of Employees (150 for 1 license and 50 square foot each additional)			
Barber Area Clearly Identified			
Home Services	a. Client info on file		
	b. Daily Itinerary posted		
	c. Kits available for inspection		
	d. Kit contents clean and sanitary		

Other Notes:

COSMETOLOGY SERVICES
SANITATION INSPECTION REPORT – Page 3

Name: _____ **Lic#:** _____

INSPECTION COMMENTS FOR ITEMS #1-42:	
	COMMENTS RELATING TO A-F (Automatic Unsatisfactory)

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the Nebraska Cosmetology, Electrology, Esthetic, Nail Technology and Body Art Practice Act and the Rules and Regulations. Pursuant to Neb. Rev. Stat. 38-10,170, evidence of corrective action shall be submitted to the Department **within15** days from receipt of this notice.

_____
Signature of Inspector

_____
Signature of Establishment Representative

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DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

Cosmetology/Esthetics Establishment
CORRECTIVE ACTION PLAN
Due to an Unsatisfactory Inspection Rating

DATE OF INSPECTION _____ **DATE FORM DUE** _____

This form **must be submitted** to the Licensure Unit **within 15 days** of receipt of an unsatisfactory inspection rating

Personal Information: (Print the following information exactly as it appears on your establishment license.)

License #: _____ Salon Owner: _____

Salon Name: _____

Salon Address: _____
(Street/P.O. Box/Route)

_____
(City) (State) (Zip)

Corrective Action: Find the Section below that matches the Section and number(s) on your inspection report marked as "NO" or was marked as an "AUTOMATIC UNSATISFACTORY"; tell us how you corrected it.

Inspection Section	*How did you correct this?*
STRUCTURE # 1-6	
STORAGE # 7-11	
TOWELS # 12-14	
RESTROOM # 15-21	
LAUNDRY FACILITIES # 22-24	

CONTINUED ON BACK SIDE

Inspection Section	*How did you correct this?*
HANDWASHING # 25-26	
DISINFECTION & DISINFECTANT SOLUTION STORAGE # 27-30	
BLOOD SPILL PROCEDURES # 31-33	
PRODUCTS # 34-37	
SUPPLIES AND MATERIALS #38-40	
HAIR REMOVAL WAX #41-42	

Inspection Section	*How did you correct this?*
AUTOMATIC UNSATISFACTORY A. Intoxicating Beverages/Controlled Substances B. Pets C. Unlicensed Person Providing Services D. Unlicensed Establishment E. Denied Access to all Salon Areas F. Establishment no Operable	

Signature: Sign your name below and print the date that you signed this form

38-10,170. A repeat inspection will be conducted within 60 days after the original inspection to determine if this corrective action has occurred. The department may assess a fee for each repeat inspection required. If the salon receives an unsatisfactory rating on the repeat inspection, the salon will be fined as determined by the department. If the salon receives an unsatisfactory rating after the second unsatisfactory inspection or fails to pay the fine assessed within 30 days after notice, the license will immediately be placed on inactive status pending action by the department, and the salon may not operate in any manner while its license is inactive. The owner/manager of the salon may appear before the board/department to show cause why the department should not ask the Attorney General to initiate steps to revoke the license. The department may, as a result of such appearance, grant additional time for corrective action to occur, but the salon may not operate during such time. The salon may not return to operation until it has achieved a satisfactory rating on an inspection.

(Signature of Owner or Authorized Person) (Date)

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DEPT. OF HEALTH AND HUMAN SERVICES

SELF-INSPECTION
COSMETOLOGY or ESTHETIC SALON

Licensure Unit
P.O. Box 94986 Lincoln, Nebraska 68509
(402) 471-2117 dhhs.licensure2117@nebraska.gov

Salon Name: _____

Address: _____

City _____

Owner: _____ Tel#: _____

Column A: (Indicate "N/A" for Areas not applicable)		Yes/No	
STRUCTURE			
1. Walls, Ceiling & Furniture clean & in good repair			
2. Lighting clean/safe/in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air set "ON" or "continuous"		
6. Electrical appliances clean and safe/no bare wires (blow dryer, curling iron, clippers, wax machines, etc)			
STORAGE			
7. Flammable/combustible chemicals stored away from potential sources of ignition			
8. Chemicals stored in closed bottles/containers			
9. Cabinets, drawers, containers used for storage of **Implements/towels are clean**			
10. Unused supplies are stored in clean, enclosed container/drawer			
11. Implements that have not been used on a client/soiled are placed in a labeled covered container until disinfected			
TOWELS			
12. Cloth towels deposited in closed receptacle after use			
13. Used/soiled towels not used again until properly laundered and sanitized			
14. Disposable towels discarded in closed waste receptacle with a plastic liner immediately after use			
RESTROOM			
15. Chemicals (except deodorizers) in locked cabinets			
16. Clean and operational toilet and sink			
17. Suitable holders for toilet paper			
18. Clean waste receptacle, with disposable plastic liner			
19. Hot and cold running water			
20. Liquid Soap			
21. Single-use disposable towels/appropriate clean holder			
LAUNDRY FACILITIES			
22. Clean, including washer & dryer			
23. Closed receptacle for storing soiled towels			
24. Used for establishment laundry only/no personal items			
HANDWASHING			
25. Licensee washes/sanitizes hands before service			
26. Gloves free of tears/changed gloves if contaminated			

Column B: (Indicate "N/A" for Areas not applicable)		Yes/No	
DISINFECTION & DISINFECTANT SOLUTION STORAGE			
27. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Name of Disinfection:			
28. Immersion Disinfection process followed	Remove foreign matter		
	Wash hands		
	Wash implement with hot water/soap		
	Thoroughly rinse implement in water		
	Place implement in EPA solution		
	Wash hands before removing implement		
	Rinse implement in water		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
29. Spray Disinfection process followed (metal implements, clippers)	Remove foreign matter		
	Wash hands		
	Spray implement until totally Saturated with EPA solution		
30. No formaldehyde vapor nor ultra-violet ray treatment procedures used instead of immersion/spray disinfection			
BLOOD SPILL PROCEDURES			
31. Client injury procedure followed			
32. Licensee injury procedure followed			
33. No Styptic pencils used			
PRODUCTS			
34. Liquids, creams, etc kept in clean closed containers			
35. Original bottles have original manufacturer labels			
36. All product bottles labeled			
37. Product removed with spatula, scoop, pump, etc			
SUPPLIES & MATERIALS			
38. Neck strips/clean towel used under cape OR sanitized or disposable cape (1per client) may be used			
39. Non-disinfectable supplies/implements are disposed of in covered waste receptacle with plastic liner after each use (Q-tips, sponges, cotton balls, neck strips, etc)			
40. No non-washable or non-disinfectable dusters or brushes used (sable/fabric)			
HAIR REMOVAL WAX			
41. Wax removed from machine with clean applicator			
42. Wax machine clean			

UNSATISFACTORY RATING is determined by:

8 or MORE **No's** in Column A, items # 1-26
5 or MORE **No's** in Column B, items #27-42

Date of Inspection: _____

Inspection Rating:

☐ **SATISFACTORY** ☐ **UNSATISFACTORY**

AUTOMATIC UNSATISFACTORY RATING is determined if a **YES** is marked in any of the following:

	Yes/No	
A. Intoxicating Beverages/Controlled Substance on premise		
B. Pets in Establishment (aquariums/guide animals acceptable)		
C. Unlicensed persons providing services		
D. Unlicensed Establishment		
E. Inspector Denied Access to all salon areas, personnel, records		
F. Establishment in an Inoperable Condition (i.e. remodeling)		

COSMETOLOGY or ESTHETIC SALON
SELF-INSPECTION REPORT – Page 2

Salon Name: _____

DOCUMENTS	Yes	No
Rules of Sanitation Posted		
Most Recent Inspection Report Posted		
MSDS Sheets Accessible at all times to all employees		
Adequate Square Footage for Number of Employees (150 for 1 license and 50 square foot each additional licensee)		
Barber Area Clearly Identified (If you have one)		

NAMES OF LICENSEES AND/OR TEMPORARY PRACTITIONERS	License #	License Type	Posted Yes	Posted No

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

Signature of Owner or Salon Representative: _____

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NAIL TECHNOLOGY Services Sanitation Inspection Report

Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

License #: _____ Date Issued: _____

Name: _____

Address: _____

_____

Owner: _____ Tel#: _____

Column A: (Indicate "N/A" for Areas not applicable)		Yes/No	
STRUCTURE			
1. Walls, Furniture & Ceiling clean & in good repair			
2. Lighting clean/well light & in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air set "ON" or "continuous"		
6. Electrical Implements clean and safe/no bare wires (gel light, electric drill, air brush, etc)			
LAUNDRY FACILITIES			
7. Clean, including washer & dryer			
8. Closed receptacle for storing soiled towels			
9. Used for establishment laundry only/no personal items			
TOWELS			
10. Cloth towels deposited in closed receptacle after use			
11. Disposable towels discarded in closed waste receptacle after use			
12. Clean towels stored in a clean, enclosed, dust-proof container			
RESTROOM			
13. Chemicals (except deodorizers) in locked cabinet			
14. Toilet paper holders & adequate supply of toilet paper			
15. Clean waste receptacle			
16. Hot and cold running water / clean sink			
17. Liquid soap			
18. Single-use disposable towels / holder clean			
19. Clean toilet			
HANDWASHING FACILITIES - is required if no sink in restroom or only public restroom–Exception:NOT required if licensed on/before 1-31-00			
20. Hot and cold running water			
21. Clean cloth or disposable towels			
22. Clean towel holders			
23. Liquid soap			
24. Clean waste receptacle			
HAND CLEANLINESS – LICENSEE/CLIENT			
25. Licensee washes/sanitizes hands before service			
26. Client washes/sanitizes hands before service			

Column B: (Indicate "N/A" for Areas not applicable)		Yes/No	
NAIL STATION			
27. Table	Clean and disinfected after each client		
	Good Repair		
	Filter vent clean		
	Client hand supports vinyl/plastic & clean		
28. Client Chair clean and safe			
29. Nail Technician Chair clean and safe			
30. Waste Receptacle	1 per station		
	Clean, closed and has plastic liner		
31. Wet Sanitizer Container	1 per establishment		
	Outside clean and container closed		
32. Disinfectant Solution - Name:	Has Disinfectant and is clean		
	EPA registered solution		
	Deep enough to cover implements		
INDIVIDUAL CLIENT CONTAINERS			
33. Labeled with client's name			
34. Files, orange wood sticks, implements sanitized			
35. Container clean			
PRODUCTS, SUPPLIES & MATERIALS			
36. Liquids, creams, etc kept in clean closed containers			
37. Original bottles have original manufacturer labels			
38. All product bottles labeled (exception: dappen dishes)			
39. Product removed with spatula, scoop, pump, etc			
40. Cuticle oil dispensed with eye dropper-no client contact			
41. Uses only washable/disinfectable hand/nail dusters			
42. Does not use chamois buffers or course nail drill bands			
43. Manicure brushes disinfected after each use			
44. Non-disinfectable supplies and implements disposed			
STORAGE			
45. Cabinets/drawers/containers used for storage of implements and towels are clean			
46. Clean linen stored in enclosed, dust-proof containers			
47. Used Implements are not placed in container with clean			
48. Used/soiled implements in labeled covered container			
49. Sanitized implements stored in clean closed container			
50. Flammable/combustible chemicals stored away from Potential sources of ignition			
FOOTSPAS/PARAFFIN WAX			
51. Footspa/footbath clean & disinfected after each use			
52. Wax machine clean inside and outside/wax not re-used			

UNSATISFACTORY RATINGS is determined by:

8 or More **No's** in Column A, items # 1-26
5 or More **No's** in Column B, items #27-52
5 or More **No's** in Column C, items #53-62

Date of Inspection: _____

Inspection Rating:

☐ **SATISFACTORY**

☐ **UNSATISFACTORY**

Deficiency Statement Due: _____

AUTOMATIC UNSATISFACTORY is determined if a **YES** is marked in any of the following:	Y	N
A. Credo Blades/implements used for cutting Nail Beds, Corns, or Calluses		
B. Pets in Establishment -aquariums/guide animals acceptable		
C. Unlicensed Nail Technicians		
D. Unlicensed Establishment		
E. Denied Access to all Salon areas, Personnel, Records		
F. Establishment in an Inoperable Condition (i.e. remodeling)		
G. MMA Found in Establishment		
H. Unlicensed practice (massage, waxing, facials, etc)		
I. Intoxicating Beverages/Controlled Substance on premise		

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

NAIL TECHNOLOGY SERVICES
SANITATION INSPECTION REPORT – Page 2

Name: _____ **License #:** _____

Column C: (Indicate "N/A" for Areas not applicable)		Yes/No	
DISINFECTION			
53. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Name:			
54. Immersion Disinfection Process Followed (ex: metal implements)	Remove foreign matter		
	Wash hands		
	Place implement in EPA solution; Solution deep enough to cover implement & stays in solution for 10 min		
	Wash hands before removing implement		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
55. Spray Disinfection Process Followed (ex: nail tip cutters)	Remove foreign matter		
	Wash hands		
	Spray implement until totally saturated		
	Wash hands		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
56. Disinfection of Files Used on Same Client	Remove foreign matter		
	Spray with disinfectant solution		
	Air dry/dry with clean towel		
	Store in individual clean client containers		
	Disinfect files up to 5 times, then discard		

Column C: (Indicate "N/A" for Areas not applicable)		Yes/No	
FOOTBATHS/FOOTSPAS DISINFECTION			
57. Between each Customer Disinfection Process Followed	Drain all water		
	Remove all foreign matter		
	Spray with EPA solution		
	Wipe dry with clean towel		
58. End of the Day Disinfection Process Followed	Remove screen		
	Clean all foreign matter trapped		
	Behind the screen		
	Spray screen and area behind Screen with EPA solution		
	Wipe dry the screen & area behind screen with clean towel		
PARAFFIN WAX			
59. Wax used by one client is not re-melted and used by another client			
BLOOD SPILL PROCEDURES			
60. Client injury procedure followed			
61. Licensee injury procedure followed			
62. No Styptic pencils used			
Other Notes:			

Establishment Type:	☐ Salon	☐ School	☐ Nail Technology/Cosmetology Salon	☐ Home Service	☐ Nail Technology/Barber Combination
Type of Inspection:	☐ Initial	☐ Routine	☐ Repeat	☐ Special, Explain:	

Days of Operation:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

NAMES OF LICENSEES/REGISTRANTS	License #	Temp #	Posted Yes	Posted No

DOCUMENTS		Yes	No
Rules of Sanitation Posted			
Most Recent Inspection Report Posted			
MSDS Sheets Accessible at all times to all employees			
Adequate Square Footage for Number of Employees (150 for 1 license and 50 square foot each additional)			
Home Services	a. Client info on file		
	b. Daily Itinerary posted		
	c. Kits available for inspection		
	d. Kit contents clean and sanitary		

NAIL TECHNOLOGY SERVICES
SANITATION INSPECTION REPORT – Page 3

Name: _____ **License #:** _____

INSPECTION COMMENTS RELATING TO ITEMS #1-62:

COMMENTS RELATING TO A-I
(Automatic Unsatisfactory)

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the Nebraska Cosmetology, Electrology, Esthetic, Nail Technology and Body Art Practice Act and the Rules and Regulations. Pursuant to Neb. Rev. Stat. 38-10,170, evidence of corrective action shall be submitted to the Department **within15** days from receipt of this notice.

_____
Signature of Inspector

_____
Signature of Establishment Representative

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

Nail Technology Establishment
CORRECTIVE ACTION PLAN
Due to an Unsatisfactory Inspection Rating

DATE OF INSPECTION _____ **DATE FORM DUE** _____

This form **must be submitted** to the Licensure Unit **within 15 days** of receipt of an unsatisfactory inspection rating

Personal Information: (Print the following information exactly as it appears on your establishment license.)

License #: _____ Salon Owner: _____

Salon Name: _____

Salon Address: _____
(Street/P.O. Box/Route)

_____
(City) (State) (Zip)

Corrective Action: Find the Section below that matches the Section and number(s) on your inspection report marked as "NO" or was marked as an "AUTOMATIC UNSATISFACTORY"; tell us how you corrected it.

Inspection Section		*How did you correct this?*
STRUCTURE # 1-6		
LAUNDTRY FACILITIES # 7-9		
TOWELS # 10-12		
RESTROOM # 13-19		
HANDWASHING FACILITIES # 20-24		

CONTINUED ON BACK SIDE

Inspection Section	*How did you correct this?*
HAND CLEANLINESS LICENSEE/CLIENT # 25-26	
NAIL STATION # 27-32	
INDIVIDIUAL CLIENT CONTAINERS # 33-35	
PRODUCTS, SUPPLIES & MATERIALS # 36-44	
STORAGE #45-50	
FOOTSPAS / PARAFFIN WAX #51-52	

Inspection Section	*How did you correct this?*
AUTOMATIC UNSATISFACTORY A. Credo Blades B. Pets C. Unlicensed Nail Technicians D. Unlicensed Establishment E. Denied Access to all Salon Areas F. Establishment no Operable G. MMA Found H. Unlicensed practice (massage, waxing, facials) I. Intoxicating Beverages/Controlled Substances	

Signature: Sign your name below and print the date that you signed this form

38-10,170. A repeat inspection will be conducted within 60 days after the original inspection to determine if this corrective action has occurred. The department may assess a fee for each repeat inspection required. If the salon receives an unsatisfactory rating on the repeat inspection, the salon will be fined as determined by the department. If the salon receives an unsatisfactory rating after the second unsatisfactory inspection or fails to pay the fine assessed within 30 days after notice, the license will immediately be placed on inactive status pending action by the department, and the salon may not operate in any manner while its license is inactive. The owner/manager of the salon may appear before the board/department to show cause why the department should not ask the Attorney General to initiate steps to revoke the license. The department may, as a result of such appearance, grant additional time for corrective action to occur, but the salon may not operate during such time. The salon may not return to operation until it has achieved a satisfactory rating on an inspection.

(Signature of Owner or Authorized Person) (Date)

NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

SELF-INSPECTION
NAIL TECHNOLOGY Services
Sanitation Inspection Report

Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986

Name: _____

Address: _____

_____

Owner: _____ Tel#: _____

Column A:		Yes/No	
STRUCTURE			
1. Walls, Furniture & Ceiling clean & in good repair			
2. Lighting clean/well light & in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air set "ON" or "continuous"		
6. Electrical Implements clean and safe/no bare wires (gel light, electric drill, air brush, etc)			
LAUNDRY FACILITIES			
7. Clean, including washer & dryer			
8. Closed receptacle for storing soiled towels			
9. Used for establishment laundry only/no personal items			
TOWELS			
10. Cloth towels deposited in closed receptacle after use			
11. Disposable towels discarded in closed waste receptacle after use			
12. Clean towels stored in a clean, enclosed, dust-proof container			
RESTROOM			
13. Chemicals (except deodorizers) in locked cabinet			
14. Toilet paper holders & adequate supply of toilet paper			
15. Clean waste receptacle			
16. Hot and cold running water / clean sink			
17. Liquid soap			
18. Single-use disposable towels / holder clean			
19. Clean toilet			
HANDWASHING FACILITIES - is required if no sink in restroom or only have public restroom			
20. Hot and cold running water			
21. Clean cloth or disposable towels			
22. Clean towel holders			
23. Liquid soap			
24. Clean waste receptacle			
HAND CLEANLINESS – LICENSEE/CLIENT			
25. Licensee washes/sanitizes hands before service			
26. Client washes/sanitizes hands before service			

Column B:		Yes/No	
NAIL STATION			
27. Table	Clean and disinfected after each client		
	Good Repair		
	Filter vent clean		
	Client hand supports vinyl/plastic & clean		
28. Client Chair clean and safe			
29. Nail Technician Chair clean and safe			
30. Waste Receptacle	1 per station		
	Clean, closed and has plastic liner		
31. Wet Sanitizer Container	1 per establishment		
	Outside clean and container closed		
32. Disinfectant Solution	Has Disinfectant and is clean		
	EPA registered solution		
	Deep enough to cover implements		
INDIVIDUAL CLIENT CONTAINERS			
33. Labeled with client's name			
34. Files, orange wood sticks, implements sanitized			
35. Container clean			
PRODUCTS, SUPPLIES & MATERIALS			
36. Liquids, creams, etc kept in clean closed containers			
37. Original bottles have original manufacturer labels			
38. All product bottles labeled (exception: dappen dishes)			
39. Product removed with spatula, scoop, pump, etc			
40. Cuticle oil dispensed with eye dropper-no client contact			
41. Uses only washable/disinfectable hand/nail dusters			
42. Does not use chamois buffers or course nail drill bands			
43. Manicure brushes disinfected after each use			
44. Non-disinfectable supplies and implements disposed			
STORAGE			
45. Cabinets/drawers/containers used for storage of implements and towels are clean			
46. Clean linen stored in enclosed, dust-proof containers			
47. Used Implements are NOT in container with clean			
48. Used/soiled implements in labeled covered container			
49. Sanitized implements stored in clean closed container			
50. Flammable/combustible chemicals stored away from Potential sources of ignition			
FOOTSPAS/PARAFFIN WAX			
51. Footspa/footbath clean & disinfected after each use			
52. Wax machine clean inside & outside/wax not re-used			

UNSATISFACTORY RATINGS is determined by:
8 or More **No's** in Column A, items # 1-26
5 or More **No's** in Column B, items #27-52
5 or More **No's** in Column C, items #53-62

Date of Inspection: _____

Inspection Rating:

☐ **SATISFACTORY** ☐ **UNSATISFACTORY**

YOU WILL RECEIVE AN AUTOMATIC UNSATISFACTORY if a **YES** is marked in any of the following:	Y	N
A. Credo Blades/implements used for cutting Nail Beds, Corns, or Calluses		
B. Pets in Establishment -aquariums/guide animals acceptable		
C. Unlicensed Nail Technicians		
D. Unlicensed Establishment		
E. Denied Access to all Salon areas, Personnel, Records		
F. Establishment in an Inoperable Condition (i.e. remodeling)		
G. MMA Found in Establishment		
H. Unlicensed practice (massage, waxing, facials, etc)		
I. Intoxicating Beverages/Controlled Substance on premise		

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

Column C:		Yes/No	
DISINFECTION			
53. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Print Name of Disinfectant in this box:			
54. Immersion Disinfection Process Followed (ex: metal implements)	Remove foreign matter		
	Wash hands		
	Place implement in EPA solution; Solution deep enough to cover implement & stays in solution for 10 min		
	Wash hands before removing implement		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
55. Spray Disinfection Process Followed (ex: nail tip cutters)	Remove foreign matter		
	Wash hands		
	Spray implement until totally saturated		
	Wash hands		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
56. Disinfection of Files Used on Same Client	Remove foreign matter		
	Spray with disinfectant solution		
	Air dry/dry with clean towel		
	Store in individual clean client containers		
	Disinfect files up to 5 times, then discard		

Column C:		Yes/No	
FOOTBATHS/FOOTSPAS DISINFECTION			
57. Between each Customer Disinfection Process Followed	Drain all water		
	Remove all foreign matter		
	Spray with EPA solution		
	Wipe dry with clean towel		
58. End of the Day Disinfection Process Followed	Remove screen		
	Clean all foreign matter trapped		
	Behind the screen		
	Spray screen and area behind Screen with EPA solution		
	Wipe dry the screen & area behind screen with clean towel		
PARAFFIN WAX			
59. Wax used by one client is not re-melted and used by another client			
BLOOD SPILL PROCEDURES			
60. Client injury procedure followed			
61. Licensee injury procedure followed			
62. No Styptic pencils used			

DOCUMENTS	Yes	No
Rules of Sanitation Posted		
MSDS Sheets Accessible at all times to all employees		
Adequate Square Footage for Number of Employees (150 for 1 license and 50 square foot each additional licensee)		

NAMES OF ALL LICENSEES WORKING IN THE SALON	License #

Name of Person who completed this inspection: _____

Licensure Unit Contact information: 402-471-3577 or dhhs.licensure2117@nebraska.gov

NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

COSMETOLOGY MOBILE SALON SELF-INSPECTION

Licensure Unit
P.O. Box 94986 Lincoln, Nebraska 68509
(402) 471-2117 dhhs.licensure2117@nebraska.gov

Mobile Salon Name: _____

Owner Address: _____

City _____

Owner: _____ Tel#: _____

Column A: (Indicate "N/A" for Areas so not apply)		Yes/No	
STRUCTURE			
1. Walls, Ceiling & Furniture clean & in good repair			
2. Lighting clean/safe/in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air set "ON" or "continuous"		
6. Electrical appliances clean and safe/no bare wires (blow dryer, curling iron, clippers, wax machines, etc)			
STORAGE			
7. Flammable/combustible chemicals stored away from potential sources of ignition			
8. Chemicals stored in closed bottles/containers			
9. Cabinets, drawers, containers used for storage of **Implements/towels are clean**			
10. Unused supplies are stored in clean, enclosed container/drawer			
11. Implements that have not been used on a client/soiled are placed in a labeled covered container until disinfected			
TOWELS			
12. Cloth towels deposited in closed receptacle after use			
13. Used/soiled towels not used again until properly laundered and sanitized			
14. Disposable towels discarded in closed waste receptacle with a plastic liner immediately after use			
RESTROOM			
15. Chemicals (except deodorizers) in locked cabinets			
16. Clean and operational toilet and sink			
17. Suitable holders for toilet paper			
18. Clean waste receptacle, with disposable plastic liner			
19. Hot and cold running water			
20. Liquid Soap			
21. Single-use disposable towels/appropriate clean holder			
LAUNDRY FACILITIES			
22. Clean, including washer & dryer			
23. Closed receptacle for storing soiled towels			
24. Used for establishment laundry only/no personal items			
HANDWASHING			
25. Licensee washes/sanitizes hands before service			
26. Gloves free of tears/changed gloves if contaminated			

Column B: (Indicate "N/A" for Areas that do not apply)		Yes/No	
DISINFECTION & DISINFECTANT SOLUTION STORAGE			
27. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Name of Disinfection:			
28. Immersion Disinfection process followed	Remove foreign matter		
	Wash hands		
	Wash implement with hot water/soap		
	Thoroughly rinse implement in water		
	Place implement in EPA solution		
	Wash hands before removing implement		
	Rinse implement in water		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
29. Spray Disinfection process followed (metal implements, clippers)	Remove foreign matter		
	Wash hands		
	Spray implement until totally Saturated with EPA solution		
30. No formaldehyde vapor nor ultra-violet ray treatment procedures used instead of immersion/spray disinfection			
BLOOD SPILL PROCEDURES			
31. Client injury procedure followed			
32. Licensee injury procedure followed			
33. No Styptic pencils used			
PRODUCTS			
34. Liquids, creams, etc kept in clean closed containers			
35. Original bottles have original manufacturer labels			
36. All product bottles labeled			
37. Product removed with spatula, scoop, pump, etc			
SUPPLIES & MATERIALS			
38. Neck strips/clean towel used under cape OR sanitized or disposable cape (1per client) may be used			
39. Non-disinfectable supplies/implements are disposed of in covered waste receptacle with plastic liner after each use (Q-tips, sponges, cotton balls, neck strips, etc)			
40. No non-washable or non-disinfectable dusters or brushes used (sable/fabric)			
HAIR REMOVAL WAX			
41. Wax removed from machine with clean applicator			
42. Wax machine clean			

FAIL RATING is determined by NO's marked:

8 or MORE **No's** in Column A, items # 1-26
5 or MORE **No's** in Column B, items #27-42

Date of Inspection: _____

Inspection Rating: ☐ **PASS** ☐ **FAIL**

AUTOMATIC FAIL RATING is determined by **A YES** marked in any of the following:

	Yes/No	
A. Intoxicating Beverages/Controlled Substance on premise		
B. Pets in Establishment (aquariums/guide animals acceptable)		
C. Unlicensed persons providing services		
D. Unlicensed Establishment		
E. Inspector Denied Access to all salon areas, personnel, records		
F. Establishment in an Inoperable Condition (i.e. remodeling)		

COSMETOLOGY MOBILE SALON
SELF-INSPECTION REPORT – Page 2

Salon Name: _____

DOCUMENTS and RECORDS		Yes	No
43.	Rules of Sanitation Posted		
44.	Most Recent Inspection Report Posted		
45.	MSDS Sheets Accessible at all times to all employees		
46.	The following Records are Displayed in a Visible Place: a. The current license or certificate of consideration to operate a salon. b. The current licenses of all persons who are employed by or working in the salon. c. The most recent inspection report.		

OTHER		Yes	No
47.	Have an Adequate Supply of Clean Water and Waste Water Storage Capacity		
48.	Have a Sign with the Name of the Salon on it - Must be Over or Near Entrance		
49.	Entrance provides Safe Access to the Salon		
50.	The Salon meets the square footage requirements. The mobile salon must have at least 150 square feet of floor space. If more than one licensee is to be employed in the salon at the same time, the salon must include at least 50 square feet for each additional licensee.		

NAMES OF LICENSEES	License #	License Type	Posted Yes	Posted No
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		
		☐ Cosmetologist ☐ Esthetician ☐ Nail Technician		

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

_____
Signature of Owner or Mobile Salon Representative

Date Signed: _____

NEBRASKA
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NAIL TECHNOLOGY MOBILE SALON SELF-INSPECTION

Licensure Unit
P.O. Box 94986 Lincoln, Nebraska 68509
(402) 471-2117 dhhs.licensure2117@nebraska.gov

Mobile Salon Name: _____

Owner Address: _____

City _____

Owner: _____ Tel#: _____

Column A: (Indicate "N/A" for Areas so not apply)		Yes/No	
STRUCTURE			
1. Walls, Furniture & Ceiling clean & in good repair			
2. Lighting clean/well light & in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air set "ON" or "continuous"		
6. Electrical Implements clean and safe/no bare wires (gel light, electric drill, air brush, etc)			
LAUNDRY FACILITIES			
7. Clean, including washer & dryer			
8. Closed receptacle for storing soiled towels			
9. Used for establishment laundry only/no personal items			
TOWELS			
10. Cloth towels deposited in closed receptacle after use			
11. Disposable towels discarded in closed waste receptacle after use			
12. Clean towels stored in a clean, enclosed, dust-proof container			
RESTROOM			
13. Chemicals (except deodorizers) in locked cabinet			
14. Toilet paper holders & adequate supply of toilet paper			
15. Clean waste receptacle			
16. Hot and cold running water / clean sink			
17. Liquid soap			
18. Single-use disposable towels / holder clean			
19. Clean toilet			
HANDWASHING FACILITIES - is required if no sink in restroom or only have public restroom			
20. Hot and cold running water			
21. Clean cloth or disposable towels			
22. Clean towel holders			
23. Liquid soap			
24. Clean waste receptacle			
HAND CLEANLINESS – LICENSEE/CLIENT			
25. Licensee washes/sanitizes hands before service			
26. Client washes/sanitizes hands before service			

Column B: (Indicate "N/A" for Areas that do not apply)		Yes/No	
NAIL STATION			
27. Table	Clean and disinfected after each client		
	Good Repair		
	Filter vent clean		
	Client hand supports vinyl/plastic & clean		
28. Client Chair clean and safe			
29. Nail Technician Chair clean and safe			
30. Waste Receptacle	1 per station		
	Clean, closed and has plastic liner		
31. Wet Sanitizer Container	1 per establishment		
	Outside clean and container closed		
32. Disinfectant Solution	Has Disinfectant and is clean		
	EPA registered solution		
	Deep enough to cover implements		
INDIVIDUAL CLIENT CONTAINERS			
33. Labeled with client's name			
34. Files, orange wood sticks, implements sanitized			
35. Container clean			
PRODUCTS, SUPPLIES & MATERIALS			
36. Liquids, creams, etc kept in clean closed containers			
37. Original bottles have original manufacturer labels			
38. All product bottles labeled (exception: dappen dishes)			
39. Product removed with spatula, scoop, pump, etc			
40. Cuticle oil dispensed with eye dropper-no client contact			
41. Uses only washable/disinfectable hand/nail dusters			
42. Does not use chamois buffers or course nail drill bands			
43. Manicure brushes disinfected after each use			
44. Non-disinfectable supplies and implements disposed			
STORAGE			
45. Cabinets/drawers/containers used for storage of implements and towels are clean			
46. Clean linen stored in enclosed, dust-proof containers			
47. Used Implements are NOT in container with clean			
48. Used/soiled implements in labeled covered container			
49. Sanitized implements stored in clean closed container			
50. Flammable/combustible chemicals stored away from Potential sources of ignition			
FOOTSPAS/PARAFFIN WAX			
51. Footspa/footbath clean & disinfected after each use			
52. Wax machine clean inside & outside/wax not re-used			

FAIL RATING is determined by NO's marked:
8 or More **No's** in Column A, items # 1-26
5 or More **No's** in Column B, items #27-52
5 or More **No's** in Column C, items #53-62

Date of Inspection: _____

Inspection Rating: ☐ **PASS** ☐ **FAIL**

AUTOMATIC FAIL RATING is determined by **A YES** marked in any of the following:

	Yes/No	
A. Credo Blades/implements used for cutting Nail Beds, Corns, or Calluses		
B. Pets in Establishment -aquariums/guide animals acceptable		
C. Unlicensed Nail Technicians		
D. Unlicensed Establishment		
E. Denied Access to all Salon areas, Personnel, Records		
F. Establishment in an Inoperable Condition (i.e. remodeling)		
G. MMA Found in Establishment		
H. Unlicensed practice (massage, waxing, facials, etc)		
I. Intoxicating Beverages/Controlled Substance on premise		

NAIL TECHNOLOGY MOBILE SALON
SELF-INSPECTION REPORT – Page 2

Salon Name: _____

Column C:		Yes/No	
DISINFECTION			
53. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Print Name of Disinfectant in this box:			
54. Immersion Disinfection Process Followed (ex: metal implements)	Remove foreign matter		
	Wash hands		
	Place implement in EPA solution; Solution deep enough to cover implement & stays in solution for 10 min		
	Wash hands before removing implement		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
55. Spray Disinfection Process Followed (ex: nail tip cutters)	Remove foreign matter		
	Wash hands		
	Spray implement until totally saturated		
	Wash hands		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
56. Disinfection of Files Used on Same Client	Remove foreign matter		
	Spray with disinfectant solution		
	Air dry/dry with clean towel		
	Store in individual clean client containers		
	Disinfect files up to 5 times, then discard		

Column C:		Yes/No	
FOOTBATHS/FOOTSPAS DISINFECTION			
57. Between each Customer Disinfection Process Followed	Drain all water		
	Remove all foreign matter		
	Spray with EPA solution		
	Wipe dry with clean towel		
58. End of the Day Disinfection Process Followed	Remove screen		
	Clean all foreign matter trapped		
	Behind the screen		
	Spray screen and area behind Screen with EPA solution		
	Wipe dry the screen & area behind screen with clean towel		
PARAFFIN WAX			
59. Wax used by one client is not re-melted and used by another client			
BLOOD SPILL PROCEDURES			
60. Client injury procedure followed			
61. Licensee injury procedure followed			
62. No Styptic pencils used			

DOCUMENTS and RECORDS		**Yes**	**No**
63.	Rules of Sanitation Posted		
64.	Most Recent Inspection Report Posted		
65.	MSDS Sheets Accessible at all times to all employees		
66.	The following Records are Displayed in a Visible Place:		
	a. The current license or certificate of consideration to operate a salon.		
	b. The current licenses of all persons who are employed by or working in the salon.		
	c. The most recent inspection report.		
67.	Barber Area Clearly Identified (If you have one)		

OTHER		**Yes**	**No**
68.	Have an Adequate Supply of Clean Water and Waste Water Storage Capacity		
69.	Have a Sign with the Name of the Salon on it - Must be Over or Near Entrance		
70.	Entrance provides Safe Access to the Salon		
71.	The Salon meets the square footage requirements. The mobile salon must have at least 150 square feet of floor space. If more than one licensee is to be employed in the salon at the same time, the salon must include at least 50 square feet for each additional licensee.		

NAIL TECHNOLOGY MOBILE SALON
SELF-INSPECTION REPORT – Page 3

Salon Name: _____

NAMES OF LICENSEES	License #	Posted Yes	Posted No

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

_____
Signature of Owner or Mobile Salon Representative

Date Signed: _____

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

COSMETOLOGY APPRENTICE SALON ACCREDITATION INSPECTION REPORT

Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

Name:

Owner Name:

Telephone #:
License #: APPLICATION

SITE REQUIREMENTS (for new schools or remodel)	Yes	No
100 square feet solely used for education		
Name of school displayed at/near entrance		
Has a current license as cosmetology salon		

STUDENT RECORDS	Yes	No
Record for every student; # of students ____		
Daily Record of Attendance		
Daily Record of Clinical Performance		
Student Grading System in Place		
Student Evaluation System in Place		
Entrance Receipt on File for each Student		
Examinations and grades		
Counseling results/Progress reports		
Evidence of 17 year on/before enrollment		
Evidence of high school diploma/equivalent		
10 hours a day training maximum		

OTHER TRAINING ISSUES	Yes	No
1 instructor for each 2 apprentices		
No evidence of compensating students		

MINIMUM TEACHING APPARATUS	Yes	No
12 combs and 6 brushes per student		
1 complete facial tray		
1 chalkboard/similar board in each class		
1 mannequin per student attending class		
1 bulletin board conspicuously located		
1 screen and projector or video equipment		

DOCUMENTS REQUIRED TO BE POSTED	Yes	No
Dispensary or Shampoo Area: Sanitation Rules		
Emergency Evacuation Plan		
Each Classroom: Sanitation Rules (nails/cos)		
Cosmetology Law		
Regulations (172 NAC 36)		
School Rules		
Emergency Evacuation Plan		
Clinical Area: Rules of Sanitation (nails/cos)		
Emergency Evacuation Plan		
Instructor(s) Credentials: Name of Inst/Student		
Content Instructors teaching		
Which classes (Fresh/Adv) Instructors teach		
Time and Day Instructors are assigned to teach		
Bulletin Board: Sanitation Rules (nails/cos)		
Cosmetology Law		
Regulations (172 NAC 36)		
School Rules		
Class Schedule (class times)		

STUDENT INSTRUCTORS	Yes	No
1 instructor per student instructor		

SPECIAL STUDY STUDENTS	Yes	No
17 years of age on/before enrollment		
10th grade completion		
Continuing high school on full basis		
8 hours-day training max each week while in HS		

REMARKS

Total Possible: 45
# of No's _____
= _____

LIBRARY REQUIREMENTS	Yes	No
At least 2 of the following 8 textbooks: Standard Textbook of Cosmetology, Milady Publishing Corporation The Van Dean Manual, Milady Publishing Corporation World of Cosmetology, Franco, Moore, Oakley Hair Structure and Chemistry, Milady Publishing Corporation Cosmetology, The Keystone Guide to Beauty Culture, Keystone Publications The Professional Cosmetologist, John W. Dalton, West Publishing Company West's Textbook of Cosmetology, West Publishing Company Regents/Prentice Hall Textbook of Cosmetology, Regents/Prentice Hall Publishing Co.		
Standard Dictionary of the English Language		
At least 2 copies of the latest printing of Nebraska Cosmetology Statutes		
At least 2 copies of the latest printing of all rules and regulations relating to the Cosmetology Statutes		
At least 2 copies of the current Rules of the School		
MINIMUM EQUIPMENT FOR A SCHOOL WITH UP TO 2 CONTRACTED STUDENTS	Yes	No
2 electric clippers		
2 shampoo bowls		
2 dryers		
2 styling stations and chairs		
1 facial chair or equivalent chair		
At least 2 large wet sterilizers		
2 manicure tables with stools		
2 sets of equipment for a complete manicure		
At least 1 laundry receptacle		
1 classroom chair with suitable writing facilities for each student attending class		
2 individual lockers or stations with workable locks		
1 first aid kit		
1 sign displayed in a conspicuous place within the clinical area of the school which shall read as follows: *"All services in this school performed by students who are in training in cosmetology"*		

Total Possible: 18
# of No's _____
= _____

Must have a total score of 63 to receive a SATISFACTORY RATING	**AUTOMATIC UNSATISFACTORY RATING** is determined if a YES is marked in any of the following:	Yes	No
Date of Inspection: _____	A. Intoxicating Beverages/Controlled Substance on premise		
Inspection Rating:	B. Pets in Establishment -aquariums/guide animals acceptable		
☐ **SATISFACTORY**	C. Unlicensed persons providing services		
☐ **UNSATISFACTORY**	D. Unlicensed Establishment		
Deficiency Statement Due: _____	E. Denied Access to all salon areas, personnel, records		
	F. Establishment in an Inoperable Condition (i.e. remodeling)		

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

I have had this Inspection Report explained to me and understand what corrections must be made, if any, in order to comply with the Nebraska Cosmetology, Electrology, Esthetic, Nail Technology and Body Art Practice Act and the Rules and Regulations.

_____
Signature of Inspector

_____
Signature of Apprentice Salon Representative

COSMETOLOGY SCHOOL
ACCREDITATION INSPECTION REPORT

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

Name:

Owner Name:

Telephone #: _____
License #: Pending – New application

SITE REQUIREMENTS (for new schools or remodel)	Yes	No
1,000 square feet - Clinical Area		
100 square feet - Administrative Use		
400 square feet - Freshman Classroom		
400 square feet - Advanced Classroom		
100 square feet - Library and Dispensary		
200 square feet - Reception Area		
80 square feet - Restroom Facilities		
Name of school displayed at/near entrance		
STUDENT RECORDS	**Yes**	**No**
Record for every student; # of students ____		
Daily Record of Attendance		
Daily Record of Clinical Performance		
Student Grading System in Place		
Student Evaluation System in Place		
Entrance Receipt on File for each Student		
Examinations and grades		
Counseling results/Progress reports		
Evidence of 17 year on/before enrollment		
Evidence of high school diploma/equivalent		
10 hours a day training maximum		
OTHER TRAINING ISSUES	**Yes**	**No**
1 instr up to 20 Cos students		
Freshman & Advanced students taught by different Instructors in separate classes		
No evidence of compensating students		
MINIMUM TEACHING APPARATUS	**Yes**	**No**
12 combs and 6 brushes per student		
1 complete facial tray		
1 chalkboard/similar board in each class		
1 mannequin per student attending class		
1 bulletin board conspicuously located		
1 screen and projector or video equipment		

DOCUMENTS REQUIRED TO BE POSTED	Yes	No
Dispensary or Shampoo Area: Sanitation Rules		
Emergency Evacuation Plan		
Each Classroom: Sanitation Rules (nails/cos)		
Cosmetology Law		
Regulations (172 NAC 36)		
School Rules		
Emergency Evacuation Plan		
Clinical Area: Rules of Sanitation (nails/cos)		
Emergency Evacuation Plan		
Instructor(s) Credentials: Name of Inst/Student		
Content Instructors teaching		
Which classes (Fresh/Adv) Instructors teach		
Time and Day Instructors are assigned to teach		
Bulletin Board: Sanitation Rules (nails/cos)		
Cosmetology Law		
Regulations (172 NAC 36)		
School Rules		
Class Schedule (class times)		
STUDENT INSTRUCTORS	**Yes**	**No**
1 instructor per student instructor		
SPECIAL STUDY STUDENTS	**Yes**	**No**
17 years of age on/before enrollment		
10th grade completion		
Continuing high school on full basis		
8 hours-day training max each week while in HS		

REMARKS

_____

_____

_____

_____

_____

Total Possible:	51
# of No's	_____
=	_____

LIBRARY REQUIREMENTS	Yes	No
At least 2 of the following 8 textbooks:		
Standard Textbook of Cosmetology, Milady Publishing Corporation		
The Van Dean Manual, Milady Publishing Corporation		
World of Cosmetology, Franco, Moore, Oakley		
Hair Structure and Chemistry, Milady Publishing Corporation		
Cosmetology, The Keystone Guide to Beauty Culture, Keystone Publications		
The Professional Cosmetologist, John W. Dalton, West Publishing Company		
West's Textbook of Cosmetology, West Publishing Company		
Regents/Prentice Hall Textbook of Cosmetology, Regents/Prentice Hall Publishing Co.		
Standard Dictionary of the English Language		
At least 5 copies of the latest printing of Nebraska Cosmetology Statutes		
At least 5 copies of the latest printing of all rules and regulations relating to the Cosmetology Statutes		
At least 5 copies of the current Rules of the School		
MINIMUM EQUIPMENT FOR A SCHOOL WITH UP TO 15 CONTRACTED STUDENTS	Yes	No
2 electric clippers		
3 shampoo bowls		
6 dryers		
15 styling stations and chairs		
1 facial chair or equivalent chair		
At least 2 large wet sterilizers		
2 manicure tables with stools		
2 sets of equipment for a complete manicure		
At least 1 laundry receptacle		
1 classroom chair with suitable writing facilities for each student attending class		
15 individual lockers or stations with workable locks		
1 first aid kit		
1 sign displayed in a conspicuous place within the clinical area of the school which shall read as follows: *"All services in this school performed by students who are in training in cosmetology"*		

Total Possible: 18
# of No's _____
= _____

ADDITIONAL MINIMUM EQUIPMENT FOR A SCHOOL WITH MORE THAN 15 STUDENTS	Yes	No
1 mannequin per student		
1 styling station & chair for each student in clinic practice		
Lockers/stations with workable locks sufficient in # to provide security for valuables for each student		
2 shampoo bowls		
3 dryers		

REMARKS

Total Possible: 5
# of No's _____
= _____

STUDENT INTERVIEW:

		Response correct yes/no
STUDENT #1:		
1	Are Students called from class to serve clients?	
2	How are lunch hours recorded; are they counted as training?	
3	Do you receive any money for providing cosmetology services?	
4	Do Instructors perform services on clients? Explain.	
STUDENT #2		
1	Where are clean and dirty towels kept?	
2	When do you wash your hands?	
3	What is the process for spray disinfecting metal implements?	
STUDENT #3:		
1	Can you use formaldehyde vapor as a disinfectant?	
2	Is an instructor on the clinic floor at all times when services are given?	
3	What is the process for disinfecting electrical appliances?	

SCHOOL REPRESENTATIVE INTERVIEW:

1. Do the student instructors develop their own daily lesson plans? _____

REMARKS

_____

_____

_____

_____

_____

Total Possible:	11
# of No's	_____
=	_____

ACCREDITATION INSPECTION REPORT

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH - LICENSURE UNIT
P.O. Box 94986
Lincoln, NE 68509-4986
402-471-2117 dhhs.licensure2117@nebraska.gov

School Name:	
Address:	
Owner Name:	
Telephone #:	

Place a check mark in the box for the appropriate licensure category:

☐ **COSMETOLOGY SCHOOL**

☐ **SATTELITE CLASSROOM**

SELF-INSPECTION

STUDENT RECORDS	Yes	No
Record for every student; # of students ____		
Daily Record of Attendance		
Daily Record of Clinical Performance		
Student Grading System in Place		
Student Evaluation System in Place		
Entrance Receipt on File for each Student		
Examinations and grades		
Counseling results/Progress reports		
Evidence of 17 year on/before enrollment		
Evidence of high school diploma/equivalent		
10 hours a day training maximum		

OTHER TRAINING ISSUES	Yes	No
1 instr up to 20 Cos students		
Freshman & Advanced students taught by different Instructors in separate classes		
No evidence of compensating students		

MINIMUM TEACHING APPARATUS	Yes	No
12 combs and 6 brushes per student		
1 complete facial tray		
1 chalkboard/similar board in each class		
1 mannequin per student attending class		
1 bulletin board conspicuously located		
1 screen and projector or video equipment		

DOCUMENTS REQUIRED TO BE POSTED	Yes	No
Dispensary or Shampoo Area: Sanitation Rules		
Emergency Evacuation Plan		
Each Classroom: Sanitation Rules (nails/cos)		
Cosmetology Law		
Regulations (172 NAC 36)		
School Rules		
Emergency Evacuation Plan		
Clinical Area: Rules of Sanitation (nails/cos)		
Emergency Evacuation Plan		
Instructor(s) Credentials: Name of Inst/Student		
Content Instructors teaching		
Which classes (Fresh/Adv) Instructors teach		
Time and Day Instructors are assigned to teach		
Bulletin Board: Sanitation Rules (nails/cos)		
Cosmetology Law		
Regulations (172 NAC 36)		
School Rules		
Class Schedule (class times)		

STUDENT INSTRUCTORS	Yes	No
1 instructor per student instructor		

SPECIAL STUDY STUDENTS	Yes	No
17 years of age on/before enrollment		
10th grade completion		
Continuing high school on full basis		
8 hours-day training max each week while in HS		

REMARKS

_____

_____

_____

_____

_____

LIBRARY REQUIREMENTS	Yes	No
At least 2 of the following 8 textbooks:		
Standard Textbook of Cosmetology, Milady Publishing Corporation		
The Van Dean Manual, Milady Publishing Corporation		
World of Cosmetology, Franco, Moore, Oakley		
Hair Structure and Chemistry, Milady Publishing Corporation		
Cosmetology, The Keystone Guide to Beauty Culture, Keystone Publications		
The Professional Cosmetologist, John W. Dalton, West Publishing Company		
West's Textbook of Cosmetology, West Publishing Company		
Regents/Prentice Hall Textbook of Cosmetology, Regents/Prentice Hall Publishing Co.		
Standard Dictionary of the English Language		
At least 5 copies of the latest printing of Nebraska Cosmetology Statutes		
At least 5 copies of the latest printing of all rules and regulations relating to the Cosmetology Statutes		
At least 5 copies of the current Rules of the School		
MINIMUM EQUIPMENT FOR A SCHOOL WITH UP TO 15 CONTRACTED STUDENTS	Yes	No
2 electric clippers		
3 shampoo bowls		
6 dryers		
15 styling stations and chairs		
1 facial chair or equivalent chair		
At least 2 large wet sterilizers		
2 manicure tables with stools		
2 sets of equipment for a complete manicure		
At least 1 laundry receptacle		
1 classroom chair with suitable writing facilities for each student attending class		
15 individual lockers or stations with workable locks		
1 first aid kit		
1 sign displayed in a conspicuous place within the clinical area of the school which shall read as follows: *"All services in this school performed by students who are in training in cosmetology"*		

ADDITIONAL MINIMUM EQUIPMENT FOR A SCHOOL WITH MORE THAN 15 STUDENTS	Yes	No
1 mannequin per student		
1 styling station & chair for each student in clinic practice		
Lockers/stations with workable locks sufficient in # to provide security for valuables for each student		
2 shampoo bowls		
3 dryers		

REMARKS

Cosmetology Program: (172 NAC 36-012A)

1	☐ Yes ☐ No Program of studies consists of at least 2100 hours and 2000 credits. _____ _____ _____
2	☐ Yes ☐ No Freshman Class includes at least 300 hours and 300 credits. Every hour spent in theory or related theory class equals one credit. _____ _____ _____
3	☐Yes ☐ No Advanced Class includes at least 1,800 hours and 1,700 credits. Every hour spent in theory or related theory class equals one credit. _____ _____ _____
4	☐ Yes ☐ No Evidence of a final practical and written examination that covers all the subject areas as a condition of graduation _____ _____ _____
5	☐ Yes ☐ No The Freshman Class Curriculum meets the curriculum requirements (Review of 1 randomly selected subject). Subject: _____ # of Hours: _____ _____ _____ _____ ☐Yes ☐No The Advanced Class Curriculum meets the curriculum requirements (Review of 2 randomly selected subjects). Subject: _____ # of Hours: _____ _____ _____ _____ Subject: _____ # of Hours: _____ _____ _____ _____

FRESHMAN COSMETOLOGY THEORY and RELATED THEORY CLASS CURRICULUM (300 hours/300 credits)			
MINIMUM HOURS	SUBJECT	CREDITS	State Check
40	Permanent waving / Chemical relaxing	40	
18	Facials (Eyebrow Arching, Body Waxing, Lash and Eyebrow Tint, Make-up, and Massage)	18	
35	Haircutting	35	
60	Hairstyling (Pin Curl Formations, Rollers Fingerwaving, Thermal Curling, Braiding, and Combout)	60	
23	Manicuring / Pedicuring / Artificial Nails / Massage	23	
20	Shampoos, Conditioners and Scalp Treatments	20	
40	Hair Coloring (Darkening, Permanent, Semi/Demi-permanent and Lightening)	40	
11	Nebraska Cosmetology Law / Rules and Regulations Sanitary Measures Safety Measures	11	
2	Rules and Policies	2	
5	Ethics / Grooming	5	
15	Dispensary	15	
5	Reception Desk	5	
26	Unassigned subjects - School may expand subjects listed above or select other cosmetology related subjects	26	
Total Hours 300	TOTAL HOURS AND CREDITS IN THE FRESHMAN COSMETOLOGY CURRICULUM	Total Credits 300	

ADVANCED COSMETOLOGY THEORY CLASS CURRICULUM (300 hours/200 credits)			
MINIMUM HOURS	SUBJECT	CREDITS	State Check
300	Lecture theory must include, but is not limited to the following: Ethics, Hygiene, Poise-Personality, Bacteriology, Sterilization, Applied Electricity, Nebraska Cosmetology Law, State Rules and Regulations, Salon Management and Safety Measures, and as defined in Neb. Rev. Stat. §71-351. Advanced theory class must include the subjects listed in advanced practice on students, clients, mannequins, or class laboratory experience below.	200	

ADVANCED COSMETOLOGY RELATED THEORY (1500 hours/1500 credits) Practice on Students, Clients, Mannequins or Class Lab (Floor) Experience			
MINIMUM HOURS	SUBJECT	CREDITS	State Check
30	Shampoos, Conditioners and Scalp Treatments	30	
300	Haircutting	300	
300	Hairstyling (Pin Curl Formations, Rollers, Fingerwaving, Thermal Curling, Combout, Braiding and Wiggery)	300	
300	Permanent Waving / Chemical Relaxing	300	
300	Haircoloring (Darkening, Permanent, Semi/Demi-permanent and Lightening)	300	
50	Facials (Eyebrow Arching, Lash and Eyebrow Tint, Make-up, and Massage)	50	
10	Body waxing	10	
50	Manicuring / Pedicuring / Artificial Nails / Massage	50	
130	Salesmanship / Reception desk / Dispensary	130	
30	Unassigned (If a school determines a freshman curriculum longer than 300 hours, a portion of these unassigned hours may be allotted to the freshman course, expand the above subjects, or select other cosmetology related subjects)	30	
Total Hours 1500	TOTAL FOR RELATED THEORY	Total Credits 1500	
Total Hours 1800	TOTAL HOURS AND CREDITS IN THE ADVANCED CURRICULUM	Total Credits 1700	

Cosmetology Instructor Licensure: (172 NAC 36-012.02)

1	☐ Yes ☐ No Program of studies consists of at least 925 hours of teachers' training for a period of at least 6 months. _____ _____ _____
2	☐ Yes ☐ No Evidence of a final practical and written examination that covers all the subject areas as a condition of graduation _____ _____ _____
3	☐ Yes ☐ No The Curriculum meets the curriculum requirements (Review of 2 randomly selected subjects). Subject: _____ # of Hours: _____ _____ _____ _____ Subject: _____ # of Hours: _____ _____ _____ _____

COSMETOLOGY STUDENT INSTRUCTOR CLASS CURRICULUM (925 hours)				
State Check	MINIMUM HOURS	SUBJECT	SUBJECT CONTENT	
	240	1. Student Instructor Orientation	A. B. C. D. E. F.	Introduction to Faculty, Staff, Student body School Policy Overview of the Student Instructor Training Program Statutes and Regulations Sanitation and Sterilization Regulations Teaching Techniques and Educational Tools Student and Instructor Relations/Counseling
	240	2. Preparation of a Cosmetology Program	A. B. C.	Overview of Student Cosmetology Curriculum as required by State and School (Units) Detailed Course Outline (Chapters) Detailed Subject Layout (Daily Lessons)
	240	3. Theory and Clinical Techniques (Must include Freshman and Advanced Student training Experiences)	A. B. C.	Classroom Observations 1. Assist with a. Presentations/ Lectures b. Teaching basic skills c. Clinical Activities Clinical Observations 1. Supervision of Services 2. Student/Client Relationships Clinical Activities 1. Supervision of Procedures/Demonstrations 2. Practice Teaching/Basic Skills
	50	4. The Student Instructor Learns to Evaluate Student Progress	A.	Basic Evaluation Techniques 1. Written, Observation, Oral
	155	5. Administrative Techniques	A. B. C.	Office Management 1. Student Folder 2. Entrance Notification 3. Recording Student Hours 4. Graduate Records Office Records 1. State Rules and Regulations Governing Cosmetology Schools 2. Enrollment Procedures 3. Maintaining Student Records Salon Management Operations 1. Client and Student Scheduling 2. Record Keeping Procedures 3. Receptionist Responsibilities 4. Inventory Control, Purchasing, Retailing
	Total Hours 925	TOTAL HOURS FOR THE COSMETOLOGY STUDENT INSTRUCTOR CURRICULUM		

Esthetician Licensure: (172 NAC 36-012.04)

1	☐ Yes ☐ No Program of studies consists of at least 600 hours and 600 credits. _____ _____ _____
2	☐ Yes ☐ No Freshman Class includes at least 76 hours and 76 credits. _____ _____ _____
3	☐ Yes ☐ No Advanced Class includes at least 524 hours and 524 credits. _____ _____ _____
4	☐ Yes ☐ No Evidence of a final practical and written examination that covers all the subject areas as a condition of graduation _____ _____ _____
5	☐ Yes ☐ No The Freshman Class Curriculum meets the curriculum requirements (Review of 1 randomly selected subject). Subject: _____ # of Hours: _____ _____ _____ _____ ☐ Yes ☐ No The Advanced Class Curriculum meets the curriculum requirements (Review of 2 randomly selected subjects). Subject: _____ # of Hours: _____ _____ _____ _____ Subject: _____ # of Hours: _____ _____ _____ _____

FRESHMAN ESTHETICIAN THEORY CLASS CURRICULUM (15 hours)			
MINIMUM HOURS	SUBJECT	CREDITS	State Check
3	Anatomy - Cells	3	
5	Physiology/Histology	5	
2	Skin Analysis	2	
5	Disease and Disorders of the Skin	5	
Total Hours 15	TOTAL HOURS AND CREDITS FOR THE FRESHMAN ESTHETICIAN THEORY CURRICULUM	Total Credits 15	

FRESHMAN ESTHETICIAN RELATED THEORY CLASS CURRICULUM (61 hours)			
MINIMUM HOURS	SUBJECT	CREDITS	State Check
1	Orientation	1	
3	Sanitation	3	
6	Product Introduction	6	
15	Basic Facials with Skin Analysis	15	
3	Facial Massages	3	
18	Hair Removal / Tweezing / Waxing	18	
10	Body Treatments	10	
5	Chemical / Manual /Machine Aided Exfoliation	5	
Total Hours 61	TOTAL HOURS AND CREDITS FOR THE FRESHMAN ESTHETICIAN RELATED THEORY CURRICULUM	Total Credits 61	

ADVANCED (JUNIOR/SENIOR) ESTHETICIAN THEORY CLASS CURRICULUM (70 hours)			
MINIMUM HOURS	SUBJECTS	CREDITS	State Check
3	Nebraska State Law and Rules and Regulations	3	
12	Anatomy	12	
5	Business	5	
7	Disease and Disorders of the Skin	7	
7	Product Ingredients & Chemistry	7	
9	Bacteriology	9	
6	Basic Makeup & Color Psychology	6	
5	Electricity/Machines	5	
3	Hair Removal / Tweezing / Waxing	3	
2	Aromatherapy	2	
7	Physiology/Histology	7	
4	Nutrition	4	
Total Hours 70	TOTAL HOURS AND CREDITS FOR THE ADVANCED ESTHETICIAN THEORY CURRICULUM	Total Credits 70	

ADVANCED (JUNIOR/SENIOR) ESTHETICIAN RELATED THEORY CLASS CURRICULUM (68 hours)			
MINIMUM HOURS	SUBJECT	CREDITS	State Check
1	Sanitation	1	
4	Back Treatments	4	
12	Skin Diseases and Disorders	12	
3	Advanced Waxing	3	
4	Chemical and Manual Exfoliation	4	
4	Electricity/Machines	4	
2	Facial Massage	2	
16	Makeup	16	
4	Para-Medical Makeup	4	
2	Cosmetic Surgery Information	2	
4	Custom Blended Cosmetics	4	
12	Unassigned Hours	12	
Total Hours 68	TOTAL HOURS AND CREDITS FOR THE ADVANCED ESTHETICIAN RELATED THEORY CURRICULUM	Total Credits 68	

ADVANCED ESTHETICIAN CLINICAL PRACTICE CURRICULUM (386 hours/386 credits)			
MINIMUM HOURS	SUBJECT	CREDITS	State Check
200	Facial Treatments	200	
40	Chemical / Manual Aided Exfoliation	40	
40	Machine Aided Exfoliation	40	
30	Body Treatments with Skin Analysis	30	
50	Hair Removal / Tweezing / Waxing	50	
26	Makeup Application	26	
Total Hours 386	TOTAL HOURS AND CREDITS FOR THE ADVANCED ESTHETICIAN CLINICAL PRACTICE CURRICULUM	Total Credits 386	

Esthetic Instructor Licensure: (172 NAC 36-012.05)

1	☐ Yes ☐ No Program of studies consists of at least 300 hours of teachers training. _____ _____ _____
2	☐ Yes ☐ No Evidence of a final practical and written examination that covers all the subject areas as a condition of graduation _____ _____ _____
3	☐ Yes ☐ No The Curriculum meets the curriculum requirements (Review of 2 randomly selected subjects). Subject: _____ # of Hours: _____ _____ _____ _____ Subject: _____ # of Hours: _____ _____ _____ _____

ESTHETICS STUDENT INSTRUCTOR CLASS CURRICULUM (300 hours)				
State Check	MINIMUM HOURS	SUBJECT	SUBJECT CONTENT	
	16	1. Student Instructor Orientation	A. B. C. D. E. F.	Introduction to Faculty, Staff, Student body School Policy Overview of the Student Instructor Training Program Statutes and Regulations Sanitation and Sterilization Regulations Teaching Techniques and Educational Tools Student and Instructor Relations/Counseling
	50	2. Preparation of an Esthetics Program	A. B. C.	Overview of Student Esthetics Curriculum as required by State and School (Units) Detailed Course Outline (Chapters) Detailed Subject Layout (Daily Lessons)
	150	3. Theory and ClinicalTechniques (Must include Freshman and Advanced Student training experiences)	A. B. C.	Classroom Observations 1. Assist with a. Presentations/ Lectures b. Teaching basic skills c. Clinical Activities Clinical Observations 1. Supervision of Services 2. Student/Client Relationships Clinical Activities 1. Supervision of Procedures/Demonstrations 2. Practice Teaching/Basic Skills
	40	4. The Student Instructor Learns to Evaluate Student Progress	A.	Basic Evaluation Techniques 1. Written, Observation, Oral
	44	5. Administrative Techniques	A. B. C.	Office Management 1. Student folder 2. Entrance notification 3. Recording student hours 4. Graduate records Office Records 1. State Rules and Regulations Governing Esthetics Schools or Cosmetology Schools providing an Esthetic Program 2. Enrollment Procedures 3. Maintaining Student Records Salon Management Operations 1. Client and Student Scheduling 2. Record Keeping Procedures 3. Receptionist Responsibilities 4. Inventory Control, Purchasing, Retailing
	Total Hours 300	TOTAL HOURS IN THE ESTHETIC INSTRUCTOR CURRICULUM		

Nail Technology Licensure: (172 NAC 36-012.06)

1	☐ Yes ☐θ No Program of studies consists of at least 300 hours. _____ _____ _____
2	☐ Yes ☐ No Theory class which includes at least 75 hours. _____ _____ _____
3	☐ Yes ☐ No Practical class which includes at least 225 hours. _____ _____ _____
4	☐ Yes ☐ No Evidence of a final practical and written examination that covers all the subject areas as a condition of graduation _____ _____ _____
5	☐ Yes ☐ No The Theory Class Curriculum meets the curriculum requirements (Review of 1 randomly selected subject). Subject: _____ # of Hours: _____ _____ _____ _____ ☐ Yes ☐ No The Practical Class Curriculum meets the curriculum requirements (Review of 2 randomly selected subjects). Subject: _____ # of Hours: _____ _____ _____ _____ Subject: _____ # of Hours: _____ _____ _____ _____

NAIL TECHNOLOGY THEORY CLASS CURRICULUM (75 hours)			
MINIMUM HOURS	SUBJECT	SUBJECT CONTENT (including but not limited to the following)	State Check
75 Hours Up to ¼ (18 hours and 45 minutes) of the total theory hours may be presented using video tapes or similar devices, or equipment, or self study	Client Consultation		
	Sanitation and Disinfection	1. Methods 2. Sterilization 3. Sanitation (Nebraska laws) 4. Disinfection 5. Supplies/Implements	
	Safety in Salon (Chemicals)	1. MSDS Sheets 2. Nail Product Chemistry 3. Chemical Hazards 4. Personal & Client Safety	
	Basic First Aid		
	Bacteria and Other Infectious Agents	1. Bacteria 2. Parasites 3. Viruses & Fungus 4. Infections Immunity & Communicable Diseases	
	Anatomy and Physiology	1. Nail Composition 2. Skin of the Hands and Feet 3. Structure of the Hands and Feet	
	Nail Salon Business and Nebraska Statutes, Rules And Regulations	1. Management 2. Professional Image / Ethics 3. Laws and Regulations	
	Nail and Skin Disorders and Diseases		
	Manicures / Pedicures / Hand & Foot Massage		
	Application, Repair, Maintenance and Removal of Artificial Nails	1. Wraps a. Fabric 2. Acrylic a. Tip overlay b. Natural overlay c. Sculpt 3. Gels	
	Filing Techniques	1. Nail drill – At least 1 hour 2. Natural nails	
Total Hours 75	TOTAL HOURS FOR THE NAIL TECHNOLOGY THEORY CURRICULUM		

NAIL TECHNOLOGY PRACTICAL CLASS CURRICULUM (225 hours)			
1. 100 hours of practice on an artificial hand/nail; and 2. 125 hours of practical training must include the minimum hours listed below for each type of service. Such service must be on a live person; not on an artificial hand/nail:			
MINIMUM HOURS	SUBJECT	SUBJECT CONTENT (including but not limited to the following)	State Check
55	Artificial Nail Application	A. Wraps – 15 Hours 1. Fabric B. Acrylic – 25 Hours 1. Tip Overlay 2. Natural Overlay 3. Sculpt C. Gels – 15 Hours	
15	Filing Techniques	a. Manual Filing – 1 Hour b. Nail Drill – 14 Hours	
45	Repair & Maintenance	a. Wrap Fill – 15 Hours b. Acrylic Fill – 15 Hours 1. Two Tone b. Gel Fill – 15 Hours	
10	Manicure/Pedicure	a. Manicure – 5 Hours b. Pedicure – 5 Hours	
Total Hours 125	TOTAL HOURS FOR THE NAIL TECHNOLOGY PRACTICAL TRAINING CURRICULUM		
Total Hours 225	TOTAL HOURS FOR THE NAIL TECHNOLOGY PRACTICAL CURRICULUM		

Nail Technology Instructor Licensure: (172 NAC 36-012.07)

1	☐ Yes ☐ No Program of studies consists of at least 300 hours of teachers training. _____ _____ _____
2	☐ Yes ☐ No Evidence of a final practical and written examination that covers all the subject areas as a condition of graduation _____ _____ _____
3	☐ Yes ☐ No The Curriculum meets the curriculum requirements (Review of 2 randomly selected subjects). Subject: _____ # of Hours: _____ _____ _____ _____ Subject: _____ # of Hours: _____ _____ _____ _____

NAIL TECHNOLOGY STUDENT INSTRUCTOR CLASS CURRICULUM (300 hours)				
State Check	MINIMUM HOURS	SUBJECT	SUBJECT CONTENT	
	16	1. Student Instructor Orientation	A. B. C. D. E. F.	Introduction to Faculty, Staff, Student body School Policy Overview of the Student Instructor Training Program Statutes and Regulations Sanitation and Sterilization Regulations Teaching Techniques and Educational Tools Student and Instructor Relations/Counseling
	50	2. Preparation of a Nail Technology Program	A. B. C.	Overview of Student Nail Technology Curriculum as required by State and School (Units) Detailed Course Outline (Chapters) Detailed Subject Layout (Daily Lessons)
	150	3. Theory and Clinical Techniques (Must include Freshman and Advanced Student training experiences)	A. B. C.	Classroom Observations 1. Assist with a. Presentations/ Lectures b. Teaching basic skills c. Clinical Activities Clinical Observations 1. Supervision of Services 2. Student/Client Relationships Clinical Activities 1. Supervision of Procedures/Demonstrations 2. Practice Teaching/Basic Skills
	40	4. The Student Instructor Learns to Evaluate Student Progress	A.	Basic Evaluation Techniques 1. Written, Observation, Oral
	44	5. Administrative Techniques	A. B. C.	Office Management 1. Student Folder 2. Entrance Notification 3. Recording Student Hours 4. Graduate Records Office Records 1. State Rules and Regulations Governing Cosmetology Schools providing a nail technology program or School of Nail Technology 2. Enrollment Procedures 4. Maintaining Student Records Salon Management Operations 1. Client and Student Scheduling 2. Record Keeping Procedures 3. Receptionist Responsibilities 4. Inventory Control, Purchasing, Retailing
	Total Hours 300	TOTAL HOURS IN THE NAIL TECHNOLOGY INSTRUCTOR CURRICULUM		

I hereby state that I am authorized by the school to complete this self-inspection on behalf of the school and the statements on this application and attachments submitted are true and complete.

Please print name and title of person completing the form:_____

_____ _____ Signature of School Representative Date

Cosmetology School or Satellite Classroom Self-Inspection Report

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509
(402) 471-2117

Salon Name: _____

Address: _____

Town: _____

Owner: _____ Tele # _____

Column A: (Indicate "N/A" for Areas not applicable)		Yes/No	
STRUCTURE			
1. Walls, Ceiling & Furniture clean & in good repair			
2. Lighting clean/safe/in working order			
3. Floors clean & free of unsafe objects/uneven surfaces			
4. Windows clean and safe			
5. Ventilation System and/or Fans	a. Fan clean		
	b. Ceiling vents clean		
	c. System/Fan Safe		
	d. Ventilation/open window/fan		
	e. Air flow set to "ON" or "CONTINUOUS"		
6. Electrical appliances clean and safe/no bare wires (blow dryer, curling iron, clippers, wax machines, etc)			
STORAGE			
7. Flammable/combustible chemicals stored away from potential sources of ignition			
8. Chemicals stored in closed bottles/containers			
9. Cabinets, drawers, containers used for storage of implements/towels are clean			
10. Unused supplies are stored in clean, enclosed container/drawer			
11. Implements that have not been used on a client/soiled are placed in a labeled covered container until disinfected			
TOWELS			
12. Cloth towels deposited in closed receptacle after use			
13. Used/soiled towels not used again until properly laundered and sanitized			
14. Disposable towels discarded in closed waste receptacle with a plastic liner immediately after use			
RESTROOM			
15. Chemicals (except deodorizers) in locked cabinets			
16. Clean and operational toilet and sink			
17. Suitable holders for toilet paper			
18. Clean waste receptacle, with disposable plastic liner			
19. Hot and cold running water			
20. Liquid Soap			
21. Single-use disposable towels/appropriate clean holder			
LAUNDRY FACILITIES			
22. Clean, including washer & dryer			
23. Closed receptacle for storing soiled towels			
24. Used for establishment laundry only/no personal items			
HANDWASHING			
25. Licensee washes/sanitizes hands before service			
26. Gloves free of tears/changed gloves if contaminated			

Column B: (Indicate "N/A" for Areas not applicable)		Yes/No	
DISINFECTION & DISINFECTANT SOLUTION STORAGE			
27. Disinfectant Solution	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
Name of disinfectant used:			
28. Immersion Disinfection process followed	Remove foreign matter		
	Wash hands		
	Wash implement with hot water/soap		
	Thoroughly rinse implement in water		
	Place implement in EPA solution		
	Wash hands before removing implement		
	Rinse implement in water		
	Air dry/dry with clean towel/electric air		
	Place in clean enclosed container		
29. Spray Disinfection process followed (metal implements, clippers)	Remove foreign matter		
	Wash hands		
	Spray implement until totally		
	Saturated with EPA solution		
30. No formaldehyde vapor nor ultra-violet ray treatment procedures used in lieu of immersion/spray disinfection			
BLOOD SPILL PROCEDURES			
31. Client injury procedure followed			
32. Licensee injury procedure followed			
33. No Styptic pencils used			
PRODUCTS			
34. Liquids, creams, etc kept in clean closed containers			
35. Original bottles have original manufacturer labels			
36. All product bottles labeled			
37. Product removed with spatula, scoop, pump, etc			
SUPPLIES & MATERIALS			
38. Neck strips/clean towel used under cape – sanitized or disposable cape (1per client) may be used in lieu of these			
39. Non-disinfectable supplies/implements are disposed of in covered waste receptacle with plastic liner after each use (Q-tips, sponges, cotton balls, neck strips, etc)			
40. No non-washable or non-disinfectable dusters/brushes used (sable/fabric)			
HAIR REMOVAL WAX			
41. Wax removed from machine with clean applicator			
42. Wax machine clean			

AUTOMATIC UNSATISFACTORY RATING **is given if a** YES **is marked in any of the following:**	**Yes**	**No**
A. Intoxicating Beverages/Controlled Substance on premises		
B. Pets in Establishment (aquariums/guide animals acceptable)		
C. Unlicensed persons providing services		
D. Unlicensed Establishment		
E. Denied access to all salon areas, personnel, records		
F. Establishment in an Inoperable Condition (i.e. remodeling)		

INSPECTION RATING: ☐ **SATISFACTORY** ☐ **UNSATISFACTORY**

Date of Self-Inspection: _____ **Signature of Owner or Manager:** _____

THIS INSPECTION REPORT MUST BE POSTED FOR PUBLIC VIEWING

SELF-INSPECTION REPORT - Continued

Name of School: _____

Days of Operation:	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
Hours of Operation:							

NAMES OF LICENSEES AND/OR TEMPORARY PRACTITIONERS	License #	License Type	Posted Yes	Posted No

NEBRASKA
Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES
LICENSURE UNIT
P.O. BOX 94986
LINCOLN, NEBRASKA 68509
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

BRANCH ESTABLISHMENT INSPECTION REPORT

License #: _____ Phone #: _____

Establishment Name: _____

Address: _____

City/State/Zip _____

Manager's Name: _____

Standard Requirements:

Documents:		Met	Not Met
1	Current license of establishment posted.		
2	Current license of the manager and all licensed embalmers, registered apprentices, licensed funeral directors and licensed funeral directors and embalmers employed by the funeral establishment posted.		
3	A sign with the name of the current or proposed establishment. The sign must be located on or at the front of the building in a position where it clearly is visible and legible from the outside of the building OR provide documentation that it is on order.		
4	If funeral arrangements are made at the branch location, copies of written statements containing a list of principal services and furnishings to be supplied by the funeral director or funeral director and embalmer for the preparation and burial or cremation of a deceased body (i.e., general price list).		

Comments:

Must have 3 of 4 to pass

Physical Structure:		Met	Not Met
1	The physical structure must be maintained to ensure safety of the public.		
2	Adequate ventilation.		
3	Adequate lighting to maintain public safety.		
4	If viewing of the deceased body is provided at the branch location, the viewing room(s) must have floor to ceiling walls on all sides.		

Comments:

Must have 3 of 4 to pass

Casket Selection Area:		Met	Not Met
1	If the branch establishment has a casket selection area, the area may include a catalogue or electronic media for ordering caskets or have sample caskets displayed.		

Comments:

Must have 1 of 1 to pass

INSPECTION SCORING: *To achieve a satisfactory rating, you must have a 90% on each of the applicable inspection area*
Practice or operation without a license will result in an automatic unsatisfactory rating.

INSPECTION RATING:

☐ **SATISFACTORY**

☐ **UNSATISFACTORY**

Corrections due: _____ (date)

SIGNATURES:

Signature of Inspector _____

Date of Inspection _____

Signature of Manager _____

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

BRANCH ESTABLISHMENT SELF INSPECTION REPORT

LICENSURE UNIT
P.O. BOX 94986
LINCOLN, NEBRASKA 68509
(402) 471-2117
Dhhs.licensure2117@nebraska.gov

License #: _____ Phone #: _____

Establishment Name: _____

Address: _____

City/State/Zip _____

Manager's Name: _____

Name of Affiliated Funeral Establishment: _____

SECTION A

Check YES, if you meet the regulation and No if you do not meet the regulation; if you mark NO, you must provide an explanation.

#	Regulation	Requirement	Yes	No (If marked no, you must provide an explanation)
1	68-009.01 Documents Reviewed	**Documents must be posted and/or available as follows:**		
		The current license of the establishment must be conspicuously displayed;		
		The current license of the manager and all licensed funeral directors and licensed funeral directors and embalmers employed by the funeral establishment must be conspicuously displayed;		
		A sign which displays the name of the current or proposed branch establishment. The sign must be located on or at the front of the building in a position where it clearly is visible and legible from the outside of the building, or provide documentation that it is on order; and		
		If funeral arrangements are made at the branch location, copies of written statements containing a list of principal services and furnishings to be supplied by the funeral director or funeral director and embalmer for the preparation and burial or cremation of a deceased body (i.e., general price list).		
2	68-009.02 Physical Structure	The physical structure must be maintained to ensure safety of the public and compliance with the equipment and sanitation requirements. The physical structure must have: 1. Adequate ventilation; 2. Adequate lighting to maintain public safety; and 3. If viewing of the deceased body is provided at the branch location, the viewing room(s) must have floor to ceiling walls on all sides;		
3	68-009.03 Casket Selection Area	If the branch establishment has a casket selection area, the area may include a catalogue or electronic media for ordering caskets or have sample caskets displayed.		

Date and Signature:

Date of Inspection _____

Signature of Manager _____

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES
LICENSURE UNIT
P.O. BOX 94986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

FUNERAL ESTABLISHMENT INSPECTION REPORT

License #: _____ Phone #: _____

Establishment Name: _____

Address: _____

City/State/Zip _____

Manager's Name: _____

Types of Services Provided	
☐	Funeral Services
☐	Funeral Arrangements
☐	Embalming of Dead Human Bodies

A. Standard Requirements:

Documents:		Met	Not Met
1	Current license of establishment posted.		
2	Current license of the manager and all licensed embalmers, registered apprentices, licensed funeral directors and licensed funeral directors and embalmers employed by the funeral establishment posted.		
3	A sign with the name of the current or proposed establishment. The sign must be located on or at the front of the building in a position where it clearly is visible and legible from the outside of the building OR provide documentation that it is on order.		
4	Copies of written statements containing a list of principal services and furnishings to be supplied by the funeral director or funeral director and embalmer for the preparation and burial or cremation of a deceased body (i.e., general price list).		
Comments:			

Physical Structure:		Met	Not Met
1	The physical structure must be maintained to ensure safety of the public.		
Comments:			
			Must have 4 of 5 to pass

B. Conducting Funeral Services: (If services will include conducting funeral services)

Room(s) for:		Met	Not Met
1	Counseling families or next of kin;		
2	Conducting the funeral service; and		
3	Viewing the deceased.		
Room(s) must have floor to ceiling walls on all sides, and must be either a part of the funeral establishment or located at a licensed branch establishment, which is within a reasonable distance of the funeral establishment. The room(s):			
1	Must have space for public seating;		
2	Must have space for viewing the deceased body; and		
3	May have an adjacent area for cosmetic services and dressing of the deceased body for viewing purposes.		
A casket selection area, which has either a catalogue or electronic media for ordering caskets, or has sample caskets displayed.			
Motor vehicles, such as, but not limited to: funeral coach, sedans and vans.			
A **general price list** (GPL).			
Comments:			
			Must have 9 of 10 to pass

C. Preparation for Final Disposition: If services include the preparation for burial, disposition or cremation)

A preparation room for preparing dead human bodies for burial or other final disposition which has floor to ceiling walls on all sides. The preparation room must be clean and sanitary and contain at a minimum the following:		Met	Not Met
1	Flooring and walls that are cleanable, such as tile or other suitable hard surface;		
2	Adequate drainage, lighting and ventilation;		
3	At least one sink with running water;		
4	At least one service sink or floor drain for use of drainage from the embalming table and for use with the aspirator;		
5	Fully closing doors;		
6	The following instruments and supplies with ample storage thereof:		
A	Head covers;		
B	Shoe covers;		
C	Goggles;		
D	Masks;		
E	Heavy duty or surgical gloves;		
F	Disinfectant spray;		
G	Adequate materials for use with contagious diseases (contagious disease kit);		
H	Embalming Gown with sleeves;		
I	Porcelain or stainless steel embalming table;		
J	Embalming machine;		
K	Hydro or electrical aspirator with arterial tubes and drain tubes;		
L	Pair of spring forceps;		
M	Aneurysm needles;		
N	Pair of scissors;		
O	Different sizes of suture needles;		
P	Scalpel with extra blades;		
Q	Razor with extra blades;		
R	Trocar with suitable length of hose;		
S	Cavity Fluid Injector;		
T	Sanitary and medical waste container;		
U	Arm and head supports; and		
V	Cavity, special and arterial fluids.		
Materials or supplies which come in contact with a dead human body must not be used more than once without being first completely cleansed, disinfected, and then laundered.			
Bandages, cotton, and other waste materials must be destroyed or placed in the bio-waste receptacle for removal by a waste removal service immediately at the conclusion of each case to the end that all disease-producing organisms are destroyed and the public health thereby protected.			
All equipment within a motor vehicle used for the transportation of deceased persons, which comes in contact with a deceased person, must be thoroughly disinfected immediately at the conclusion of each instance of transportation to the end that all disease producing organisms are destroyed and the public health thereby protected.			
Comments:			
			Must have 29 of 32 to pass

INSPECTION SCORING: *To achieve a satisfactory rating, you must have a 90% on each of the applicable inspection area*
Practice or operation without a license will result in an automatic unsatisfactory rating.

INSPECTION RATING:	***SIGNATURES:***
☐ **SATISFACTORY**	Signature of Inspector _____
	Date of Inspection _____
☐ **UNSATISFACTORY**	
Corrections due: _____ (date)	Signature of Manager _____

NEBRASKA **FUNERAL ESTABLISHMENT SELF INSPECTION REPORT**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

LICENSURE UNIT
P.O. BOX 94986
LINCOLN, NEBRASKA 68509
(402) 471-2117
Dhhs.licensure2117@nebraska.gov

License #: _____ Phone #: _____

Establishment Name: _____

Address: _____

City/State/Zip _____

Manager's Name: _____

SECTION A

(indicate license #'s)

Print the Names of the Employees Who Provide Funeral Directing and Embalming at this Location (including apprentices):	Funeral Director and Embalmer	Apprentice	Funeral Director **ONLY**	Embalmer **ONLY**

SECTION B

Check YES, if you meet the regulation and No if you do not meet the regulation, If you mark NO, you must provide an explanation.

#	Regulation	Requirement	Yes	No (If marked no, you must provide an explanation)
1	68-008.01 Documents Reviewed	**Documents must be posted and/or available as follows:**		
		The current license of the funeral establishment must be conspicuously displayed;		
		The current license of the manager and all licensed embalmers, registered apprentices, licensed funeral directors and licensed funeral directors and embalmers employed by the funeral establishment must be conspicuously displayed;		
		A sign which displays the name of the current or proposed funeral establishment. The sign must be located on or at the front of the building in a position where it clearly is visible and legible from the outside of the building, or provide documentation that it is on order; and		
		Copies of written statements containing a list of principal services and furnishings to be supplied by the funeral director or funeral director and embalmer for the preparation and burial or cremation of a deceased body (i.e., general price list).		

#	Regulation	Requirement	Yes	No (If marked no, you must provide an explanation)
2	68-008.02 Physical Structure Review	**The physical structure must be maintained to ensure safety of the public and to ensure compliance with the equipment and sanitation requirements.**		
		Conducting Funeral Services: If services will include conducting funeral services for dead human bodies, the funeral establishment must have room(s) for: (1) Counseling families or next of kin; (2) Conducting the funeral service; and (3) Viewing the deceased.		
		The room(s) must have floor to ceiling walls on all sides, and must be either a part of the funeral establishment or located at a licensed branch establishment, which is within a reasonable distance of the funeral establishment.		
		The room(s): (1) Must have space for public seating; (2) Must have space for viewing the deceased body; and (3) May have an adjacent area for cosmetic services and dressing of the deceased body for viewing purposes.		
		A casket selection area, which has either a catalogue or electronic media for ordering caskets, or has sample caskets displayed.		
		Motor vehicles, such as, but not limited to: funeral coach, sedans and vans.		
		A general price list (GPL).		
3	68-008.02 Physical Structure Review	**Preparation for Final Disposition:** If services include the care and preparation for burial, disposition or cremation, the funeral establishment must include a preparation room for preparing dead human bodies for burial or other final disposition which has floor to ceiling walls on all sides.		
		The preparation room must be clean and sanitary and contain at a minimum the following:		
		(1) Flooring and walls that are cleanable, such as tile or other suitable hard surface;		
		(2) Adequate drainage, lighting and ventilation;		
		(3) At least one sink with running water;		
		(4) At least one service sink or floor drain for use of drainage from the embalming table and for use with the aspirator;		
		(5) Fully closing doors;		
		The following instruments and supplies with ample storage thereof:		
		(1) Head covers;		
		(2) Shoe covers;		
		(3) Goggles;		
		(4) Masks;		
		(5) Heavy duty or surgical gloves;		
		(6) Disinfectant spray;		
		(7) Adequate materials for use with contagious diseases (contagious disease kit);		
		(8) Embalming Gown with sleeves;		
		(9) Porcelain or stainless steel embalming table;		
		(10) Embalming machine;		
		(11) Hydro or electrical aspirator with arterial tubes and drain tubes;		
		(12) Pair of spring forceps;		
		(13) Aneurysm needles;		
		(14) Pair of scissors;		
		(15) Different sizes of suture needles;		
		(16) Scalpel with extra blades;		
		(17) Razor with extra blades;		
		(18) Trocar with suitable length of hose;		
		(19) Cavity Fluid Injector;		
		(20) Sanitary and medical waste container;		
		(21) Arm and head supports; and		
		(22) Cavity, special and arterial fluids.		

	68-008.02A	Materials or supplies which come in contact with a dead human body must not be used more than once without being first completely cleansed, disinfected, and then laundered.		
	68-008.02B	Bandages, cotton, and other waste materials must be destroyed or placed in the bio-waste receptacle for removal by a waste removal service immediately at the conclusion of each case to the end that all disease-producing organisms are destroyed and the public health thereby protected.		
	68-008.02C	All equipment within a motor vehicle used for the transportation of deceased persons, which comes in contact with a deceased person, must be thoroughly disinfected immediately at the conclusion of each instance of transportation to the end that all disease producing organisms are destroyed and the public health thereby protected.		

Date and Signature:

Date of Inspection _____

Signature of Manager _____

NEBRASKA
Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

INSPECTION REPORT
Massage Therapy Establishment

License #:		Date Issued:	
Establishment Name:			
Address:			
Owner:		Telephone #:	

Hours of Operation:

☐ By Appointment Only

Indicate the Days open and the hours for each day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Inspection Rating:

SCORING CRITERIA:	INSPECTOR'S SIGNATURE:
All responses must indicate 'MET' in order to receive a satisfactory rating. ☐ **SATISFACTORY** ☐ **UNSATISFACTORY** Deficiency Statement due: _____	_____ Signature _____ Date of Inspection

Establishment Owner/Massage Therapist Signature: I have had this Inspection Report explained to me and understand, if applicable, what corrections must be made to be in compliance.

Signature _____ Date _____

Section A - Inspection: (Pursuant to 82-004)

	Met	Not Met	Inspection Areas
1 **Physical Structure:**	☐	☐	a. The massage therapy establishment has a clearly identifiable location.
	☐	☐	b. All rooms must have adequate lighting and ventilation.
	☐	☐	c. The establishment has an area that can be screened from public view for customers requesting privacy.
	☐	☐	d. Each room where massage therapy services are provided has an EPA registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal, and has liquid soap and water or an instant sanitizer.
2 **Water:**	☐	☐	The establishment has a supply of hot and cold running water in sufficient quantities to conduct business in the establishment in a sanitary manner.
3 **Safety:**	☐	☐	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and safe.
	☐	☐	b. Floors are free of unsafe objects and slippery or uneven surfaces;
	☐	☐	c. Doors, stairways, passageways, aisles, or other means of exit provide safe and adequate access.
	☐	☐	d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution.
	☐	☐	e. Water or product spills on the floor are removed immediately and floor dried to avoid falls.
	☐	☐	f. If candles are used in the establishment, the candle(s) must be on a surface where they are securely supported on a substantial noncombustible base and the candle flame is protected.
4 **Restroom Facilities:**	☐	☐	A restroom is available on the premise.
5 **Massage Tables and Chairs:**	☐	☐	a. All tables and chairs are safe and in a sanitary condition at all times.
	☐	☐	b. Tables/chairs with no sheeting/pad are disinfected between clients with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	☐	☐	c. Clean linens are used for each client.
	☐	☐	d. Sheeting/pads that come in direct contact with the client or have been soiled are removed, disinfected, or cleaned between clients.
6 **Storage:**	☐	☐	a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device.
	☐	☐	b. Cabinets, drawers, containers used for storage of tools, equipment, instruments and towels/linens are clean.
	☐	☐	c. Tools, equipment, instruments, or towels/linens which have been used on a client are not placed in a container with clean tools, equipment, instruments, or towels/linens.

	Met	Not Met	Inspection Areas
7 **Towels/Linens:**			Used Towel and Linen Storage:
	☐	☐	a. Cloth towels and linens are deposited in a closed receptacle after use.
	☐	☐	b. Used cloth towels and linens are not used again until properly laundered.
	☐	☐	c. Disposable towels are discarded in a covered waste receptacle immediately following each service.
			Clean Towel and Linen Storage:
	☐	☐	a. All clean towels are stored in a clean, enclosed, dust-proof cabinet or container until used.
	☐	☐	b. Pillows are not required to be stored in a cabinet or container, but must have a clean covering before contact with a client.
8 **Products:**	☐	☐	a. All liquids, creams, and other products are kept in clean, closed containers.
	☐	☐	b. Original product bottles and containers have an original manufacturer label, which discloses their contents.
	☐	☐	c. All products used on a client are dispensed by a spatula, scoop, spoon, squeeze bottle, pump, dropper, or similar dispenser so that the remaining product is not contaminated.
	☐	☐	d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.
	☐	☐	e. Products applied to one client are removed and reused on another client.
9 **Methods of Disinfection:** The owner must ensure that all electrical and/or mechanical tools, instruments, implements, and equipment are disinfected before use on a client, by using one of the following two procedures:			Procedure One:
	☐	☐	a. Spray, immerse, soak, or saturate the implement until it is totally saturated with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	☐	☐	b. Before removing the sanitized implement(s), wash hands with liquid soap and water or antibacterial solution.
	☐	☐	c. Rinse implement.
	☐	☐	d. Prior to storing, air-dry on a sanitary surface or dry with a clean sanitized towel.
	☐	☐	e. Store in a clean enclosed cabinet or covered container reserved for clean implements until used.
			Procedure Two:
	☐	☐	a. Autoclave implements in accordance with the manufacturers instructions.
	☐	☐	b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer.
	☐	☐	Foot baths/foot spas, showers, and hot tubs are disinfected with an EPA registered disinfectant that is proven effective against HIV1, or Hepatitis B, or is a Tuberculocidal and in accordance with the manufacturers instructions.
	☐	☐	Paraffin wax machines is clean. Paraffin wax removed from one client is not be re-melted and used by another client.

Name of Disinfectant: _____
(must say on the product container that it is proven against HIV-1 or Hepatitis B or is Tuberculocidal)

EPA Registration #: _____

	Met	Not Met	Inspection Areas
10 **Activities Not Allowed:**	☐ ☐	☐ ☐	a. Smoking does not occur in the massage room. b. Licensees do not use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises during the hours the establishment is open to the public.
11 **Documents and Records:**	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	a. The license to operate the massage therapy establishment is displayed in a conspicuous location at the massage therapy establishment. b. There is a sign containing the name of the massage therapy establishment. The sign must be in a conspicuous location at the entrance to the massage therapy establishment. c. The license of each massage therapist who practices massage therapy in the massage therapy establishment is displayed in a conspicuous location at the massage therapy establishment. d. The establishment has one copy of the latest edition of the Massage Therapy Practice Act and one copy of the latest edition of 172 NAC 81 and 82.

Section B – Licenses:

List the Name of Each Massage Therapist and License #	Massage Therapist		Temporary	
	Lic #	Current	Lic #	Current
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
Establishment License Information:	Lic #	Current		
		☐yes ☐no		

Section C - Comments:

NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Phone: (402) 471-2117
E-mail: dhhs.licensure2117@nebraska.gov

Date of Inspection: _____

Date Form Due: _____

INITIAL INSPECTION
Massage Therapy Establishment
Action Taken to Correct the Deficiencies Identified on the Unsatisfactory Inspection Rating

(This form must be submitted to the Licensure Unit **within 15 days** of receipt of an unsatisfactory inspection rating)

Section A - Personal Information (Print the following exactly as shown on your establishment license.)

License #: _____ Owner: _____

Establishment Name: _____
(Street/P.O. Box/Route)

Address: _____
(City) (State) (Zip)

Section B - Corrective Action (For each deficiency, find the # corresponding to the deficiency noted on the inspection form and in the space next to this number list the action that you have taken to correct the deficiency. This will assist the inspector when completing a repeat inspection.)

#	List the Action you have Taken to Correct each Deficiency(s)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

(CONTINUED ON BACK SIDE)

8.	
9.	
10.	
11.	
12.	
13.	
14.	

Section C - Signature

_____
(Signature of Owner or Authorized Person)

_____
(Date)

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DEPT. OF HEALTH AND HUMAN SERVICES
LICENSURE UNIT
P.O. BOX 94986 - LINCOLN, NEBRASKA 68509
(402) 471-4970 E-mail: DHHS.Licensure2117@nebraska.gov

SELF INSPECTION REPORT
Massage Therapy Establishment

Establishment Name:			
Address:			
Owner:		Telephone #:	

Hours of Operation:

☐ By Appointment Only

Indicate the Days open and the hours for each day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Licensees:

List the Name of Each Massage Therapist and License #	Massage Therapist		Temporary	
	Lic #	Current	Lic #	Current
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no

Establishment Signature:

I verify that the information on the inspection report is true and complete.

Signature _____ Date _____

Section A - Inspection:

	Met	Not Met	Inspection Areas
1 Physical Structure:	☐	☐	a. The massage therapy establishment has a clearly identifiable location.
	☐	☐	b. All rooms must have adequate lighting and ventilation.
	☐	☐	c. The establishment has an area that can be screened from public view for customers requesting privacy.
	☐	☐	d. Each room where massage therapy services are provided has an EPA registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal, and has liquid soap and water or an instant sanitizer.
2 Water:	☐	☐	The establishment has a supply of hot and cold running water in sufficient quantities to conduct business in the establishment in a sanitary manner.
3 Safety:	☐	☐	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and safe.
	☐	☐	b. Floors are free of unsafe objects and slippery or uneven surfaces.
	☐	☐	c. Doors, stairways, passageways, aisles, or other means of exit provide safe and adequate access.
	☐	☐	d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution.
	☐	☐	e. Water or product spills on the floor are removed immediately and floor dried to avoid falls.
	☐	☐	f. If candles are used in the establishment, the candle(s) must be on a surface where they are securely supported on a substantial noncombustible base and the candle flame is protected.
4 Restroom Facilities:	☐	☐	A restroom is available on the premise.
5 Massage Tables and Chairs:	☐	☐	a. All tables and chairs are safe and in a sanitary condition at all times.
	☐	☐	b. Tables/chairs with no sheeting/pad are disinfected between clients with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	☐	☐	c. Clean linens are used for each client.
	☐	☐	d. Sheeting/pads that come in direct contact with the client or have been soiled are removed, disinfected, or cleaned between clients.
6 Storage:	☐	☐	a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device.
	☐	☐	b. Cabinets, drawers, containers used for storage of tools, equipment, instruments and towels/linens are clean.
	☐	☐	c. Tools, equipment, instruments, or towels/linens which have been used on a client are not placed in a container with clean tools, equipment, instruments, or towels/linens.

	Met	Not Met	Inspection Areas
7 **Towels/Linens:**	**Used Towel and Linen Storage:**		
	☐	☐	a. Cloth towels and linens are deposited in a closed receptacle after use.
	☐	☐	b. Used cloth towels and linens are not used again until properly laundered.
	☐	☐	c. Disposable towels are discarded in a covered waste receptacle immediately following each service.
	Clean Towel and Linen Storage:		
	☐	☐	a. All clean towels are stored in a clean, enclosed, dust-proof cabinet or container until used.
	☐	☐	b. Pillows are not required to be stored in a cabinet or container, but must have a clean covering before contact with a client.
8 **Products:**	☐	☐	a. All liquids, creams, and other products are kept in clean, closed containers.
	☐	☐	b. Original product bottles and containers have an original manufacturer label, which discloses their contents.
	☐	☐	c. All products used on a client are dispensed by a spatula, scoop, spoon, squeeze bottle, pump, dropper, or similar dispenser so that the remaining product is not contaminated.
	☐	☐	d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.
	☐	☐	e. Products applied to one client are removed and not reused on another client.
9 Methods of Disinfection: **The owner must ensure that all electrical and/or mechanical tools, instruments, implements, and equipment are disinfected before use on a client, by using one of the following two procedures:**	**Procedure One:**		
	☐	☐	a. Spray, immerse, soak, or saturate the implement until it is totally saturated with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	☐	☐	b. Before removing the sanitized implement(s), wash hands with liquid soap and water or antibacterial solution.
	☐	☐	c. Rinse implement.
	☐	☐	d. Prior to storing, air-dry on a sanitary surface or dry with a clean sanitized towel.
	☐	☐	e. Store in a clean enclosed cabinet or covered container reserved for clean implements until used.
	Procedure Two:		
	☐	☐	a. Autoclave implements in accordance with the manufacturers instructions.
	☐	☐	b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer.
	☐	☐	c. Foot baths/foot spas, showers, and hot tubs are disinfected with an EPA registered disinfectant that is proven effective against HIV1, or Hepatitis B, or is a Tuberculocidal and in accordance with the manufacturers instructions.
	☐	☐	d. Paraffin wax machines is clean. Paraffin wax removed from one client is not be re-melted and used by another client.

Name of Disinfectant: _____
(must say on the product container that it is proven against HIV-1 or Hepatitis B or is Tuberculocidal)

EPA Registration #: _____

	Met	Not Met	Inspection Areas
10 **Activities Not Allowed:**	☐	☐	a. Smoking does not occur in the massage room.
	☐	☐	b. Licensees do not use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises during the hours the establishment is open to the public.
11 **Documents and Records:**	☐	☐	a. The license to operate the massage therapy establishment is displayed in a conspicuous location at the massage therapy establishment.
	☐	☐	b. There is a sign containing the name of the massage therapy establishment. The sign must be in a conspicuous location at the entrance to the massage therapy establishment.
	☐	☐	c. The license of each massage therapist who practices massage therapy in the massage therapy establishment is displayed in a conspicuous location at the massage therapy establishment.
	☐	☐	d. The establishment has one copy of the latest edition of the Massage Therapy Practice Act and one copy of the latest edition of 172 NAC 81 and 82.

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SELF-INSPECTION REPORT
Massage Therapy Mobile Establishment

LICENSURE UNIT
P.O. BOX 94986 - LINCOLN, NEBRASKA 68509
(402) 471-4970 E-mail: DHHS.Licensure2117@nebraska.gov

Name and Address:			
Establishment Name:			
Owner's Address:			
Owner Name:		Telephone #:	

List the Name of Each Massage Therapist and License # **Name:**	Lic #	License Current?
		☐yes ☐no
		☐yes ☐no
		☐yes ☐no

Inspection:

Section	***Met***	***Not Met***	***Inspection Areas***
1 Physical Structure:	☐	☐	a. The establishment is a self-contained, self-supporting, enclosed mobile unit.
	☐	☐	b. All rooms must have adequate lighting and ventilation.
	☐	☐	c. The establishment has an area that can be screened from public view for customers requesting privacy.
	☐	☐	d. Each room where massage therapy services are provided has an EPA registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal, and has liquid soap and water or an instant sanitizer.
2 Water:	☐	☐	The establishment maintains an adequate supply of clean water and wastewater storage capacity.
3 Safety:	☐	☐	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and safe.
	☐	☐	b. Floors are free of unsafe objects and slippery or uneven surfaces.
	☐	☐	c. Doors, stairways, passageways, aisles, or other means of exit provide safe and adequate access.
	☐	☐	d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution.
	☐	☐	e. Water or product spills on the floor are removed immediately and floor dried to avoid falls.
	☐	☐	f. If candles are used in the establishment, the candle(s) must be on a surface where they are securely supported on a substantial noncombustible base and the candle flame is protected.

Section	Met	Not Met	Inspection Areas
4 Restroom Facilities:	☐	☐	The establishment has a functional sink and toilet facilities.
5 Massage Tables and Chairs:	☐	☐	a. All tables and chairs are safe and in a sanitary condition at all times.
	☐	☐	b. Tables/chairs with no sheeting/pad are disinfected between clients with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	☐	☐	c. Clean linens are used for each client.
	☐	☐	d. Sheeting or pads that come in direct contact with the client or have been soiled are removed, disinfected, or cleaned between clients.
6 Storage:	☐	☐	a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device.
	☐	☐	b. Cabinets, drawers, containers used for storage of tools, equipment, instruments and towels/linens are clean.
	☐	☐	c. Tools, equipment, instruments, or towels/linens which have been used on a client are not placed in a container with clean tools, equipment, instruments, or towels or linens.
7 Towels/Linens:	**Used Towel and Linen Storage:**		
	☐	☐	a. Cloth towels and linens are deposited in a closed receptacle after use.
	☐	☐	b. Used cloth towels and linens are not used again until properly laundered.
	☐	☐	c. Disposable towels are discarded in a covered waste receptacle immediately following each service.
	Clean Towel and Linen Storage:		
	☐	☐	**a.** All clean towels are stored in a clean, enclosed, dust-proof cabinet or container until used.
	☐	☐	b. Pillows are not required to be stored in a cabinet or container, but must have a clean covering before contact with a client.
8 Products:	☐	☐	a. All liquids, creams, and other products are kept in clean, closed containers.
	☐	☐	b. Original product bottles and containers have an original manufacturer label, which discloses their contents.
	☐	☐	c. All products used on a client are dispensed by a spatula, scoop, spoon, squeeze bottle, pump, dropper, or similar dispenser so that the remaining product is not contaminated.
	☐	☐	d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.
	☐	☐	e. Products applied to one client are removed and not reused on another client.
10 Activities Not Allowed:	☐	☐	a. Smoking does not occur in the massage room.
	☐	☐	b. The establishment will not permit its employees or clients to use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises
	☐	☐	Massage therapy services will not be performed in the establishment while the establishment is moving. The establishment will be safely and legally parked in a legal parking space at all times while clients are present inside the establishment. The establishment will not be parked or conduct business within 300 feet of another brick and mortar licensed massage therapy establishment.

Section	Met	Not Met	Inspection Areas
9 **Methods of Disinfection:** **The owner must ensure that all electrical or mechanical tools, instruments, implements, and equipment are disinfected before use on a client, by using one of the following two procedures:**	**Procedure One:**		
	☐	☐	a. Spray, immerse, soak, or saturate the implement until it is totally saturated with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	☐	☐	b. Before removing the sanitized implement(s), wash hands with liquid soap and water or antibacterial solution.
	☐	☐	c. Rinse implement.
	☐	☐	d. Prior to storing, air-dry on a sanitary surface or dry with a clean sanitized towel.
	☐	☐	e. Store in a clean enclosed cabinet or covered container reserved for clean implements until used.
	Procedure Two:		
	☐	☐	a. Autoclave implements in accordance with the manufacturer's instructions.
	☐	☐	b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer.
	☐	☐	c. Foot baths/foot spas, showers, and hot tubs are disinfected with an EPA registered disinfectant that is proven effective against HIV1, or Hepatitis B, or is a Tuberculocidal and in accordance with the manufacturer's instructions.
	☐	☐	d. Paraffin wax machines is clean. Paraffin wax removed from one client is not be re-melted and used by another client.
Name of Disinfectant: _____ (must say on the product container that it is proven against HIV-1 or Hepatitis B or is Tuberculocidal) **EPA Registration #:** _____			
10 **Activities Not Allowed:**	☐	☐	a. Smoking does not occur in the massage room.
	☐	☐	b. The establishment will not permit its employees or clients to use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises
	☐	☐	Massage therapy services will not be performed in the establishment while the establishment is moving. The establishment will be safely and legally parked in a legal parking space at all times while clients are present inside the establishment. The establishment will not be parked or conduct business within 300 feet of another brick and mortar licensed massage therapy establishment.
11 **Documents and Records:**	☐	☐	a. The license to operate the massage therapy establishment will be displayed in a conspicuous location at the massage therapy establishment.
	☐	☐	b. The establishment is clearly identified as such to the public by a sign placed on the outside of the establishment which includes the establishment's license number.
	☐	☐	c. The license of each massage therapist who practices massage therapy in the massage therapy establishment is displayed in a conspicuous location in the establishment.
	☐	☐	d. The establishment has one copy of the latest edition of the Massage Therapy Practice Act and one copy of the latest edition of 172 NAC 81 and 82.
	☐	☐	e. The owner of the establishment will maintain a permanent business address at which correspondence from the department may be received and records of appointments, license numbers, and vehicle identification numbers must be kept for each establishment being operated by the owner. The owner will make such records available for verification and inspection by the department;

Owner's Signature:
I verify that the information on the inspection report is true and complete. Signature _____ Date _____

MASSAGE THERAPY SCHOOL INSPECTION REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit - P.O. Box 94986
Lincoln, Nebraska 68509-4986
402-471-2117

Name:
Owner:
Address:
City/State:

(Inspection – New School)

SCORING CRITERIA:
All answers must be in the affirmative in order to receive a satisfactory inspection.

☐ **SATISFACTORY**
☐ **UNSATISFACTORY**

Signature of Inspector: _____

Date of Inspection: _____

I have had this Inspection Report explained to me and understand, if applicable, what corrections must be made to comply therewith.

Signature of Owner/Board of Directors or Manager: _____

Date: _____

Comments or Corrections: _____

_____

_____

Plan of correction must be submitted to the Department on: _____

MASSAGE THERAPY SCHOOL INSPECTION REPORT

NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit, P.O. Box 94986
Lincoln, Nebraska 68509-4986
402-471-2117 dhhs.licensure2117@nebraska.gov

Name
Owner:
Address:

INSPECTION

Yes or No **Indicate if you are in compliance with each of the following regulations:**

83-004.01 Structure Equipment and Sanitation: The owner must ensure that the school has the equipment necessary to teach and provide massage therapy services. This equipment must be clean, well-maintained, and in good repair.

Physical Structure: A school must have a clearly identifiable location; each school can be free-standing or part of an existing structure. The owner must ensure that the establishment is well ventilated and kept in a clean, orderly, sanitary condition at all times.

a. All rooms must have adequate lighting and ventilation;
b. Each school must have an area that can be screened from public view for clients/students requesting privacy,
c. except that an instructor may be present while the massage therapist is providing the client's massage;
d. All massage therapy schools providing saunas or steam baths must be equipped with shower facilities; and
e. Each room where massage therapy services are provided must have an EPA registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal, and have liquid soap and water or an instant sanitizer.

If a massage therapy establishment is located within the school, the room(s) utilized by the licensee(s) must be licensed as an establishment, must comply with 172 NAC 82 and must be clearly identified by the name of the establishment. If these same rooms are utilized by the school for student clinics, the room(s) must be clearly identified as 'student clinic' while utilized by the students.

Water: The owner must ensure that the school has a supply of hot and cold running water in sufficient quantities to conduct business in the school in a sanitary manner.

Safety: The owner must ensure that the school is maintained in a safe condition:

a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and safe;
b. Floors are free of unsafe objects and slippery or uneven surfaces;
c. Doors, stairways, passageways, aisles, or other means of exit provide safe and adequate access;
d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution;
e. Water or product spills on the floor are removed immediately and floor dried to avoid falls; and
f. If candles are used in the school, the candle(s) must be on a surface where they are securely supported on a substantial noncombustible base and the candle flame is protected.

Restroom Facilities: A restroom must be available on the premise.

Massage Tables and Chairs: The owner must ensure that all tables and chairs are safe and in a sanitary condition at all times:

a. Tables/chairs with no sheeting/pad must be disinfected between clients with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal;
b. Clean linens must be used for each client; and
c. Sheeting/pads that come in direct contact with the client or have been soiled must be removed, disinfected or cleaned between clients.

Storage: The owner must ensure that storage within the school meets the following requirements:

a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device;
b. Storage units
   (1) Cabinets, drawers, and containers used for storage of tools, equipment, instruments and towels/linens are clean; and
   (2) Tools, equipment, instruments, or towels/linens which have been used on a client are not placed in a container with clean tools, equipment, instruments, or towels/linens.

Products: The owner must ensure that the use of products in the school meets the following requirements:

a. All liquids, creams, and other products are kept in clean, closed containers;
b. Original product bottles and containers have an original manufacturer label, which discloses their contents;
c. All products used on a client must be dispensed by a spatula, scoop, spoon, squeeze bottle, pump, dropper or similar dispenser so that the remaining product is not contaminated;
d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product; and
e. Products applied to one client cannot be removed and reused on another client.

Towels/Linens: The owner must ensure that all towels and linens are clean and sanitary for each client/student and meets the following requirements:

a. Used Towel and Linen Storage:
   (1) Cloth towels and linens are deposited in a closed receptacle after use;
   (2) Used cloth towels and linens are not used again until properly laundered; and
   (3) Disposable towels are discarded in a covered waste receptacle immediately following each service.

b. Clean Towel and Linen Storage: All clean towels are stored in a clean, enclosed, dust-proof cabinet or container until used. Pillows are not required to be stored in a cabinet or container, but must have a clean covering before contact with a client/student.

Methods of Disinfection: The owner must ensure that all electrical and/or mechanical tools, instruments, implements and equipment are disinfected before use on a client, by using one of the following twp procedures:

a. Procedure One:
   (1) Spray, immerse, soak, or saturate the implement until it is totally saturated with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal;
   (2) Before removing the sanitized implement(s), wash hands with liquid soap and water or antibacterial solution;
   (3) Rinse implement;
   (4) Prior to storing, air-dry on a sanitary surface or dry with a clean sanitized towel; and
   (5) Store in a clean enclosed cabinet or covered container reserved for clean implements until used.

b. Procedure Two:
   (1) Autoclave implements in accordance with the manufactures instructions; and
   (2) Autoclaves must be cleaned and serviced at the frequency recommended by the manufacturer.

Foot baths/foot spas, showers, and hot tubs are disinfected with an EPA registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal and in accordance with manufacturer's instructions.

Paraffin wax machines must be kept clean. Paraffin wax removed for one client/student must not be re-melted and used by another client/student.

Activities Not Allowed: While in the school, the owner, massage therapist and/or student must not engage in or allow any other person, including clients, to engage in any of the following activities:

a. Smoking in the entire school; and
b. A licensee/student must not use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises during the hours the school is open to the public.

Documents and Records. The owner must ensure that:

1. The license to operate a massage therapy school, is displayed in a conspicuous location at the massage therapy school;
2. There is a sign containing the name of the massage therapy school. The sign must be in a conspicuous location at the entrance to the school;
3. The license of each massage therapist who practices massage therapy in the massage therapy school, is displayed in a conspicuous location at the massage therapy school;
4. A copy of the license of the regularly licensed physician affiliated with the staff, maintained in the files of the massage therapy school; and
5. The school has one copy of the latest edition of the Massage Therapy Practice Act and one copy of the latest edition of 172 NAC 81, 82 and 83.

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

Name of Approved / Accredited School: _____

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
4-004.06 Notification of Changes: Change: pg. 13				
Of location, building, [redacted] reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to Department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4-006.01 Licensee Requirements: Licensee ensures: pg. 18				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
SAO Center has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
4-006.02 Director Requirements: Director: pg. 18				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
When absent from SAO Center, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available	☐	☐	☐	☐
Has written personnel policies available which were specific to position qualifications/skills/ knowledge/abilities/physical demands	☐	☐	☐	☐
Assess own ability/staff ability to provide care for children with special needs	☐	☐	☐	☐
Provides orientation to new staff including training on SAO Center regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, and concerns,and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops/implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO Center	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐

Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
4-006.03A Criminal History Record Checks: Licensee: pg. 19-20				
Must complete a pre-employment criminal history records check on him/herself, each staff member or volunteer age 19 or older, [redacted]	☐	☐	☐	☐
4-006.03B Registry Checks: Applicant/licensee, staff, volunteers, [redacted] are not listed as a perpetrator on: pg. 22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: Licensee: pg. 22				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves and updated annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and update annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact: pg. 23				
As soon as licensee/director is aware of occurrence of law enforcement contact on self, staff, volunteers, [redacted] a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks: pg. 23				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
4-006.03F Health Information Report: pg. 23				
Licensee/Director obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
4-006.04 Director Qualifications: pg. 23				
If the director is qualified under a Department approved plan, the requirements of the plan have been met	☐	☐	☐	☐
4-006.05B Non-Certificated Teachers: Teacher hired: pg. 24				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma/GED and meets qualifications or has a Department approved written plan in place and is completed within six months	☐	☐	☐	☐
4-006.06 Substitute, Support Staff, Volunteer, and Parent Helper Qualifications: pg. 24				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and are counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteers/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
4-006.07 Director Orientation and Training: pg. 25				
Director completed approved Director training within 30 days of starting employment	☐	☐	☐	☐
4-006.07A Safety Training-Directors: pg. 25				

Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006-08A Safety Training-Teachers: pg. 25				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.08B Evidence of Teacher Training: pg. 25				
Director maintains all teacher's training record of orientation, annual training, and CPR/First Aid	☐	☐	☐	☐
4-006.09A Orientation: pg. 26				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect children and reporting requirements	☐	☐	☐	☐
SAO Center regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
SAO Center's Discipline policies for children	☐	☐	☐	☐
4006.09B Nutrition and Food Safety Training (when meals are served): Documentation of: pg. 26				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2013	☐	☐	☐	☐
4-006.9C Transportation Training: pg. 26				
Driver hired on/after 5/20/13 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required transportation training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09D Annual Training of Direct Care Staff: Staff who work: pg. 26-27				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or less hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
May 2016: 50% of staff have completed Safety Training	☐	☐	☐	☐
4-006.09E CPR and First Aid Training: pg. 27				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10 Employee Records Requirements: Employee records are: pg. 27				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐
Maintained for one year after employee separation	☐	☐	☐	☐
4-006.10A Staff Records: Records include: pg. 28				

Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding in record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10B Substitute Records: Records include: pg. 28				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Documentation substitute has read or understands the regulations	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include: pg. 28				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.11 Child's Record: Child's record: pg. 28-29				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013 and is kept current	☐	☐	☐	☐
Includes child's name, birthdate, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's home address/telephone number	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes names of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐
Has current health status, allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐

4-006.12 Parent Information Brochure: pg. 29				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
4-006.13 Description of Center Services and Policies: Receipts signed by: pg. 29				
Parent(s) of enrolled children of Description of Services, SAO Center Policies (except Personnel Policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, SAO Center Policies and Personnel Policies are available for Department review	☐	☐	☐	☐
4-006.13A Description of Services: pg. 29				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), parent training/education (if provided), lexpectation of parents, and name/address/telephone number of SAO Center's owner/authorized representative	☐	☐	☐	☐
4-006.13B Center Policies: pg. 29-30				
SAO Center policies available for Department review and includes; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, discipline procedure, immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
4-006.14A Licensed Capacity: pg. 30				
Licensed capacity is not exceeded; or	☐	☐	☐	☐
If non-compliance SAO Center exceeded licensed capacity by ___ children				
4-006.14B Staffing Requirements: pg. 30				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
During nap time at least one teacher is in the room where children are napping and the staff-to-child ratio is maintained on the Center premises	☐	☐	☐	☐
Required number of staff is on premises at all times	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio (center-wide): pg. 30				
SAO Center in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
4-006.14C Staff-to-Child Ratio: SOA Center maintains accurate: pg. 30				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
4-006.15A Notification to Parents: pg. 31				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality: pg. 31				
Licensee does not violate confidentiality by releasing name of ill child without permission	☐	☐	☐	☐
4-006.15C Health Authority: pg. 31				
Licensee follows health authority's directives	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness: SAO Center: pg. 31				

Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
4-006.17 Immunizations: pg. 31				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up to date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing children	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff: pg. 32				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision: pg. 32				
Parents are informed when children are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take children off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises: pg. 3				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center which includes parent understands licensee is not responsible for supervision	☐	☐	☐	☐
4-006.19 Discipline: pg. 32				
Only licensee, director, or designated substitutes discipline children in care	☐	☐	☐	☐
4-006.19A Prohibited Forms of Discipline: Children are not disciplined by: pg. 32-33				
Spanking, slapping, pinching, punching, shaking, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food items	☐	☐	☐	☐
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
4-006.19B Child Behavior That Cannot Be Disciplined: pg. 33				
Children are not disciplined for toilet accidents, refusal to take medication or refusal to eat	☐	☐	☐	☐
4-006.19C Use of Time Out: pg. 33				
Child's time out is in a safe/lighted/well-ventilated area and within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceeded 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
4-006.19D Use of Physical Hold: Physical Hold: pg. 33				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐

Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
4-006.19D1 Notification and Documentation: pg. 33				
Parent of child is notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
4-006.19E Use of Restraints: pg. 34				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident, and name of staff involved	☐	☐	☐	☐
4-006.20 Prohibited Language, Materials, and Actions: pg. 34				
Children not exposed to profanity, sexually explicit material, acts of violence, or acts of racism	☐	☐	☐	☐
4-006.21 Child Development Program: pg. 34				
Written Child Development Program available for review by parent/Department and includes; indoor play, outdoor play, napping/rest periods, individual/group playtimes, reading/exploring books, daily reading with children of age-appropriate literature, fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials: pg. 34				
SAO Center has enough age-appropriate equipment and reading materials	☐	☐	☐	☐
4-006.21B Sleeping Surfaces: pg. 35				
SAO Center provides acceptable beds/cots/sofas/sleeping bags/waterproof mats	☐	☐	☐	☐
Wading and Swimming:				
☐ **SAO CENTER DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities: pg. 35				
Children are accompanied, adequately supervised and kept safe during wading/swimming while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources: pg. 35				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
4-006.22B Wading: pg. 35				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities Off the Premises: pg. 35				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
4-006.22D Permission for Center-Supervised Activities Off the Premises: pg. 35				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools: pg. 36				
SAO Center only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: pg. 36				

An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Transportation:

☐ **SAO CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.23 Transportation: pg. 37

Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle was in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

4-006.23 Transportation: If transportation is provided the transportation policy: pg. 37

Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/vehicle breaks down/ involved in an accident/or other emergencies	☐	☐	☐	☐

Regulations Compliance Review Licensing

School-Age-Only Center Checklist

Medications:				
☐ SAO CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.				
4-006.24A Giving or Applying Medication: Staff give/apply: pg. 37				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, at the right time	☐	☐	☐	☐
4-006.24B Competence to Give or Apply Medication: pg. 38				
Parents or any licensed health care professional are responsible for determining if SAO Center staff are competent to give/apply medication	☐	☐	☐	☐
Director assesses the ability of staff to give/apply medication available	☐	☐	☐	☐
4-006.24C Confidentiality: pg. 38				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
SAO Center advises parents in writing of use of private method to inform Center of medication needs	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff: pg. 38				
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied: pg. 38				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: pg. 39	☐	☐	☐	☐
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medication	☐	☐	☐	☐
4-006.24G Storage: pg. 39				
All prescription/nonprescription medications, including emergency medications, are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
4-006.24H Record-Keeping: pg. 39				
Written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.24I Children Taking/Applying Medication: pg. 39				
Parent written permission is available for children who take/apply their own medication	☐	☐	☐	☐

4-006.25 Food Service: Meals and snacks: pg. 39				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meets USDA requirements and a weekly menu is provided upon request	☐	☐	☐	☐

If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If a child's diet is not required to meet USDA guidelines a physician's statement is available for review	☐	☐	☐	☐
4-006.25A Meals and Snacks: pg. 39				
SAO Center offers required number of meals/snacks	☐	☐	☐	☐
4-006.26 Food Safety: SAO Center ensures: pg. 40				
[redacted]				
Food Code is followed when food is prepared at another location	☐	☐	☐	☐
4-006.27A Telephone: pg. 40				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of: pg. 40				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams: pg. 40				
Fire and tornado safety diagrams include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Fire and Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
4-006.27D Disaster Preparedness: pg. 40				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 40-41				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
4-006.27F First Aid Kit: First Aid Kit: pg. 41				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
[redacted]				
[redacted]	■	■	■	■
[redacted]	■	■	■	■
[redacted]				
[redacted]	■	■	■	■
[redacted]	■	■	■	■
[redacted]	■	■	■	■
[redacted]	■	■	■	■

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

School-Age-Only Short Checklist

Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

Name of Approved / Accredited School: _____

License Number _____ **License Capacity:** _____

Ages of Children Served _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual _____ Facility _____ Records

☐ Amendment (Describe) _____

_____

Date(s) Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

School-Age-Only Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.06 Notification of Changes: Change:				
Of location, building, [redacted] reported to the Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to the Department five working days before date of change	☐	☐	☐	☐
In director reported to the Department within two working days	☐	☐	☐	☐
4-006.01 Licensee Requirements: The Licensee ensures:				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
4-006.02 Director Requirements: The Director:				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with statutes and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
Has a designee in charge when absent from the center	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO center	☐	☐	☐	☐
Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐
4-006.03B Registry Checks:				
Child Abuse/Neglect Central Registry check on staff, volunteers, and household members age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Register Check conducted on all staff, volunteers [redacted] age 19 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry Checks conducted on staff, volunteers and [redacted] age 19 or older (effective May 20, 2013)	☐	☐	☐	☐
Any person listed as a "perpetrator" on Child Abuse/Neglect, Adult Protective Services, and/or Nebraska State Patrol Sex Offender Registry is not on the premises during hours of operation except a parent only to pick up / drop off his/her child(ren).	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: The Licensee:				
Completes a Report of Law Enforcement Contact on themselves and updates it annually	☐	☐	☐	☐
Obtains a completed Report of Law Enforcement Contact for each staff, volunteer, and [redacted] age 19 years or older, and updates it annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact:				

As soon as Licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, [redacted] a report is made to the Department and the licensee/Director requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks:				
Licensee reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child or vulnerable adult are not left alone with children.	☐	☐	☐	☐
4-006.07A Safety Training-Directors:				
Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006.08A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.09A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect of children and reporting requirements	☐	☐	☐	☐
SAO center regulations	☐	☐	☐	☐
Evacuation plans in the event of a fire	☐	☐	☐	☐
Safety plans in the event of a tornado	☐	☐	☐	☐
Emergency preparedness in the event of a disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
4-006.09B Nutrition and Food Safety Training:				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2014.	☐	☐	☐	☐
4-006.09C Transportation Training:				
Driver hired on/after May 20, 2013 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09E CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10A Staff Records: Records include:				
Name, address, telephone number, and Social Security Number of staff	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐

Documentation of staff qualifications for the position	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understand regulations	☐	☐	☐	☐
Documentation of orientation training (effective 5/20/13)	☐	☐	☐	☐
Criminal history record checks (effective 5/20/13)	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (effective 5/20/13)	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry with no adverse finding	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (Effective 5/20/13)	☐	☐	☐	☐
4-006.11 Child's Record: Child's record:				
Is completed before enrollment, current, and available for review	☐	☐	☐	☐
4-006.12 Parent Information Brochure:				
Parent Information Brochure receipt signed, dated, and available for review	☐	☐	☐	☐
4-006.13B Center Policies:				
SAO Center policies are available for Department review	☐	☐	☐	☐
4-006.14A Licensed Capacity:				
Licensed capacity is not exceeded	☐	☐	☐	☐
4-006.14B Staffing Requirements:				
Staff are awake and alert to the needs of children at all times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio:				
SAO Center is in compliance with required staff-to child ratio	☐	☐	☐	☐
Based on the numbers and ages of children in care; _____staff needed; _____ staff present	☐	☐	☐	☐
4-006.15A Notification to Parents:				
Parents of ALL enrolled children are notified on the same day licensee is informed of or observes illness	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality:				
Licensee does not release the name of ill child(ren) without permission	☐	☐	☐	☐
4-006.15C Health Authority:				
Licensee follows the health authority's directives in the event of a communicable disease outbreak	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness:				
SAO Center enforces written policy for exclusion due to illness	☐	☐	☐	☐
4-006.17 Immunizations:				
Immunization record is updated each time a child receives additional immunizations	☐	☐	☐	☐

Certification by accepted medical personnel that immunization was not appropriate for child; or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision:				
Parents are informed when child(ren) are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises:				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center, which includes the parent understands the licensee is not responsible for supervision is available for review	☐	☐	☐	☐
4-006.19 Discipline:				
Staff use appropriate forms of discipline	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials:				
SAO Center has enough age-appropriate equipment and materials	☐	☐	☐	☐
Wading and Swimming:				
☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities:				
Children are accompanied, adequately supervised, and kept safe during wading/swimming activities while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds for swimming or wading activities	☐	☐	☐	☐
4-006.22B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities off the Premises:				
A written and signed statement from a parent that allows child(ren) to leave premises to go swimming and acknowledges the licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
4-006.2D Permission for Center-Supervised Activities off the Premises:				
A written, signed and dated statement from a parent giving permission to take the child(ren) swimming off the premises which includes, location of pool and whether child(ren) can be in water over his/her head, is available for review and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools:				
Child(ren) are taken only to a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: When depth of water is over four feet:				
An individual is on duty who has completed a swimming water safety course	☐	☐	☐	☐
Required staff-to-child ratio is maintained.	☐	☐	☐	☐

Department of Health & Human Services
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NEBRASKA

Division of Public Health

School-Age-Only Short Checklist

Above-Ground or In-Ground Swimming Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4-006.22H Pool on the Premises Used by Children in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety is on duty at all times	☐	☐	☐	☐
Required staff-to child ratio is maintained; _____staff needed; ____ staff present	☐	☐	☐	☐

Transportation:

☐ **SCHOOL AGE ONLY CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.23 Transportation:				
Transportation policy is available to staff who transport, parents, and the Department	☐	☐	☐	☐
Transportation Policy describes: restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident/or other emergencies	☐	☐	☐	☐
Children are not left alone in the vehicle	☐	☐	☐	☐
Smoking does not occur in the vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved and correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Child(ren) are not transported to any location without prior knowledge of parent	☐	☐	☐	☐

Medications:

☐ **SCHOOL-AGE-ONLY CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPPLICABLE.**

4-006.24A Giving or Applying Medication:				
Staff giving or applying medications know the five rights	☐	☐	☐	☐
4-00614C Confidentiality:				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff:				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐

Comply with parent instructions or inform parent the medication will not be given / applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: Staff properly wash hands:				
Before giving/applying medications	☐	☐	☐	☐
Before and after giving/applying medications if bodily fluids involved	☐	☐	☐	☐
4-006.24H Record-Keeping:				
A written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.25 Food Service: Meals and snacks:				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meet USDA requirements and a weekly menu is provided to parent(s) upon request	☐	☐	☐	☐
If provided by a parent, are supplemented to meet USDA guidelines or a statement from a physician must be available indicating it is acceptable for the child to be served a snack/ meal that does not meet USDA requirements	☐	☐	☐	☐
[redacted]				
[redacted]	■	■	■	■
4-006.27A Telephone:				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers are prominently posted.	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams:				
Include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Explain the evacuation plan for children with special needs	☐	☐	☐	☐
4-006.27D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review by the Department	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of child	☐	☐	☐	☐
Any accident/injury to child that requires hospitalization or treatment at a medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility resulting in the inability of the licensee to comply with regulations	☐	☐	☐	☐

School-Age-Only Short Checklist

4-006.27F First Aid Kit:

Is available on premises and is inaccessible to children ☐ ☐ ☐ ☐

Animals:

☐ **LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

School-Age-Only Short Checklist

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Neb. Rev. Stat. § 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Regulations Evaluated and/or Comments:

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

LONG-TERM CARE AUTOMATED PHARMACY QUALITY ASSURANCE REPORT

Long-Term Care Automated Pharmacy License Number: #_____ Exp. Date: _____

Long-Term Care Automated Pharmacy DEA Reg. Number: #_____ Exp. Date: _____

Long-Term Care Automated Pharmacy Telephone #:_____ Fax #: _____

Long-Term Care Facility Name:_____

Long-Term Care Facility Street Address:_____

Long-Term Care Facility City, State, Zip Code _____

Long-Term Care Facility License #: _____ Expiration Date: _____

Long-Term Care Automated Pharmacy Location(s) within the Long-term Care Facility:

1. _____
2. _____
3. _____
4. _____
5. _____

Provider Pharmacy License Number: #_____ Exp. Date: _____

Provider Pharmacy DEA Reg. Number: # _____ Exp. Date: _____

Provider Pharmacy Owner's Name:_____

Provider Pharmacy Name: _____

Provider Pharmacy Street Address:_____

Provider Pharmacy City, State, Zip Code: _____

Provider Pharmacy Telephone #: _____ Fax #: _____

Provider Pharmacy E-mail: _____

Provider Pharmacy Hours: _____

Name of Pharmacist Responsible for Long-term Care Automated Pharmacy:
_____RP License #_____

Name of Pharmacist-In-Charge of Provider Pharmacy:
_____RP License #_____

HARDWARE/SOFTWARE: _____ RX'S PER DAY: _____

Choose an item._ _____
(Pharmacy Inspector) (Date of Inspection)

Staff Pharmacists Name & NE License #	Pharmacist Interns Name & NE Registration #	Pharmacy Technicians Name & NE Registration #
_____ #_____	_____ #_____	_____ #_____
_____ #_____	_____ #_____	_____ #_____
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_____ #_____	_____ #_____	_____ #_____

C = In Compliance **NC = Not in Compliance** **NA = Not Applicable**

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175 NAC 8-006.02C Neb. Rev. Stat.-71-2451	2. Adequate security is maintained for the prescription inventory and prescription records.	☐	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored at the proper temperature.	☐	☐	☐
175 NAC 8-007.02	4. The pharmacy is maintained in a clean, orderly, and sanitary manner.	☐	☐	☐
175 NAC 8-007.03 71-2447	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (Includes Policy & Procedure Manual for Automated Medication Systems.)	☐	☐	☐
175 NAC 8-007.01	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy.	☐	☐	☐
175 NAC 8-006.04H	7. N/A	☐	☐	☐
175 NAC-8-006.04H2	8. N/A	☐	☐	☐
175 NAC 8-006.04H	9. N/A	☐	☐	☐
Neb. Rev. Stat.-38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, or chart order, a pharmacist is conducting a prospective drug utilization review.	☐	☐	☐
21 CFR Ch.II-1304/1306	11. All computer or electronic record keeping requirements are met.	☐	☐	☐
175 NAC-8-005.03A5	12. The poison control phone number is posted in the pharmacy.	☐	☐	☐
21 CFR Ch. II-1305.05	13. Power of Attorney forms are complete and appropriately filed.	☐	☐	☐
175 NAC 8-006.03A Neb. Rev. Stat.-28-411(4)	14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory.	☐	☐	☐
21 CFR Ch. II-1307.21	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☐
175 NAC 8-006.02D	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated.	☐	☐	☐
175 NAC 8-006.04 C,D,E; Neb. Rev. Stat. 71-2451	17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met.	☐	☐	☐
175 NAC-8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met.	☐	☐	☐
Neb. Rev. Stat.-28-410	19. All requirements pertaining to the inventory of controlled substances are met. **Date of Current Inventory: _____**	☐	☐	☐
21 CFR Ch. II-1305.11	20. CII acquisitions are properly documented.	☐	☐	☐
175 NAC 8-006.05A	21. All controlled substances are properly stored.	☐	☐	☐
175 NAC 8-006.04B 21CFRChII-1306.05	22. All prescriptions and chart orders contain the required information prior to being filled.	☐	☐	☐

Section cited	Requirement	C	NC	NA
175 NAC-8-006.04B.9a, 172 NAC-128-014.01(9a), 21 CFR Ch.II-1306.22	23. All refill requirements for prescriptions are in compliance.	☐	☐	☐
21 CFR Ch.II-1306.13, 1306.23, Neb. Rev. Stat.-28-414	24. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☐
Neb. Rev. Stat.-28-414 (3b)	25. N/A	☐	☐	☐
Neb. Rev. Stat.-28-414, 175 NAC 8-006.05D 21 CFR Ch.II-1306.11(d)(1,2,3,4)	26. All emergency Schedule II prescriptions are properly filled and recorded.	☐	☐	☐
Neb. Rev. Stat.-28-414, 28-1437, 38-2870	27. All requirements for filling electromagnetic transmission prescriptions are followed.	☐	☐	☐
Neb. Rev. Stat.-38-2055, 71-2451	28. All packaged medications are properly labeled.	☐	☐	☐
Neb. Rev. Stat.-28-414, 175 NAC-8-006.03A1, 21 CFR Ch.II-1306.11	29. Hardcopy requirements for Schedule II prescriptions are met.	☐	☐	☐
Neb. Rev. Stat.-71-5401 to 71-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	☐	☐	☐
175 NAC-8-006.03A1, Neb. Rev. Stat.-28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☐	☐	☐
Neb. Rev. Stat.-71-2413 71-2447; 71-2451 (6) (g)	32. Proper procedures and records are maintained and followed for doses of emergency drugs.	☐	☐	☐
175 NAC 8-006.01D 71-2447	33. All requirements and documentation are met for the utilization of Pharmacy Technicians.	☐	☐	☐
175 NAC-8-005.03A(13)	34. No outdated inventory is mixed with saleable stock.	☐	☐	☐

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
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PHARMACY QUALITY ASSURANCE REPORT NOTICE

DHHS
DIVISION OF PUBLIC HEALTH

LICENSURE UNIT
TELEPHONE # (402) 471-2118

Your Pharmacy Quality Assurance Report (PQAR) is due on the same date annually. The Department will accept your PQAR <u>THIRTY (30) days before the due date.</u> You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

Long-Term Care Automated Pharmacy License Number: #_____ Exp. Date: _____

Long-Term Care Automated Pharmacy DEA Reg. Number: #_____ Exp. Date: _____

Long-Term Care Automated Pharmacy Telephone #:_____ Fax #: _____

Long-Term Care Facility Name:_____

Long-Term Care Facility Street Address:_____

Long-Term Care Facility City, State, Zip Code _____

Long-Term Care Facility License #: _____ Expiration Date: _____

Long-Term Care Automated Pharmacy Location within the Long-term Care Facility:

Provider Pharmacy License Number: #_____ Exp. Date: _____

Provider Pharmacy DEA Reg. Number: # _____ Exp. Date: _____

Provider Pharmacy Owner's Name:_____

Provider Pharmacy Name: _____

Provider Pharmacy Street Address:_____

Provider Pharmacy City, State, Zip Code: _____

Provider Pharmacy Telephone #: _____ Fax #: _____

Provider Pharmacy E-mail: _____

Provider Pharmacy Hours: _____

Name of Pharmacist Responsible for Long-term Care Automated Pharmacy:
_____RP License #_____

Name of Pharmacist-In-Charge of Provider Pharmacy:
_____RP License #_____

HARDWARE/SOFTWARE: _____ RX'S PER DAY: _____

Staff Pharmacists Name & NE License #	**Pharmacist Interns Name & NE Registration #**	**Pharmacy Technicians Name & NE Registration #**
_____ #_____	_____ #_____	_____ #_____
_____ #_____	_____ #_____	_____ #_____
_____ #_____	_____ #_____	_____ #_____
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_____ #_____	_____ #_____	_____ #_____
_____ #_____	_____ #_____	_____ #_____

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

_____ _____
(Signature of the Pharmacist-in-Charge) (Date)

C = In Compliance **NC = Not in Compliance** **NA = Not Applicable**

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v.9-18-13

Revised 8/1/2014
DLW

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services
Division of Public Health – Office of Drinking Water
Public Water Supply Routine Sanitary Survey

PWS Name: _____ **PWSID #: NE31-**_____ **Permit Issue Date:** _____

Physical Address of NC PWS: _____

Is system a NeWARN Member? Y ☐ **N** ☐

County: _____ **NRD #:** X **System Class:** X **Type of System:** X

Accompanied By: _____ **Title:** _____ **Governing Body:** _____

Is there a defined organizational structure for decision making: Y ☐ **N** ☐

RSS Date: _____ **Last RSS Date:** _____ **Inspection By:** _____

Is the operator in responsible charge properly licensed: Y ☐ **N** ☐ **License Grade and #:** _____

FINANCIAL INFORMATION

% Metered Connections: _____**% # Residential Service Connections:** _____ **# Non-residential Service Connections:** _____

System Interconnections: _____ **Reason:** ☐ **Purchase** ☐ **Sell** ☐ **Emergency**

Comments: _____

Is operating budget available for inspection: Y ☐ **N** ☐ **Planned or Actual for Year:** _____

(Procure a copy of the systems operating budget and water rate structure and attach to survey)

SYSTEM RECORDS / PROGRAMS

	S	U	NA	Comments
System Maps	☐	☐	☐	Year last updated:
Water Quality / Sample results	☐	☐	☐	
Water Production Records	☐	☐	☐	
Chemical Use Records	☐	☐	☐	
Maintenance Records	☐	☐		
Customer Complaints	☐	☐		
Cross-Connection Control Requirements	☐	☐		
Copy of Sampling Plans	☐	☐	☐	Date approved:
Wellhead Encroachment Policy	☐	☐	☐	Date Adopted: Description:
Emergency Phone List	☐	☐		Date approved:
Emergency Plan	☐	☐	☐	Date approved:
Planning Records	☐	☐	☐	(Master Plan)
CCR(s)	☐	☐	☐	
O&M Manual	☐	☐		
Provisions For Drought Mitigation/Management	☐	☐	☐	

Other Records and Comments: _____

NEBRASKA SUSTAINABILITY CHECKLIST FOR PUBLIC WATER SYSTEMS

CAPACITY ASSURANCE

SYSTEM NAME:_____ ☐ Community ☐ NTNC

DATE:_____ # Connections_____ Population _____ NE31-_____

ASSESSMENT COMPLETED BY:_____

MANAGERIAL CAPACITY	Points	System
Asset Management Program	10	
Documented Bylaws or Water System Ordinances - (Drought, Backflow, Rates, Fees, etc.)	5	
Employee Handbook	5	
Written Job descriptions	5	
Secure and accessible water system records	5	
Source water or wellhead protection plan	5	
Regular communication with customers - (Not CCR)	5	
Managerial Subtotal	40	
FINANCIAL CAPACITY		
Formal water system budget	10	
Water rate or fee structure meets expenses	10	
Annual water rate review	10	
Capital reserve fund	10	
Monthly Expense & Revenue reports to Board/Council	10	
Annual outside audit	10	
Financial Subtotal	60	
TECHNICAL CAPACITY		
Adequate source water capacity	10	
Licensed Operator	5	
Operations & Maintenance Manual	5	
Up to Date Distribution Map	5	
Water Loss Accounting	10	
Water meters	10	
Technical Subtotal	45	
Capacity Subtotal	145	
Outstanding Violations (Subtract from Capacity Subtotal)		
11 or more points on EPA's Enforcement Targeting Tool (ETT) list	-20	
Significant deficiencies - per deficiency	-10	
Maximum Contaminant Levels - per violation	-10	
Monitoring and reporting - per violation	-5	
Public Notice (CCR, other Public Notice) - per violation	-5	
Non-Compliance Subtotal	-50	
OVERALL CAPACITY RATING		

Minimum Capacity Rating = 100

Systems below this rating may be required to prepare a business plan and/or attend board training in addition to addressing all outstanding violations to re-establish adequate capacity.

LICENSED WATER OPERATOR NEEDS ASSESSMENT

Is the Designated Water Operator In Responsible Charge (DO) assigned full-time water system duties (is water all s/he does)?

Y ☐ N ☐

If No, what are the other duties that are assigned to the DO? _____

Do all licensed operators for the system have a commensurate grade of license compared to the system classification? Y ☐ N ☐

If No, what is the reason? _____

Other licensed operators duties: _____

Are there unlicensed persons working on the water system? Y ☐ N ☐

If Yes, are they making any process control or system integrity decisions? Y ☐ N ☐

If Yes, what are those decisions? _____

Are there training needs that are currently not available to the systems licensed operators? Y ☐ N ☐

If Yes, what are those training needs? _____

What skills must an operator possess to work for this system? _____

Are there any skills that the DO or other licensed operators need to develop for their jobs that they do not already possess?

_____

Does PWS management have knowledge of the DO and other licensed operators training/continuing education needs? Y ☐ N ☐

Comments: _____

Is system management supportive of the DO/other licensed operators attending continuing education workshops/conferences? Y ☐ N ☐

If No, what assistance may the Department provide to improve this situation? _____

On average, how much training is each operator afforded every year? _____

General comments on DO/Licensed Operator needs: _____

(Insert system budget, water rate structure, drought ordinance, NeWARN agreement, other miscellaneous documents, etc. here. Cross-connection ordinance, short and long term plan and WTP flow schematic and well VA's are later in the survey)

WATER SOURCE INFORMATION

Source Type: ☐ Surface Water ☐ Infiltration Gallery ☐ Spring ☐ Well

Other: _____

Does the system have a withdrawal (allocation) permit: Y ☐ N ☐

If yes, from whom and quantity: _____

Max. daily (24 hour) production capability: _____ X **Total production for past year:** _____ **MG**

Population: _____

Comments: _____

Complete a Source Water VA for each source and attach to sensitive / secure information sheet (Bulls eye, State only)

**VOLUNTARY PROGRAMS

****Does the system have a Watershed Management Program:** Y ☐ N ☐

****Does the system have a delineated Well Head Protection Area:** Y ☐ N ☐

****Has the WHPA officially been adopted by the system:** Y ☐ N ☐ N/A ☐ **Date:** _____

****Has a contaminant source inventory been completed:** Y ☐ N ☐ **Date:** _____

****Has the contaminant source inventory been updated:** Y ☐ N ☐ N/A ☐ **Date:** _____

****Does the system have a delineated WDA (surface sources only):** Y ☐ N ☐ N/A ☐

****Has a contaminant inventory for the WDA been completed:** Y ☐ N ☐ N/A ☐ **Date:** _____

****Is there an ERP for spills within WHP or WDA Areas:** Y ☐ N ☐ N/A ☐

(Items below required for systems over 3,300 population)

****Has an EPA Vulnerability Assessment (VA) been completed:** Y☐ N ☐ N/A ☐ **Date:** _____

****Has certification documentation been submitted for the EPA VA:** Y☐ N ☐ N/A ☐

****Has an EPA Emergency Response Plan (ERP) been completed:** Y☐ N ☐ N/A ☐ **Date:** _____

****Have certification documents been submitted for the EPA ERP:** Y☐ N ☐ N/A ☐

Comments: _____

DHHS-DPH will assess the following:

Is the source adequate to meet peak demands: Y ☐ N ☐

Is all source water metered: Y ☐ N ☐

Are any source water facilities located within a 100 yr. flood plain: Y ☐ N ☐

If yes, list each facility: _____

Have any source water facilities ever been flooded: Y ☐ N ☐

If yes, list each facility: _____

Comments on Water Source: _____

CROSS-CONNECTION CONTROL PROGRAM

Name of person responsible for the administration and enforcement of the CCC Program: _____

PWS Grade 6 Operators:

Name	License #	Expiration Date

Does the system have an adopted resolution, ordinance, or other enforceable instrument that ensures the CCC requirements are being met? Y ☐ N ☐ N/A ☐ Comments: _____

If yes, provide the following information: Ordinance #: _____ Other: _____

Responsibility of PWS: ____

Responsibility of Consumer: _____

Fines or Penalties for Noncompliance: ____

Date(s) of last cross-connection survey: _____ N/A ☐

How were (are) surveys distributed? _____

Who is responsible for completing the survey? _____

% of residential surveys returned: _____% % of non-residential surveys returned: _____%

What actions are taken if surveys are not returned? _____

Have all known cross-connections been properly addressed? Y ☐ N ☐ Comments: _____

Are any backflow preventers installed in the system? Y ☐ N ☐

Number of backflow preventers in the system: Assemblies _____ Devices _____ NA ☐

Required testing frequency of assemblies: _____

Have all assemblies been tested by a properly licensed G6 operator? Y ☐ N ☐ NA ☐

Are testing records for the last 5 years available? Y ☐ N ☐ Is testing current? Y ☐ N ☐

Does the PWS enforce the requirements of their cross-connection control program? Y ☐ N ☐

Comments: ____

Is an on-going public information program being done (beyond the CCR addition)? Y ☐ N ☐

Describe: _____

General Comments on CCCP: _____

(Insert Cross-Connection Control Ordinance here)

ANNUAL REVIEW – SHORT AND LONG TERM PLANNING

Are records being kept to facilitate an annual review of the capabilities of the system: Y ☐ N ☐

If yes, is an annual review being done: Y ☐ N ☐

Have the following items been included in the Annual Review of the PWS for the purpose of short (2 years) and long (10 years) term planning:

Item	Y	N	Comments
Source	☐	☐	
Storage	☐	☐	
Distribution System	☐	☐	
Population	☐	☐	
PWS Value	☐	☐	
Water Quality	☐	☐	
Security/Vulnerability	☐	☐	

Intended Capital Improvements for next 5 years:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

WATER QUALITY MONITORING

The Special Monitoring Evaluation was completed and the system is on an appropriate monitoring schedule for Total Coliform: Y ☐ N ☐

If not, describe: _____

If the system has an AO, are the requirements of the order being followed: Y ☐ N ☐ N/A ☐

If not, describe: _____

If the AO is for nitrate, list locations of all nitrate postings: _____

If the system has a current MCL violation, is the system taking the required actions: Y ☐ N ☐ N/A ☐

If not, describe: _____

Is compliance water testing equipment calibrated or standardized: Y ☐ N ☐ N/A ☐

Are calibration records readily available: Y ☐ N ☐

What non-compliance water testing, if any, is routinely done: _____ ☐ None

List any established water quality goals: _____

Comments on Water Quality Monitoring: _____

(If available, insert Short and Long Term Plan here)

DISTRIBUTION SYSTEM

☐ This is a non-community PWS without a distribution system.

Are there maps of the Distribution System(s): Y ☐ N ☐

Are the following features shown on the distribution map(s):

Line and Valve Locations:	Y ☐	N ☐		Comments: _____
Line and Valve Sizes:	Y ☐	N ☐		Comments: _____
Line Materials:	Y ☐	N ☐		Comments: _____
Fire Hydrant Locations:	Y ☐	N ☐	N/A ☐	Comments: _____
Pressure-zone(s) Boundaries:	Y ☐	N ☐	N/A ☐	Comments: _____
Storage Facilities:	Y ☐	N ☐	N/A ☐	Comments: _____
Booster Pump Stations:	Y ☐	N ☐	N/A ☐	Comments: _____
Sampling sites and zone boundaries:	Y ☐	N ☐		Comments: _____
Does system have dead end mains:	Y ☐	N ☐		
Do dead-ends have flushing capability:	Y ☐	N ☐		

Distribution system map comments: _____

Does the System retain records or documentation on the following:

O&M Distribution System Repairs:	Y ☐	N ☐		
Leak Detection / Water Loss:	Y ☐	N ☐	N/A ☐	Water Loss last year: _____%

R&R / Water Loss Comments: _____

Does the system have a flushing program:	Y ☐	N ☐		Frequency: _____
Does the system utilize directional flushing:	Y ☐	N ☐		Frequency: _____
Does the system utilize pigging:	Y ☐	N ☐		Frequency: _____
Are valves inspected and exercised:	Y ☐	N ☐		Frequency: _____
Are fire hydrants inspected and operated routinely:	Y ☐	N ☐	N/A ☐	Frequency: _____
Are sampling stations available:	Y ☐	N ☐		Number: _____
Is there a <u>common</u> POE for more than one source:	Y ☐	N ☐		

If yes, how many sources per POE? _____

Are the POE's metered? Y☐ N☐

What is the pressure at each <u>common</u> POE?_____

Comments on POE's: _____

DISTRIBUTION SYSTEM

Piping Materials	Pipe Size	Number of feet of pipe
X	X	____
X	X	____
X	X	____
X	X	____
X	X	____
X	X	____
X	X	____
Describe Other: ____	____	____
Describe Other: ____	____	____
Describe Other: ____	____	____

The following applies to all PWS

Does the system have any lead service lines: Y ☐ N ☐ Unknown ☐

If yes, does the system have a removal or replacement method: Y ☐ N ☐ Describe: ____

Where does the systems responsibility for the distribution system end (corp stop, curb stop, etc.): ____

Where is the point of maximum water residence time in the distribution system: ____ (Physical location description)

Disinfectant Residual Check: POE: ____ mg/L Max. residence time: ____ mg/L

Other checks: ____

Frequency of checking distribution disinfectant residual: ____

Test kit used: ____ Date of last calibration/standardization: ____

Typical distribution system pressure range (pressure fluctuation): ____ psi

Pressure at highest elevation (lowest pressure): ____ psi Location (address or physical): ____

Are pressure readings routinely taken from the distribution system: Y ☐ N ☐

Frequency: ____

Comments on Distribution System: ____

CONTROL SYSTEMS

Age of Control System or Installation Date: _____ Control Type: X X X X

Mode of Communications: Phone: ☐ _____ Leased: ☐ _____ Owned: ☐ _____

Radio: ☐ _____ Hard wired: ☐ _____ Other: _____

Is there a backup communications system: Y ☐ N ☐ N/A ☐ Describe: _____

Is a UPS available: Y ☐ N ☐ If yes, at all sites?: Y ☐ N ☐ Duration of backup: _____

Does control system automatically log system data: Y ☐ N ☐

If yes, what data is automatically logged: _____

Frequency of data logging: _____

Does control system generate automatic reports: Y ☐ N ☐

If yes, what are the reports: _____

Frequency of automatic reports: _____

Is there manual override capability in the control system: Y ☐ N ☐

If yes, describe: _____

Who has the authority to make set-point changes (provide a name): _____

Describe the security measures for the control system: _____

Is a spare parts inventory maintained on hand: Y ☐ N ☐ Comments: _____

Comments on Control Systems: _____

SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

(Complete one sheet per source or well.)

Well ID #: ____ Well Common Name: _____ DNR Reg. #: G-_____ Well Availability: X

Comments: _____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☐ N/A ☐ If yes, which one: _____

Frequency site is inspected by PWS: X Describe other: _____

Is the well sealed properly at the surface: Y ☐ N ☐ Comments: _____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☐ N ☐

Motor HP: _____ Pump Type: X Well Depth: _____' Well Casing Dia: _____"

Screen Const. Type: X Top of Screen Depth: _____' Casing Type: X Pump Setting: _____'

Is the well vent termination and screening acceptable: Y ☐ N ☐ Size: _____" Comments: _____

Well blow-off size: _____" Is blow-off properly capped or screened: Y ☐ N ☐

Is a sampling tap available: Y ☐ N ☐ Is the sample tap smooth nosed: Y ☐ N ☐

Is a pressure gauge available: Y ☐ N ☐ Working: Y ☐ N ☐ Observed pressure gauge reading: _____ psi X

Is a chemical injection tap available: Y ☐ N ☐ Chemical tap size: _____"

Is an approved electrical outlet available for chemical tap: Y ☐ N ☐ Is this a GFI outlet: Y ☐ N ☐

Is well metered: Y ☐ N ☐ Type: _____ Size: _____" Make/Model: _____ Serial #: _____

Electric meter reading: _____ Water meter reading: _____ Hr. meter reading: _____

Are drawdown readings taken routinely: Y ☐ N ☐ Frequency: _____ Airline Length: _____'

Static Water Level: _____' Pumping Water Level: _____' Drawdown: _____' Avail. DD: _____'

Are cross-connection requirements adequately met: Y ☐ N ☐

Are chemicals injected at the well: Y ☐ N ☐ If yes, what chemical(s): _____

Observed condition of piping and valving: X Observed condition of electrical systems: X

Is backup power available: Y ☐ N ☐ Type: X Describe Other:_____

Size: _____ Kwh _____ Hp _____ RPM for PTO or Belt Drive If exercised, how often _____? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☐ N ☐ If yes, describe security measures: _____

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☐

Does well meet criteria for potential GWUDI: Y ☐ N ☐ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: _____

Are there any encroachments on this well: Y ☐ N ☐ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☐ Non-Vulnerable

Comments on this well: _____

WELL INFORMATION

Well ID # (DNR Reg. #)	Motor HP	Pump Type	Well Depth Ft.	Well Casing Diam.	Screen Const. Type	Top of Screen Depth	Casing Type	Pump Setting	Static Water Level	Pumping Water Level	Draw-down	Avail. DD	Comments
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	
		X	'	"	X	'	X	'	'	'	'	'	

Comments: _____

SURFACE WATER SUPPLIES AND FACILITIES

Source Common Name: _____ Frequency site is inspected by PWS: X Describe other: _____

Is intake structure able to function at multiple depths: Y ☐ N ☐ Lowest functional depth: _____'

Last inspection date: _____ Inspection: ☐ Visual ☐ Mechanical ☐ Other: _____

What conditions exist that can cause fluctuations in water quality: _____

Minimum (critical) usable water level: _____

Are facilities well maintained: Y ☐ N ☐ Describe security measures: _____

Are there special provisions for recreational use: Y ☐ N ☐ List provisions: _____

Comments on Surface Water Supplies and Facilities: _____

INFILTRATION GALLERY FACILITIES

Number of Galleries: _____ Construction Material: _____

Total Number of Laterals: _____ Total Length of Laterals: _____

Have there been any significant fluctuations in water quality: Y ☐ N ☐

If yes, describe: _____

Last Inspection Date: _____ Inspection: ☐ Visual ☐ Mechanical ☐ Other: _____

Routine Maintenance Frequency: _____

Are facilities well maintained: Y ☐ N ☐ Describe security measures: _____

Condition of associated piping, valving, and other appurtenances: X

Has source been evaluated for GWUDI: Y ☐ N ☐ Date: _____ Findings: _____

Comments on Infiltration Gallery Facilities: _____

SPRING SOURCE FACILITIES

Is the spring protected from contact with animals and vandalism: Y ☐ N ☐

Collection Structure Condition: _____

Is spring drainage adequate to protect from surface run-off: Y ☐ N ☐

Are all setback requirements met: Y ☐ N ☐

Are facilities well maintained: Y ☐ N ☐ Describe security measures: _____

Comments on Spring Source Facilities: _____

TRANSMISSION OF SOURCE WATER

(For purposes of this survey, if the Transmission main exceeds 300' in length this sheet must be completed)

If the system treats, does the transmission main deliver all raw water to a treatment plant: Y ☐ N ☐

If no, explain: _____ **Number of Transmission mains:** _____

Length	Construction Date	Type of Material	# Air Relief	# Blow Off

Does the air relief(s) terminate above ground level: Y ☐ N ☐ N/A ☐ **Is (are) the air relief(s) screened:** Y ☐ N ☐ N/A ☐

Is (are) the blow off(s) capped: Y ☐ N ☐ N/A ☐ **Is there a valve exercising program:** Y ☐ N ☐ N/A ☐

Frequency: _____ **Are repair materials available on-site:** Y ☐ N ☐

Comments on Transmission main: _____

DISTRIBUTION SYSTEM PUMPS AND PUMP FACILITIES

(Booster Pump Stations, etc. Excluding Well and Other Source Water Facilities)

	Facility Name	Pump Type	Application	Motor HP	Var. Speed	PM Prog.	Backup Power	Comments
1		X			X	X	X	
2		X			X	X	X	
3		X			X	X	X	

Type Codes:
- PDP = Positive Displacement Pump
- E = Ejector Pump
- RP = Reciprocating Pump
- SR = Helical or Spiral Rotor
- RT = Regenerative Turbine
- SC = Split Case (horizontal)
- C = Centrifugal Pump
- ES = End Suction (vertical)
- O = Other
- VT = Vertical Turbine
- S = Submersible

Are all pumps operational: Y ☐ N ☐ **Comments:** _____ **Are spare-parts on hand for repairs:** Y ☐ N ☐ **Comments:** _____

Are the pump facilities located in a flood plain: Y ☐ N ☐ **If yes, what are the provisions for facility access:** _____

Are all drains and vents properly screened: Y ☐ N ☐ N/A ☐ **Comments:** _____

Are the following adequate for operation at all facilities: **Lighting:** Y ☐ N ☐ **Signage:** Y ☐ N ☐ **Ventilation:** Y ☐ N ☐

Type of Heating: _____ **Interior Drainage:** Y ☐ N ☐ **Describe security measures:** _____

Comments on Pumps and Pump Facilities: _____

TREATMENT FACILITIES AND PROCESSES

Is the treatment plant located within 100-year floodplain: Y ☐ N ☐ Comments: _____

Are there any potential contamination sources in the vicinity of the plant: Y ☐ N ☐

If yes, describe: _____

Are the grounds and facility well maintained: Y ☐ N ☐

Is the facility staffed 24/7: Y ☐ N ☐

If not, what are the normal operating shifts: _____

Is the facility secure from trespassers and vandalism: Y ☐ N ☐

If yes, describe security measures: _____

Is the system currently using or participating in any type of optimization programs: Y ☐ N ☐

ATTACH A FLOW DIAGRAM (LINE DRAWING) OF THE FACILITY SHOWING FLOW DIRECTION AND CHEMICAL INJECTION POINTS FROM THE SOURCE(S) THROUGH ALL TREATMENT PROCESSES INCLUDING CLEARWELL STORAGE, FOR ALL OPERATING SCENARIOS.

Historical Daily Maximum production over last 3 years: ____ X

Are there any limitations to plant flows: Y ☐ N ☐

If yes, describe: _____

Is there an emergency power source: Y ☐ N ☐ Type: _____

Frequency of testing of emergency power source: _____

Is there a Preventative Maintenance Program for the treatment plant, associated equipment and facilities: Y ☐ N ☐

TREATMENT PROCESS BEING USED

Conventional Filtration: ☐ _____ Direct Filtration: ☐ _____ In-Line Filtration: ☐ _____

Slow-Sand Filtration: ☐ _____ Single-Stage Softening: ☐ _____ Two-Stage Softening: ☐ _____

Conventional Filtration / Softening: ☐ _____ Are there Split and Complex Treatment Trains: Y ☐ N ☐

Membrane Filtration: ☐ _____ Micro-Filtration: ☐ _____ Ultra-Filtration: ☐ _____

Nano-Filtration: ☐ _____ Reverse Osmosis: ☐ _____ Greensand Filtration: ☐ _____

Ion-exchange: ☐ _____ Purpose: _____

Aeration: ☐ _____ Type: ☐ _____

Disinfection: ☐ _____ Pre: ☐ _____ Post: ☐ _____ Other: _____

Oxidation: ☐ _____ Purpose: _____

Sequestering: ☐ _____ Purpose: _____

Fluoridation: ☐ _____ Other Processes: _____

Individual processes or package plant: _____

If Package plant/treatment unit, brand name and model of unit: _____

Comments on Treatment Facilities and Processes: _____

(Insert flow diagram of WTP facilities here)

FLOW CONTROL AND METERING

Source Water Influent Metered: Y ☐ N ☐ Finished Water Outlets Metered: Y ☐ N ☐

Meter Type	Size	Make	Model	Location & Use
	'			X
	'			X
	'			X
	'			X
	'			X
	'			X
	'			X

Comments: _____

AERATION / OXIDATION PROCESS

(Not considering the use of air for backwashing filters)

Is Aeration/Oxidation used in the treatment process? Y ☐ N ☐ Air ☐ Chemical ☐ Both ☐ Type of chemical: X

Describe "Other": _____

If yes, is it a separate process or combined with another process? Separate ☐ Combined ☐

If separate, type of facility? Packed Tower ☐ Cascading Tray ☐ Submerged Diffusers ☐ Other _____

If combined with another process, what process and at what location within the process? Process X

Location within the process: _____

If "Other" process, explain where. _____

If forced air/oxygen is used, what is the CFM for the aeration/oxidation system? _____

Comments on aeration/oxidation process: _____

PRESEDIMENTATION BASINS

(If all basins are not same dimension, complete a separate sheet for each size of basin.)

Number of basins: _____ PWS name or identification for basin(s): _____

Basin Measurements: Length: _____' Depth: _____' Width: _____' Diameter: _____'

Baffling Factor: _____

Average Turbidity Removal: _____ NTU Historical Turbidity Removal Range: _____ NTU

Frequency of Cleaning: _____

Sludge Disposal method: _____

Contamination Potential: Wildlife: Y ☐ N ☐ Runoff: Y ☐ N ☐ Other: _____

Comments: _____

RAPID MIX PROCESS

Type: ☐ Mechanical: _____

☐ Static In-line: _____

☐ Diffuser: _____

☐ Hydraulic (Baffled): _____

Chamber Measurements: Length: _____' Depth: _____' Width: _____' Diameter: _____'

Baffling Factor: _____

Chemicals Being Fed: _____

Continuous Feed: Y ☐ N ☐ Are feeds flow paced: Y ☐ N ☐ Manual Adjusted: Y ☐ N ☐

Variable Speed mixers: Y ☐ N ☐ RPM: _____ RPM Range: _____

Multiple Units: Y ☐ N ☐ Number: _____

Maintenance Frequency: _____

Are there visible hydraulic inadequacies: Y ☐ N ☐ If yes, describe: _____

Is cross-connection control protection adequate, where necessary: Y ☐ N ☐ If no, explain: _____

Comments on Pre-sedimentation Basins, Flow Control Metering, and Rapid Mix Process: _____

CHEMICALS AND CHEMICAL FEED SYSTEMS

(This sheet needed for any system required to comply with 179 NAC 22-005 Item 6)

Chemical Name	Day Tank capacity in gallons	Average Daily Feed	Certified By	Measured By	Safety Equip.	MSDS Avail.	Labeling & Signage	Spill Contain-ment	Comments
		X	X	X	X	X	X	X	
		X	X	X	X	X	X	X	
		X	X	X	X	X	X	X	

Certification Codes: 1 = NSF 2 = UL 3 = AWWA Standards **Measurement Codes:** S = Scale L = Labeled T = Tank Marked O = Other

Safety Equip., MSDS Avail., Labeling & Signage, Spill Containment, Storage Secure & Safe = Yes or No

Are MSDS(s) readily accessible to all personnel: Y ☐ N ☐ **Comments:** ____

Is the appropriate chemical safety equipment available to all personnel: Y ☐ N ☐ **Comments:** ____

Are there any visible problems with the application points: Y ☐ N ☐ **Comments:** ____

Describe security measures for chemical storage: ____

CHEMICAL FEED EQUIPMENT SPECIFICATIONS

Description	Make	Model #	Feed Range	NSF 61 Cert. (Y or N)	Method of setting Feed Rate			
					Well or Motor Paced	Flow Paced	Manual	Other
X			X	X				
X			X	X				
X			X	X				

Are backup units available for all feeders: Y ☐ N ☐ **Comments:** ____

Is appropriate cross-connection control in place for chemical feeders: Y ☐ N ☐ **Comments:** ____

Are these chemicals fed at a chemical feed facility: Y ☐ N ☐ **If not, where are they fed:** ____

Comments on Chemicals, Chemical Feed System(s) and Chemical Feed Equipment: ____

COAGULATION AND FLOCCULATION

(If non-similar multiple units, complete one sheet for each one.)

Type of mixing: Mechanical: _____ Baffled: _____ Number of mixers or baffles: _____

Static: _____ rpm Variable Speed Range: _____ rpm Baffling Factor: _____

Vertical Shaft: _____ Paddle: _____ Up-flow Clarifier: _____

Basin(s) Measurements: Length: _____' Depth: _____' Width: _____' Diameter: _____'

Does process appear to be working correctly: Y ☐ N ☐

Is there a preventative maintenance program for the equipment: Y ☐ N ☐

Comments: _____

Is there Jar Testing Capability at the facility: Y ☐ N ☐ Frequency of Use: _____

Comments on Coagulation and Flocculation: _____

SEDIMENTATION / CLARIFICATION

(If non-similar multiple units, complete one sheet for each one.)

Type: Cross-flow Basin: ☐ _____ Radial-flow Basin: ☐ _____ Up-flow Clarifier: ☐ _____

Number of Basins: _____ Baffling Factor: _____

Basin(s) Measurements: Length: _____' Depth: _____' Width: _____' Diameter: _____'

Does flow appear to be evenly distributed: Y ☐ N ☐

Is there evidence of short-circuiting: Y ☐ N ☐

Method of Sludge Removal: Mechanical: _____ Type: _____

Manual: _____ Frequency: _____

Average Settled Turbidity: _____ NTU Historical Settled Turbidity Range: _____ NTU

Sludge Disposal Location: _____

Comments on Sedimentation/Clarification: _____

PRESSURE FILTERS

(Complete one sheet per filter type.)

Number of Filters: _____ Filter ID (name or #): _____ Date Installed: _____

Medias: ☐ Mono: _____

☐ Dual Media: _____

☐ Multi-Media: _____

Media depth(s): _____

Maximum design Filtration Rate: _____ gpm /ft^2 Current filtration rate: _____ gpm /ft^2

Filter measurements: Length: _____' Depth: _____' Width: _____' Diameter: _____'

Date of Last Internal Inspection: _____ By: _____

Attach a copy of the last internal inspection recommendations if any.

Were any deficiencies noted during the inspection: Y ☐ N ☐ If yes, have they been corrected: Y ☐ N ☐

Are head loss gauges present on the inlet and outlet of the filter: Y ☐ N ☐

If yes, are the gauges functioning: Y ☐ N ☐

Does the filter have a rate of flow indicator: Y ☐ N ☐ Comments: _____

Where is filter effluent turbidity monitored (list all locations): _____

Turbidity monitored via: Continuous monitor ☐ or by grab sample ☐

How often are the readings recorded: _____

What criteria are used to initiate a backwash cycle: _____

Briefly describe the backwash procedure: _____

What is the high rate of backwash flow: _____ gpm/ft^2

How is the backwash water disposed of: _____

Is turbidity monitoring done on the backwash waste: Y ☐ N ☐

If no, how is the adequacy of the backwash process evaluated: _____

Is filter equipped to filter to waste: Y ☐ N ☐

Comments on Pressure Filters: _____

GRAVITY FILTERS

(Complete one sheet per filter type.)

Number of Filters: _____ Filter ID (name or number): _____ Installation Date: _____

Filter Technology: Rapid Sand: ☐ Slow Sand: ☐

Filter Media (check all that apply): Sand: ☐ Anthracite: ☐ GAC: ☐

Gravel: ☐ Garnet: ☐ DE: ☐ Other: _____

Filter Dimensions: Length: _____' Depth: _____' Width: _____' Diameter: _____' Baffling Factor: _____

Date of last media installation or replacement: _____

Are there any visible problems with filter media: Y ☐ N ☐ Comments: _____

Type of under drain system: _____

Frequency under drain system is inspected: _____

Designed filtration rate: _____ gpm /ft^2 Current filtration rate: _____ gpm /ft^2

Design media depth: _____ Current media depth: _____

Criteria for initiating backwash: _____

Monitoring Equipment: Rate-of-Flow Controller(s): _____ Are these variable or set: _____

Filter Effluent Turbidimeters: _____ Head Loss gauges: _____

% media expansion during backwash: _____% Average filter run time: _____

Is there a Surface Wash System for the filter: Y ☐ N ☐ Air Scour: Y ☐ N ☐

Is there filter to waste capability: Y ☐ N ☐ Comments: _____

How are recently washed filters brought back on line: _____ Condition of pipe gallery: _____

Has a filter profile been developed for the filter: Y ☐ N ☐ Comments: _____

Has a filter self-assessment been completed for the filter: Y ☐ N ☐ Comments: _____

Date of last assessment: _____ Significant findings: _____

Where is filter effluent turbidity monitored (list all locations): _____

Turbidity monitored via: Continuous monitor ☐ or by grab sample ☐

How often are the readings recorded: _____

Date of last filter effluent turbidimeter calibration: _____ Calibration frequency: _____

Are calibration records current and accessible: Y ☐ N ☐ Comments: _____

How are required turbidimeter readings recorded: ☐ Chart Recorder ☐ Strip Chart ☐ Data-logging

Frequency of readings: _____ Is redundancy provided for readings: Y ☐ N ☐

Are filter-aides added prior to filtration: Y ☐ N ☐ If yes, what chemical(s): _____

Dosage rate: _____ mg/L Does it meet NSF-60, UL, or AWWA standards: Y ☐ N ☐

Are appropriate cross-connection devices installed, where necessary: Y ☐ N ☐

Comments: _____

Is backwash water retained for recycle: Y ☐ N ☐ If yes, method: ☐ Lagoons ☐ Direct Recycle

Additional Comments on Filtration Practices: _____

Comments on Gravity Filters: _____

DISINFECTION PROCESSES

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Pre-Disinfectant Used: ☐ Chlorine ☐ Ozone ☐ Chlorine Dioxide ☐ Other: _____

In-plant Disinfectant: ☐ Chlorine ☐ Ozone ☐ Chlorine Dioxide ☐ Other: _____

Distribution (plant effluent) Disinfectant Used: ☐ Chlorine ☐ Chloramines ☐ Chlorine Dioxide ☐ Other: _____

Chlorine Type Used: ☐ Gas – 150 lb. Cylinder ☐ Gas – 1T Cylinder ☐ Gas – RR Tank Cars ☐ Liquid – Sodium Hypochlorite:_____% ☐ Calcium Hypochlorite: _____%

Primary Purpose: ☐ Oxidation ☐ Disinfection ☐ Both

Chlorine Dioxide:

On-site generated: Y ☐ N ☐ If yes, number of generators: _____

Size of chlorine cylinders: _____ Bulk chlorite storage: _____ gal

Primary Purpose: ☐ Oxidation ☐ Disinfection ☐ Both

Frequency of generator yields: _____ Average yield %: _____%

Method used to detect residuals: _____

Is there a PM Program for the generators: Y ☐ N ☐

Date of last preventative maintenance on generators: _____

Ozone:

Number of Generators: _____ Capacity of Generators: _____ %

Ozone being generated: _____%

Primary Purpose: ☐ Oxidation ☐ Disinfection ☐ Both

Are all applicable residual monitors operational: Y ☐ N ☐

Are excess ozone destructors operational: Y ☐ N ☐

Is there a PM Program for the generators: Y ☐ N ☐

Date of last PM on ozone generators: _____

DISINFECTION APPLICATION POINTS

Disinfectant Type	Application Point
X	
X	
X	
X	
X	
X	
X	

DISINFECTION PROCESSES

Page 2 of 2

SW & GWUDI PWS

How are the T10 Times calculated: Tracer Study: _____ Theoretical: _____

Date Tracer Study was Conducted: _____ By: _____

Identify the CT Sampling Sequences:

A.) _____ Baffling Factor: _____

B.) _____ Baffling Factor: _____

C.) _____ Baffling Factor: _____

D.) _____ Baffling Factor: _____

Where are disinfectant residuals, flow, pH and temperatures being monitored for CT purposes: _____

What is frequency of CT calculations: _____

Are at least 3 years of daily CT calculations available: Y ☐ N ☐

Are the CT calculations being performed correctly: Y ☐ N ☐

Testing Equipment for CT Calculations in each zone:

Chlorine Residual: ☐ Grab or ☐ Continuous Inst. Model: _____ Calib. Freq.: _____

pH: ☐ Grab or ☐ Continuous Inst. Model: _____ Calib. Freq.: _____

Temperature in C: ☐ Grab or ☐ Continuous Inst. Model: _____ Calib. Freq.: _____

Comments: _____

All PWS That Disinfect

Monitoring for disinfectant residuals: Continuous ☐ or grab sampling ☐ (frequency _____)

List all locations where disinfectant residuals are monitored: _____

Model of Continuous Monitor: _____

Is there an adequate spare parts inventory: Y ☐ N ☐ Reagent supply: Y ☐ N ☐

Residual Information Recording: ☐ Chart-recorder ☐ Strip-charts ☐ Data-logging

Is there a level of redundancy: Y ☐ N ☐ Comments: _____

What is the frequency of verifying the continuous read testing results by another method: _____

What is that method: _____

Are backflow preventers installed where necessary: Y ☐ N ☐

Comments: _____

Comments on Disinfection Process: _____

GROUND AND ELEVATED TANK STORAGE FACILITIES

Facility Name	Type	Const. Mat.	Tank ht.	Over-flow ht.	Corrosion Control (Y or N)	Date of Last Inspection	Date of Last Cleaning	Date Interior Painted	Interior Paint Type	Date Exterior Painted	Exterior Paint Type
	X	X	'	'	X				X		X
	X	X	'	'	X				X		X
	X	X	'	'	X				X		X

Type: G = Ground Storage PB = Partially Buried B = Buried E = Elevated HP = Hydro-pillar UC = Uncovered Facility SP = Stand Pipe

Construction Material: C = Concrete S = Steel O = Other Describe: ____

Paint System Type: E = Epoxy G = Glass Coating W = Wax UK = Unknown O = Other Describe: ____

Current condition of tank exterior(s): ____

Any apparent structural problems: Y ☐ N ☐ Comments: ____

Is there a routine inspection and cleaning program: Y ☐ N ☐ Comments: ____

Who performed the last inspection and cleaning? ____

Were any deficiencies noted during the last inspection: Y ☐ N ☐

If yes, have they been corrected: Y ☐ N ☐ If no, what was not corrected: ____

How is the water supply maintained with storage facilities out of service: ____

Are the facilities well maintained: Y ☐ N ☐ Describe security measures for storage facility: ____

GROUND AND ELEVATED STORAGE TANK FACILITIES COMPONENTS

(If unable to inspect the following, obtain information from the most recent storage facility inspection report)

Facility Name	Roof Leaks	Access Hatch Locked	Roof Vent Cond	Level Measure Operational	Tank Drain	Overflow 12-24" above ground on splash pad	Overflow Cover	Access Ladders	Valves Operable	Bypass Present / Operable	Level Controls Type	Alarm System
	X	X	X	X	X	X		X	X	X		X
	X	X	X	X	X	X		X	X	X		X
	X	X	X	X	X	X		X	X	X		X

S = Satisfactory U = Unsatisfactory N = Not Present, but should be UI = Unable to Visually Evaluate NA = Not Applicable

Overall Comments on Ground and Elevated Storage Facilities: ____

HYDROPNUEMATIC AND PRESSURE TANKS

(complete one sheet per tank brand/model)

Brand of Tank(s): _____ **Model of tank(s):** _____

Number of Tank(s): ____ **What wells or water source(s) are tank(s) used for:** _____

Type: X **Describe Other:** _____

Installation Date(s): _____ **Are these tanks used to prevent water hammer:** Y ☐ N ☐

Is tank located completely above ground: Y ☐ N ☐

Date of last internal inspection if applicable: _____ NA ☐ **Comments:** _____

ASME plate information: _____ N/A ☐

Is a manway available: Y ☐ N ☐ **Shape:** X **Size: W:** _____" **H:** _____" **D:** _____" x _____"

Is there a functioning pressure relief valve: Y ☐ N ☐

Is there a functioning pressure gauge: Y ☐ N ☐ **If yes, psi:** _____

What are the pump On and Off pressure settings: **On:** _____ **Off:** _____

Is there an automatic control system for water / air ratio: Y ☐ N ☐ N/A ☐

If yes, are air injection lines filtered: Y ☐ N ☐

Is there a sight glass or other water level indicator: Y ☐ N ☐ N/A ☐ **If other, describe:** _____

Overall condition of tank(s): _____

Describe security measures: _____

Comments on Hyropnuematic and Pressure Tanks: _____

THE FOLLOWING MARKED SANITARY SURVEY COMPONENTS ARE NOT APPLICABLE TO THIS PWS.

CROSS-CONNECTION CONTROL PROGRAM	☐
SOURCE FACILITIES—GROUNDWATER SUPPLY FACILITIES	☐
WELL INFORMATION	☐
SURFACE WATER SUPPLIES AND FACILITIES	☐
INFILTRATION GALLERY FACILITIES	☐
SPRING SOURCE FACILITIES	☐
PUMPS AND PUMP FACILITIES	☐
TRANSMISSION OF SOURCE WATER	☐
TREATMENT FACILITIES AND PROCESS	☐
PRESEDIMENTATION BASINS	☐
FLOW CONTROL AND METERING	☐
AERATION / OXIDATION	☐
RAPID MIX PROCESS	☐
CHEMICAL AND CHEMICAL FEED SYSTEMS	☐
CHEMICAL EQUIPMENT SPECIFICATIONS	☐
COAGULATION AND FLOCCULATION	☐
SEDIMENTATION / CLARIFICATION	☐
PRESSURE FILTERS	☐
GRAVITY FILTERS	☐
DISINFECTION PROCESSES	☐
GROUND AND ELEVATED TANK STORAGE FACILITIES	☐
GROUND AND ELEVATED STORAGE FACILITIES COMPONENTS	☐
HYDROPNUEMATIC AND PRESSURE TANKS	☐

Inspector's Signature:_____

System Representative:_____

Date Inspection Completed:_____

(Staple all preceeding pages, including this page, the cover letter and the deficiency list, together as one packet. The original signature page must be included in the file copy for the Lincoln office.)

SENSITIVE / SECURE INFORMATION

PWS Name: _____ **County:** _____ **PWS ID#: NE31-** _____

Date of Survey: _____

WELL INFORMATION

Well ID#	Well Capacity	Chemicals Injected (Y/N)	GPS Location
	X		N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
	X		N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
	X		N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '

STORAGE FACILITIES

Facility Name	Physical Location of Facility	PSI	Capacity	GPS Location
			X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
			X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
			X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '

DISTRIBUTION SYSTEM GPS DATA

Location of Geographical Center of Distribution System	GPS Location
	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '

CHEMICALS AND CHEMICAL FEED SYSTEMS

Name of Chemical Stored	Location of Chemicals, Chemical Storage and Chemical Feed Systems	Lbs./Gallons of Chemical Stored

Name of Chemical Feed Facility and Type of Chemical Fed	GPS Location if different from well locations
	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '

DISTRIBUTION SYSTEM PUMPS AND PUMPING FACILITIES

(Booster Stations, etc., excluding wells and other water sources)

Facility Name	Number and Application of Pumps in Facility	PSI	Capacity	GPS Location
			X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
			X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
			X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '

SURFACE WATER/GWUDI SUPPLIES AND PUMPING FACILITIES

(Infiltration Galleries, Springs, Lakes, etc., excluding wells)

Facility Name	Avg. Daily Flow	Max. Daily Flow	GPS Location
	X	X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
	X	X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '
	X	X	N __ ° __ ' ____ " W ___ ° __ ' ____ " Elevation ____ '

Facility Name, Number and Application of Pumps in Facility	PSI	Capacity
		X
		X
		X

TRANSMISSION OF SOURCE WATER

Description of Trans. Main Run (stop/end point. Provide GPS for end)	GPS Location
	N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '
	N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '
	N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '

TREATMENT FACILITIES AND PROCESSES

1. Physical location and directions to treatment facilities: _____

Treatment Process/Name	Design Cap. of Process	GPS Location if applicable
	X	N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '
	X	N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '
	X	N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '

2. List potential contaminant sources in the vicinity of the treatment facilities: _____

3. Design capacity of treatment plant: _____ MGD

FILTRATION

1. What is the POE for recycling backwash water: _____

FLOW CONTROL AND METERING

Name and Location of Finished Water Outlets:	Meter type and reading	GPS Location
		N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '
		N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '
		N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ '

(Attach well vulnerability assessments to the Sensitive/Secure Information pages and staple together. Not to be attached to the main sanitary survey document. The Sensitive/Secure pages and the VA's are separate from the main survey documents.)

DHHS DPH SANITARY SURVEY DEFICIENCY COMPLIANCE PLAN

PWS Name: _____ PWS ID#: NE31-_____ County: _____

Severity, Deficiency Code and Category	Regulatory/ Statutory Citation	Deficiency Corrective Action Required	Corrective Action Completed on (Date)

Keep this original document for your records. A copy of this Compliance Plan may be used to report back to the Department regarding correction of the listed deficiencies. Send the required written response to the address provided below. Significant deficiencies must be corrected within 120 calendar days from the date of this letter or as specified above.

(Insert your mailing address here)

Prepared by: Field Rep. Name Date of Survey: _____ Date Compliance Plan Prepared: date of letter

This box to be used by PWS Representative for reporting purposes only:

PWS Rep. Name: _____ Date Report Mailed: _____

Any document sent to the Department for reporting on deficiency correction must be signed and dated by a representative of the system or it will not be accepted.

Nebraska Department of Health and Human Services
Division of Drinking Water
Public Water Supply Routine Sanitary Survey

PWS Name: _____ **PWSID #: NE31-**_____ **Permit Issue Date:** _____

Physical Address of NC PWS: _____

County: _____ **NRD #:** **System Class:** 5 **Type of System:** TNC – Water Dispenser

Accompanied By: _____ **Title:** _____ **Governing Body:** _____

Is there a defined organizational structure for decision making: Y ☐ N ☐

RSS Date: _____ **Last RSS Date:** _____ **Inspection By:** _____

Is the operator in responsible charge properly licensed: Y ☐ N ☐ **License Grade and #:** _____

FINANCIAL INFORMATION

% Metered Connections: _____% **# Residential Service Connections:** _____ **# Non-residential Service Connections:** _____

System Interconnections: _____ **Reason:** ☐ **Purchase** ☐ **Sell** ☐ **Emergency**

Comments: _____

Is operating budget available for inspection: Y ☐ N ☐ **Planned or Actual for Year:** _____

(Procure a copy of the systems operating budget and water rate structure and attach to survey)

SYSTEM RECORDS / PROGRAMS

	S	U	NA	Comments
Water Quality / Sample results	☐	☐	☐	
Water Production Records	☐	☐	☐	
Maintenance Records	☐	☐		
Customer Complaints	☐	☐		
Copy of Sampling Plans	☐	☐	☐	Date approved:
Emergency Phone List	☐	☐		Date approved:
O&M Manual	☐	☐		

Other Records and Comments: _____

WATER SOURCE INFORMATION

Source Type: ☐ **Surface Water** ☐ **Infiltration Gallery** ☐ **Spring** ☐ **Well**

Other: _____

Max. daily (24 hour) production capability: _____ X **Total production for past year:** _____ **MG**

Population: _____

Comments: _____

DHHS-DPH will assess the following:

Is the source adequate to meet peak demands: Y ☐ N ☐

Is all source water metered: Y ☐ N ☐

Are any source water facilities located within a 100 yr. flood plain: Y ☐ N ☐

If yes, list each facility: _____

Have any source water facilities ever been flooded: Y ☐ N ☐

If yes, list each facility: _____

Comments on Water Source: _____

CROSS-CONNECTION CONTROL PROGRAM

Name of person responsible for the administration and enforcement of the CCC Program: _____

PWS Grade 6 Operators:

Name	License #	Expiration Date

Does the system have an adopted resolution, ordinance, or other enforceable instrument that ensures the CCC requirements are being met? Y ☐ N ☐ N/A ☐ Comments: _____

If yes, provide the following information: Ordinance #: _____ Other: _____

Responsibility of PWS: _____

Date(s) of last cross-connection survey: _____ N/A ☐

Who is responsible for completing the survey? _____

Have all known cross-connections been properly addressed? Y ☐ N ☐ Comments: _____

Are any backflow preventers installed in the system? Y ☐ N ☐

Number of backflow preventers in the system: Assemblies _____ Devices _____ NA ☐

Required testing frequency of assemblies: _____

Have all assemblies been tested by a properly licensed G6 operator? Y ☐ N ☐ NA ☐

Are testing records for the last 5 years available? Y ☐ N ☐ Is testing current? Y ☐ N ☐

Does the PWS enforce the requirements of their cross-connection control program? Y ☐ N ☐

Comments: _____

General Comments on CCCP: _____

WATER QUALITY MONITORING

The Special Monitoring Evaluation was completed and the system is on an appropriate monitoring schedule for Total Coliform: Y ☐ N ☐

If not, describe: _____

If the system has an AO, are the requirements of the order being followed: Y ☐ N ☐ N/A ☐

If not, describe: _____

If the AO is for nitrate, list locations of all nitrate postings: _____

If the system has a current MCL violation, is the system taking the required actions: Y ☐ N ☐ N/A ☐

If not, describe: _____

Is compliance water testing equipment calibrated or standardized: Y ☐ N ☐ N/A ☐

Are calibration records readily available: Y ☐ N ☐

What non-compliance water testing, if any, is routinely done: _____ ☐ None

List any established water quality goals: _____

Comments on Water Quality Monitoring: _____

DISTRIBUTION SYSTEM

Page 1 of 2

☒ This is a non-community PWS without a distribution system.

Does the System retain records or documentation on the following:

O&M Distribution System Repairs: Y ☐ N ☐

Are valves inspected and exercised: Y ☐ N ☐ Frequency: _____

Are fire hydrants inspected and operated routinely: Y ☐ N ☐ N/A ☐ Frequency: _____

Are sampling stations available: Y ☐ N ☐ Number: _____

Is there a common POE for more than one source: Y ☐ N ☐

If yes, how many sources per POE? _____

Are the POE's metered? Y☐ N☐

What is the pressure at each common POE?_____

Comments on POE's: _____

The following applies to all PWS

Does the system have any lead service lines: Y ☐ N ☐ Unknown ☐

If yes, does the system have a removal or replacement method: Y ☐ N ☐ Describe: _____

Where does the systems responsibility for the distribution system end (corp stop, curb stop, etc.): _____

Where is the point of maximum water residence time in the distribution system: _____ (Physical location description)

Disinfectant Residual Check: POE: _____ mg/L Max. residence time: _____ mg/L

Other checks: _____

Frequency of checking distribution disinfectant residual: _____

Test kit used: _____ Date of last calibration/standardization: _____

Typical distribution system pressure range (pressure fluctuation): _____ psi

Pressure at highest elevation (lowest pressure): _____ psi Location (address or physical): _____

Are pressure readings routinely taken from the distribution system: Y ☐ N ☐

Frequency: _____

Comments on Distribution System: ____

CONTROL SYSTEMS

Age of Control System or Installation Date: _____ Control Type: X X X X

Mode of Communications: Phone: ☐ _____ Leased: ☐ _____ Owned: ☐ _____

Radio: ☐ _____ Hard wired: ☐ _____ Other: _____

Is there a backup communications system: Y ☐ N ☐ N/A ☐ Describe: _____

Is a UPS available: Y ☐ N ☐ If yes, at all sites?: Y ☐ N ☐ Duration of backup: _____

Does control system automatically log system data: Y ☐ N ☐

If yes, what data is automatically logged: _____

Frequency of data logging: _____

Does control system generate automatic reports: Y ☐ N ☐

If yes, what are the reports: _____

Frequency of automatic reports: _____

Is there manual override capability in the control system: Y ☐ N ☐

If yes, describe: _____

Who has the authority to make set-point changes (provide a name): _____

Describe the security measures for the control system: _____

Is a spare parts inventory maintained on hand: Y ☐ N ☐ Comments: _____

Comments on Control Systems: _____

DISTRIBUTION SYSTEM PUMPS AND PUMP FACILITIES

(Booster Pump Stations, etc. Excluding Well and Other Source Water Facilities)

	Facility Name	Pump Type	Application	Motor HP	Var. Speed	PM Prog.	Backup Power	Comments
1		X			X	X	X	
2		X			X	X	X	
3		X			X	X	X	

Type Codes:
PDP = Positive Displacement Pump
E = Ejector Pump
RP = Reciprocating Pump
SR = Helical or Spiral Rotor
RT = Regenerative Turbine
SC = Split Case (horizontal)
C = Centrifugal Pump
ES = End Suction (vertical)
O = Other
VT = Vertical Turbine
S = Submersible

Are all pumps operational: Y ☐ N ☐ **Comments:** ____ **Are spare-parts on hand for repairs:** Y ☐ N ☐ **Comments:** ____

Are the pump facilities located in a flood plain: Y ☐ N ☐ **If yes, what are the provisions for facility access:** ____

Are all drains and vents properly screened: Y ☐ N ☐ N/A ☐ **Comments:** ____

Are the following adequate for operation at all facilities: **Lighting:** Y ☐ N ☐ **Signage:** Y ☐ N ☐ **Ventilation:** Y ☐ N ☐

Type of Heating: ____ **Interior Drainage:** Y ☐ N ☐ **Describe security measures:** ____

Comments on Pumps and Pump Facilities: ____

TREATMENT FACILITIES AND PROCESSES

Is the treatment plant located within 100-year floodplain: Y ☐ N ☐ Comments: _____

Are there any potential contamination sources in the vicinity of the plant: Y ☐ N ☐

If yes, describe: _____

Are the grounds and facility well maintained: Y ☐ N ☐

Is the facility staffed 24/7: Y ☐ N ☐

If not, what are the normal operating shifts: _____

Is the facility secure from trespassers and vandalism: Y ☐ N ☐

If yes, describe security measures: _____

Is the system currently using or participating in any type of optimization programs: Y ☐ N ☐

Historical Daily Maximum production over last 3 years: _____ X

Are there any limitations to plant flows: Y ☐ N ☐

If yes, describe: _____

Is there an emergency power source: Y ☐ N ☐ Type: _____

Frequency of testing of emergency power source: _____

Is there a Preventative Maintenance Program for the treatment plant, associated equipment and facilities: Y ☐ N ☐

TREATMENT PROCESS BEING USED

Conventional Filtration: ☐ _____ Direct Filtration: ☐ _____ In-Line Filtration: ☐ _____

Slow-Sand Filtration: ☐ _____ Single-Stage Softening: ☐ _____ Two-Stage Softening: ☐ _____

Conventional Filtration / Softening: ☐ _____ Are there Split and Complex Treatment Trains: Y ☐ N ☐

Membrane Filtration: ☐ _____ Micro-Filtration: ☐ _____ Ultra-Filtration: ☐ _____

Nano-Filtration: ☐ _____ Reverse Osmosis: ☐ _____ Greensand Filtration: ☐ _____

Ion-exchange: ☐ _____ Purpose: _____

Aeration: ☐ _____ Type: ☐ _____

Disinfection: ☐ _____ Pre: ☐ _____ Post: ☐ _____ Other: _____

Oxidation: ☐ _____ Purpose: _____

Sequestering: ☐ _____ Purpose: _____

Fluoridation: ☐ _____ Other Processes: _____

Individual processes or package plant: _____

If Package plant/treatment unit, brand name and model of unit: _____

Comments on Treatment Facilities and Processes: _____

HYDROPNUEMATIC AND PRESSURE TANKS

(complete one sheet per tank brand/model)

Brand of Tank(s): _____ Model of tank(s): _____

Number of Tank(s): ____ What wells or water source(s) are tank(s) used for: _____

Type: X Describe Other: _____

Installation Date(s): _____ Are these tanks used to prevent water hammer: Y ☐ N ☐

Is tank located completely above ground: Y ☐ N ☐

Date of last internal inspection if applicable: _____ NA ☐ Comments: _____

ASME plate information: _____ N/A ☐

Is a manway available: Y ☐ N ☐ Shape: X Size: W: _____" H: _____" D: ____" x ____"

Is there a functioning pressure relief valve: Y ☐ N ☐

Is there a functioning pressure gauge: Y ☐ N ☐ If yes, psi: _____

What are the pump On and Off pressure settings: On: _____ Off: _____

Is there an automatic control system for water / air ratio: Y ☐ N ☐ N/A ☐

If yes, are air injection lines filtered: Y ☐ N ☐

Is there a sight glass or other water level indicator: Y ☐ N ☐ N/A ☐ If other, describe: _____

Overall condition of tank(s): _____

Describe security measures: _____

Comments on Hyropnuematic and Pressure Tanks: _____

Inspector's Signature:_____

System Representative:_____

Date Inspection Completed:_____

Nebraska Department of Health and Human Services
Division of Public Health
P.O. Box 95026
Lincoln, Nebraska 68509-5026
402-471-2541

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

PUBLIC WATER SUPPLY
Inspection Report

System Name _____ Account Number _____

Person Contacted _____ Title _____ Phone _____

County _____ Inspector _____ Phone _____

Type Inspection: 01 Sanitary Survey for Cause 02 Construction 03 Final
04 Site 05 Other: _____

REMARKS _____

Inspector's Signature _____

Report Received By: _____
Signature Date

WHITE COPY - Lincoln office YELLOW COPY - system PINK COPY - field office PHA-9 Rev. 2/2017 (24519)

PUBLIC WATER SUPPLY INSPECTION REPORT CODES

RECORDS:
07 WATER-Quality, Quantity, Use, Lab reports
08 SYSTEM-Permits, Maps, Maintenance records
09 CUSTOMER-Billings, Complaints, Locations
10 OTHER

WELLS:
11 SITE-Access, Drainage, Encroachment
12 HOUSING-Sturdy, Lights, Clean, Locked
13 PERFORMANCE-Yield, Specific capacity
14 WELL VENT-Screen, Tight, Return bend
15 DRAWDOWN GAGE-Air pump, Tube length
16 WELL METER-Working, Location, Record
17 BLOW OFF-Splash block, Size
18 AIR RELIEF-Working, Return bend, Screen
19 OTHER

PUMPS:
20 ELECTRIC-Safety, Corrosion, Labels
21 PERFORMANCE-Shutoff head, KWH efficiency
22 MOTOR-Grounded, Vibration, Maintenance
23 BEARINGS-Packing, Lube, Noise, Temperature
24 RIGHT ANGLE DRIVE-Access, Safety
25 CONTROLS
26 LUBE LINE
27 BASE-Seal, Motor mount, Bolts
28 BASE DRAIN-Size, Clean, Location
29 OTHER

WELL HOUSE MECHANICAL:
30 SAMPLE COCK-Chemical tap, Gages
31 FLOOR DRAIN-Floor surface, Slope
32 HEATING-Insulation, Control, Size, Safety
33 VENTILATION-Location, Size, Screened
34 ROOF HATCH-Location, Condition, Lock
35 PIPING-Supports, Ties, Sleeves, Corrosion
36 OTHER

AUXILIARY EQUIPMENT:
37 STAND BY-Engine, Generator, Tractor
38 CHLORINE-Safety, Storage, Controls, Pump
39 FLUORIDE-Safety, Storage, Controls, Pump
40 PHOSPHATE-Safe storage, Controls, Pump
41 OTHER

STORAGE TANKS:
42 SITE-Access, Drainage, Lighting, Debris
43 FENCES-Signs, Security
44 CONDITION-Structural, Corrosion, Leaks
45 OVERFLOW-Pipe, Screen, Splash block
46 VENTS-Location, Screens, Condition
47 COVER-Access door, Security
48 ATTACHMENTS-Ladder, Catwalks, Etc.
49 CATHODIC PROTECTION
50 VALVES-Altitude, Drain, Taps, Cocks
51 BASE-Structural condition, Piping
52 CONTROLS-Gages, Compressors
53 OTHER

TRUCK FILL LOCATION:
54 SITE-Access, Drainage
55 SECURITY-Supervision
56 BACKFLOW PREVENTION-Vacuum breaker
57 OTHER

DISTRIBUTION SYSTEM:
58 VALVES-Number, Type, Locations, Tie-ins
59 VALVE MAINTANENCE-Exercise program, Leak tests
60 HYDRANTS-Number, Locations, Paint, Chained
61 HYDRANT MAINTENANCE-Flushing program, Leak tests
62 MAINTENANCE SHOP-Tools
63 TRUCKS + HEAVY EQUIPMENT
64 MATERIAL STORAGE + SPARE PARTS
65 MAINS-Type pipe, Size, Depth, Condition
66 AIR RELEASE VALVES-Type, Size, Location
67 DEADENDS-Flush points, Blocking
68 OTHER

OPERATING PRACTICES:
69 SAMPLING-Site plan, Practices
70 OPERATOR-Availability, Backup, Training
71 PUBLIC NOTIFICATION PRACTICES
72 REPORTING PRACTICES
73 WELL/PUMP PERFORMANCE EVALUATIONS
74 NEW CONSTRUCTION + ABANDONMENTS
75 DISINFECTION PRACTICES
76 ANNUAL SHORT + LONG TERM PLANNING
77 OTHER

MISCELLANEOUS:
78 CROSS-CONNECTION CONTROL PROGRAM
79 EMERGENCY PLAN
80 OPERATOR CERTIFICATION
81 WELLHEAD ENCROACHMENT POLICY
82 OTHER

TREATMENT PLANT:
83 SITE, STRUCTURES, BUILDINGS + BINS
84 MAINTENANCE-Equipment, Records, Safety
85 OPERATIONS-Procedures, Practices, Safety
86 PLANT PERFORMANCE
87 CHEMICALS-Handling, Storage, Application
88 WASTES-Handling, Disposal
89 CONTROLS-Meters, Press, Switches, Charts
90 AERATION-Oxidation, Degasification
91 CLARIFICATION-Mixing, Flocculation
92 SEDIMENTATION-Presedimentation
93 DISINFECTION
94 FILTERS-Cleaning, Backwash, Surface wash
95 SOFTENING-Lime softening, Ion exchange
96 STABILIZATION-Recarbonation
97 LAB-Sampling, Testing, Records
98 TASTE + ODOR CONTROL
99 OTHER

A. Kick-Off Meeting Agenda

1. Purpose of the CPE

- Background on CCP process development and application
- Basis for conducting the CPE at the utility
- Assess ability of plant to meet optimized performance goals
  Optimized performance criteria description
  Multiple barrier concept for microbial protection
- Identify factors limiting plant performance
- Describe follow-up activities

2. Schedule CPE events	Utility Staff Involved	Date/Time
• Plant tour	_____	_____
• On-site data collection		
Performance	_____	_____
Design	_____	_____
Operations	_____	_____
Maintenance	_____	_____
Administration	_____	_____
• Special studies	_____	_____
• Interviews	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
• Exit meeting	_____	_____

3. Information Resources

- Performance monitoring records _____
- Plant operating records _____
- As-built construction drawings _____
- Plant flow schematic _____
- As-built construction drawings _____
- O & M manuals _____
- Equipment manuals _____
- Previous and current year budgets _____
- Organizational structure _____
- Water rate structure _____

B. Attendance List

Utility Name _____ Date _____

Name	Title/Position	Telephone No.

ADMINISTRATION DATA

A. Name and Location

1. Name of Facility _____

2. Utility Name _____

3. Current Date _____

4. Contact Information:

	Administration	Plant	
Contact Name			
Title			
Mailing Address			
Phone			
Fax			

B. Organization

1. Governing Body (name and scheduled meetings)

_____

_____

2. Utility structure (attach organizational chart if available)

3. Plant Organizational Structure (include operations, maintenance, laboratory personnel; attach chart if available)

C. Communications

1. Utility Mission Statement

2. Water Quality Goals

3. Communication Mechanisms:

Type	Description
CI Staff Meetings	
☐ Administrator/Board Visits to Plant	
☐ Reports (plant staff to manager; manager to governing board)	
☐ Public Relations/ Education	

D. Planning

1. Short-Term Needs

2. Long-Term Needs

E. Personnel

Title/Name	No.	Certification	Pay Scale	% Time at Plant

Comments (e.g., vacant positions, adequacy of current staffing):

F. Plant Coverage

1. Shift Description (e.g., length, number per shift, weekend/holiday coverage)

2. Unstaffed Operation Safeguards (e.g., alarm/shutdown capability, dialer)

G. Financial Information

1. Budget (basis for budget: total utility ☐ plant only ☐)

	Last Year Actual	Current Year Budget
Enter Year		
1. Beginning Cash on Hand		
2. Cash Receipts		
a. Water Sales Revenue		
b. Other Revenue (connection fees, interest)		
c. Total Water Revenue (2a + 2b)		
d. Number of Customer Accounts		
e. Average Charge per Account (2a ÷ 2d)		
3. Total Cash Available (1 + 2c)		
4. Operating Expenses		
a. Total O&M Expenses*		
b. Replacement Expenses		
c. Total O,M&R Expenses (4a + 4b)		
d. Total Loan Payments (interest + principal)		
e. Capital Purchases		
f. Total Cash Paid Out (4c + 4d + 4e)		
g. Ending Cash Position (3 - 4f)		
5. Operating Ratio (2a ÷ 4c)±		
6. Coverage Ratio (2c - 4c) ÷ (4d)†		
7. Year End Reserves (debt, capital improvements)		
8. End of Year Operating Cash (4g - 7)		
Source: USEPA Region 8 Financial Analysis Document (1997)		

* Includes employee compensation, chemicals, utilities, supplies, training, transportation, insurance, etc.

± Measure of whether operating revenues are sufficient to cover O,M&R expenses. An operating ratio of 1 .O is considered minimum for a self-supporting utility.

† Measure of the sufficiency of net operating profit to cover debt service requirements of the utility. Bonding requirements may require a minimum ratio (e.g., 1.25).

2. Supporting Financial Information:

Category	Information
☐ Rate Structure	
• User fees	
• Connection fees	
• Planned rate changes	
☐ Debt Service	
• Long-term debt	
• Reserve account	
☐ Capital Improvements	
• Planning	
• Reserve account	
☐ Budget Process	
• Staff involvement	
☐ Spending Authorization	
• Administrator	
• Plant staff	

A. Plant Schematic and Capacity Information

1. Attach or draw plant flow schematic; include the following details:

- Source water type/location
- Major unit processes
- Flow measurement locations
- Chemical injection locations
- Piping flexibility
- On-line monitoring type/location

2. Flow Conditions:

Parameter	Flow	
Design Capacity		
Average Annual Flow		
Peak Instantaneous Flow		

B. Major Unit Process Information

1. Flocculation:

Topic	Description	Information
1. Description	Type (reel, turbine, hydraulic)	
	Number trains/stages per train	
	Control (constant/variable speed)	
2. Dimensions	Length per stage:	
	Width per stage:	
	Depth per stage:	
	Total volume:	
3. Major Unit Process Evaluation	Selected Process Parameter(s):	
	Detention time (min)	
	Assigned process capacity	
4. Other Design Information (G values)		

Calculation of mixing energy as expressed by the mean velocity gradient (G) for mechanical mixing:

$$G = \left(\frac{P}{\mu v}\right)^{1/2}$$

G = Velocity gradient, sec^{-1}
μ = viscosity, $lb\text{-}sec/ft^2$
v = volume, ft^3
P = energy dissipated, ft-lbIsec
= hp x 550 ft-lb/sec/hp

Calculation of G for hydraulic mixing:

$$G = \left(\frac{\rho h_L}{\mu t}\right)^{1/2}$$

ρ = water density, 62.4 lb/ft^3
h_L = head loss, ft
t = detention time, sec

Viscosity of Water Versus Temperature

Temp. (°F)	Temp. (°C)	Viscosity x 10^{-5} ($lb\text{-}sec/ft^2$)
32	0	3.746
40	4	3.229
50	10	2.735
60	16	2.359
70	21	2.050
80	27	1.799
90	32	1.595
100	38	1.424

B. Major Unit Process Information (cont.)

2. Sedimentation:

Topic	Description	information
1 . Description	Type (conventional, tube settlers)	
	Number trains	
	Weir location	
	Sludge collection	
2. Dimensions		
	Width:	
	Depth:	
	Total surface area:	
3. Major Unit Process Evaluation	Selected Process Parameter(s):	
	Surface loading rate	
	Assigned process capacity	
4. Other Design Information		

B. Major Unit Process Information (cont.)

3. Filtration:

Topic	Description	Information
1. Description	Type (mono, dual, mixed)	
	Number of filters	
	Filter control (constant, declining)	
	Surface wash type (rotary, fixed)	
2. Dimensions	Length or diameter:	
	Width:	
	Total surface area:	
3. Media design conditions (depth, effective size, uniformity coefficient):		
4. Backwash	Backwash initiation (headloss, turbidity, time):	
	Sequence (surface wash, air scour, flow ramping up/down, filter-to-waste):	

B. Major Unit Process Information (cont.)

3. Filtration (cont.):

Topic	Description	Information
5. Major Unit Process Evaluation	Selected Process Parameter(s);	
	Surface loading rate	
	Assigned process capacity	
6. Other Design Information		

B. Major Unit Process Information (cont.)

4. Disinfection:

Topic	Description	Information
1. Description	Contact type (clearwell, storage)	
	T_{10}/T factor (see Table 4-4 or use tracer study results)	
2. Dimensions	Length or diameter:	
	Width:	
	Minimum operating depth:	
	Total volume:	
	Volume adjusted for T_{10}/T:	
3. Major Unit Process Evaluation	Selected Process Parameters:	
	Disinfectant (chlorine, chloramines)	
	Max. disinfectant residual (mg/L)	
	Maximum pH	
	Minimum temperature (°C)	
	Required *Giardia* inactivation	
	Required virus inactivation	
	Assigned process capacity	
5. Other Design Information		

C. Miscellaneous Equipment Information

1. Miscellaneous Equipment/Unit Processes:

Equipment/Process	Description/Information
1. Intake Structure	
• Location	
• Size of screen opening	
• Design limitations	
2. Presedimentation	
• Detention time	
. Flexibility to bypass	
• Chemical feed capability	
• Design limitations	
3. Rapid Mix	
• Type (mech., inline)	
• Chemical feed options	
• Mixing energy	
• Design limitations	

C. Miscellaneous Equipment Information (cont.)

1. Miscellaneous Equipment/Unit Processes (cont.):

Equipment/Process	Description/Information
4. Backwash/Sludge Decant Treatment	
•	
•	
• Design limitations	
5. Sludge Handing	
• Onsite storage volume	
• Long-term disposal	
• Design limitations	

C. Miscellaneous Equipment Information (cont .)

4. Pumping:

Flow Stream Pumped • Location • Number of pumps • Rated capacity	Pump Type • Turbine • Centrifugal	Comments • Flow control method • Design issues • Source of rated capacity (name plate, specifications, flow meter)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

OPERATIONS DATA

A. Process Control Strategy and Communication

Describe the process control strategy used by the staff and associated communication mechanisms.

Topic	Description/Information
1. Process Control Strategy • Does the staff set specific performance targets? Are they posted? • Who sets process control strategies and decisions? • Are appropriate staff members involved in process control and optimization activities?	
2. Communication Methods • Does the staff have routine plant/shift meetings? • How is communication conducted among operations, maintenance, and lab? • Does the staff develop and follow operational procedures?	

B. Process Control Procedures

Describe specific process control procedures for the following available processes.

Process	Description/Information
1. Intake Structure	
• Flexibility to draw water from different locations & depths	
• Operational problems	
2. Pumping/Flow Control	
• Flow measurement and control	
. Proportioning to multiple units	
• Operational problems	
3. Presedimentation	
• Chemicals used/dose control	
• Monitoring (turbidity)	
• Sludge removal	
• Operational problems	
4. Preoxidation	
• Chemicals used/dose control	
• Monitoring (residual)	
• Operational problems	

OPERATIONS DATA

Describe specific process control, procedures for the following available processes (cont.)

Process	Description/Information
5. Coagulation/Softening	
• Chemicals used/feed location	
• Dose control (adjustment for flow changes; adjustment for water quality - jar testing, streaming current, pilot filter)	
• Monitoring (turbidity, particle counting)	
• Operational problems	
6. Flocculation	
• Mixing energy adjustment	
• Use of flocculant aid	
• Monitoring	
• Operational problems	
7. Sedimentation	
• Performance objective/ monitoring (turbidity)	
• Sludge removal (control, adjustment)	
• Operational problems	

OPERATIONS DATA

Describe specific process control procedures for the following available processes (cont.)

Process	Description/Information
8. Filtration	
• Performance objective/ monitoring (turbidity, particles, headloss, run time)	
• Rate control due to demand, filter backwash	
Use of filter aid polymer	
Basis for backwash initiation (turbidity, particles, headloss, time)	
Backwash procedures (wash sequence, duration and rates, basis for returning filter to service)	
• Filter/media inspections (frequency and type)	
• Operational problems	
9. Disinfection	
• Performance objective/ monitoring (residual, CT)	
• CT factors (pH, minimum depth of contactor, T_{10}/T, maximum residual)	
• Operational problems	

OPERATIONS DATA

Describe specific process control procedures for the following available processes (cont.)

Process	Description/Information
10. Stabilization • Chemical used/feed location • Performance objective/ monitoring (pH, index) • Operational problems	
11. Decant Recycle . Duration, % of plant flow • Type of treatment (settling, chemical addition) • Operational problems	
12. Sludge Treatment	

C. Data Management

Describe data collection and management approaches and tools used by plant staff.

Topic	Description/Information
1. Data Collection	
• Type of forms used (water quality testing, shift rounds, plant log)	
• Computer SCADA, database)	
2. Data Application	
• Development of daily, monthly reports	
• Development of trend charts	

D. Problem Solving and Optimization Activities

Describe specific approaches and tools used to solve problems or optimize plant processes.

Topic	Description/Information
1. Problem Solving/Optimization	
• Use of special studies	
• Pilot plant	
• List recent and ongoing problem solving/optimization activities	
• Available resources (technical assistance providers, training, manuals of practice)	

E. Complacency and Reliability

Describe specific approaches used to address complacency and reliability issues in the plant.

Topic	Description/Information
1. Complacency	
• How does staff respond to unusual water quality conditions?	
• Does staff have an emergency response plan? How does staff train for unusual conditions or events?	
2. Reliability	
• Does staff capability to make process control decisions exist at more than one level?	

F. Laboratory Capability

1. Describe available analytical testing capability.

Analytical Capability	Capability ✓	Description/Comments
. Color		
• Jar test		
• Particle counting		
• pH		
• Solids (dissolved)		
• Taste and odor		
• Temperature		
• Turbidity		
• Aluminum		
• Calcium		
• Fluoride		
• Hardness		
• Iron		
• Magnesium		
• Manganese		
• Sodium		
• Alkalinity		
• Ammonia Nitrogen		
• Nitrite/nitrate		
• Phosphate		
• Sulfate		
• Chlorine residual		
• Bacteriological		
• Disinfection byproducts		

OPERATIONS DATA

2. Describe laboratory space/equipment and procedures.

Process	Description/Information
Lab Space and Equipment	
• Does adequate lab space exist?	
• Do adequate equipment and facilities exist?	
Lab Procedures	
• Is testing conducted following standard procedures?	
• Where is lab data recorded?	
• Describe quality control procedures.	
Equipment Calibration	
• Describe procedure for calibrating turbidimeters.	
• Describe procedures for calibrating other equipment (continuous chlorine and pH monitors).	

MAINTENANCE DATA

A. Maintenance Program

Describe the plant maintenance program.

Topic	Description/Information
1. Preventive Maintenance • Describe equipment inventory method (cards, computer). • Describe maintenance scheduling method (daily, weekly, monthly, annual).	
2. Corrective Maintenance • Describe the work order system (issuing orders/documentation). • Describe priority setting (relationship to process control and plant performance needs). • List major equipment out of service within last 6 months.	
3. Predictive Maintenance • Describe methods used to predict maintenance needs (vibration, infrared analysis).	
4. Housekeeping • Does poor housekeeping detract from plant performance/image?	

FIELD EVALUATION DATA

A. Historical Water Production Data

1. Use the following table to determine the peak instantaneous operating flow for the plant.

Month/Year	Maximum Daily Flow	Operating Time Per Day	Flow During Operation [1]	Instantaneous Peak Flow [2]

[1] If a plant operates less than 24 hr/day, flow during operation can be determined from the equation below:

$$Q_A = \frac{Q_T}{T} \times \frac{24\ hr}{day}$$

Q_A = Average flow during operation
Q_T = Total flow in 24-hour period
T = Time of plant operation, hours

[2] Peak instantaneous flow through a plant is often different than the average flow due to changing water demands that the plant must meet. The peak instantaneous flow during a day can sometimes be obtained from plant logs (e.g., raw pump operation, rate change time and flow).

B. Maintenance Resources

Describe the available maintenance resources at the plant.

Topic	Description/Information
1. Equipment Repair and Parts	
• Are critical spare parts stored at the plant?	
• Can vendors provide quick response to spare parts needs?	
• What is the policy on parts procurement by staff?	
2. Maintenance Expertise	
• Describe staff expertise (mechanical, electrical, instrumentation).	
• Does the staff use any contract maintenance services? How responsive are they to needs?	
• Does staff develop and use maintenance procedures?	
3. Work Space and Tools	
• Does the plant have adequate work space and tools to perform maintenance tasks?	
4. Performance Monitoring	
• How is maintenance performance measured (time to complete task, work order backlog)?	

FIELD EVALUATION DATA

A. Historical Water Production Data

1. Use the following table to determine the peak instantaneous operating flow for the plant.

Month/Year	Maximum Daily Flow	Operating Time Per Day	Flow During Operation [1]	Instantaneous Peak Flow [2]

[1] If a plant operates less than 24 hr/day, flow during operation can be determined from the equation below:

$$Q_A = \frac{Q_T}{T} \times \frac{24\ hr}{day}$$

Q_A = Average flow during operation
Q_T = Total flow in 24-hour period
T = Time of plant operation, hours

[2] Peak instantaneous flow through a plant is often different than the average flow due to changing water demands that the plant must meet. The peak instantaneous flow during a day can sometimes be obtained from plant logs (e.g., raw pump operation, rate change time and flow).

B. Water Usage

1. Determine the water usage per capita based on water production records and population served. Water usage statistics for the United States are shown in the table below.

$$Q_C = \frac{Q_T}{P}$$

Q_C = Usage per capita per day
Q_T = Total flow in 24-hour period
P = Population served

Population _____

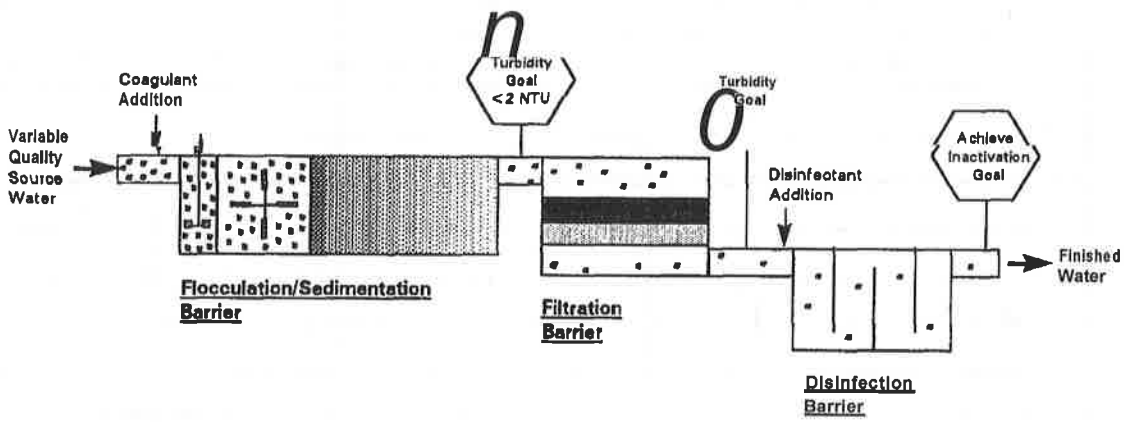
Q_C Avg. _____

Q_C Peak _____

State	Use (gpcpd)	State	Use (gpcpd)
Alabama	191	Nebraska	174
Alaska	134	Nevada	306
Arizona	191	New Hampshire	85
Arkansas	154	New Jersey	131
California	175	New Mexico	184
Colorado	188	New York	166
Connecticut	120	North Carolina	107
Delaware	124	North Dakota	114
Florida	146	Ohio	127
Georgia	160	Oklahoma	173
Hawaii	180	Oregon	164
Idaho	163	Pennsylvania	128
Illinois	154	Rhode Island	115
Indiana	115	South Carolina	148
Iowa	131	South Dakota	101
Kansas	144	Tennessee	148
Kentucky	128	Texas	176
Louisiana	147	Utah	255
Maine	81	Vermont	80
Maryland	165	Virginia	119
Massachusetts	119	Washington	217
Michigan	136	West Virginia	96
Minnesota	105	Wisconsin	118
Mississippi	127	Wyoming	188
Missouri	131	Puerto Rico	115
Montana	164	Virgin Islands	63

Source: Solley, W.B. Preliminary Estimates of Water Use in the United States, 1995, U.S. Geological Survey (1997).

B. Mutiple Barrier Concept for Microbial Contaminant Protection



- Given a variable quality source water, the treatment objective is to produce a consistent, high quality finished water.
- Protozoan parasites, such as *Giardia* and *Cryptosporidium*, are found in most source waters; however, it is difficult to quantify their presence and assess their viability.
- Microbial pathogens in the source water, such as protozoan parasites, bacteria, and viruses, can be physically removed as particles in treatment processes and inactivated through disinfection.
- Multiple barriers are provided in a treatment plant to remove or inactivate microbial pathogens.
- Key treatment barriers include flocculation/sedimentation, filtration, and disinfection.
- Since measurement of protozoan parasites is difficult, surrogate parameters, such as turbidity, particle counting, and pathogen inactivation, are used to assess the performance of each barrier.

C. Optimization Performance Criteria

A summary of performance criteria for surface water treatment plants to provide protection against microbial contaminants is presented below:

1. Minimum Data Monitoring Requirements

   - Daily raw water turbidity
   - Settled water turbidity at 4-hour time increments from each sedimentation basin
   - On-line (continuous) turbidity from each filter
   - One filter backwash profile each month from each filter

2. Individual Sedimentation Basin Performance Criteria

   - Settled water turbidity less than 1 NTU 95 percent of the time when annual average raw water turbidity is less than or equal to 10 NTU
   - Settled water turbidity less than 2 NTU 95 percent of the time when annual average raw water turbidity is greater than 10 NTU

3. Individual Filter Performance Criteria

   - Filtered water turbidity less than 0.1 NTU 95 percent of the time (excluding 15-minute period following backwashes) based on the maximum values recorded during 4-hour time increments
   - Maximum filtered water measurement of 0.3 NTU
   - Initiate filter backwash immediately after turbidity breakthrough has been observed and before effluent turbidity exceeds 0.1 NTU.
   - Maximum filtered water turbidity following backwash of 0.3 NTU
   - Maximum backwash recovery period of 15 minutes (i.e., return to less than 0.1 NTU)
   - Maximum filtered water measurement of less than 10 particles (in the 3 to 18 μm range) per milliliter (if particle counters are available)

4. Disinfection Performance Criteria

   - CT values to achieve required log inactivation of *Giardia* and virus

179 NAC 16 ATTACHMENT 3

Sampling Training For Individuals Other Than Licensed Operators

PWS System or Community Name: _____

Name of individual taking samples: _____

Parameter(s) sampled routinely by the above individual:

_____

Trainer and Title: _____

Training material used: _____

Handouts given to the above individual:

_____

I certify that on _____ I personally provided the necessary sampling
(Date)

training to assure quality data and approve the above individual as qualified to perform the above sampling tasks.

X _____
(Signature of Trainer) (License Number)

I certify that I did receive said training and I understand how to properly sample the above parameters.

X _____
(Signature of Approved Sampling Individual)

When the above-named trained individual no longer takes the samples the individual has been trained to take, I will inform the Nebraska Department of Health and Human Services Division of Public Health, Field Services Program Manager at (402) 471-0521 within seven days.
Acknowledged by System Owner or Operator in Charge:

X _____ Date: _____
(Signature)

(Keep a copy for your records and submit original within seven days to DHHS, Division of Public Health, Public Water Program at P. O. Box 95026, Lincoln, NE 68509-5026)

Nebraska Department of Health & Human Services
Division of Public Health, Licensure Unit
P 0 Box 94986
Lincoln, NE 68509-4986

Long Term Care Facility Compliance Inspection Protocols

Facility Name: Click here to enter text.	Resident Sample: Click here to enter text.
Address: Click here to enter text.	Resident/Designee Interviews: Click here to enter text.
Surveyor(s): Click here to enter text.	

1. STANDARDS OF OPERATION, CARE, AND TREATMENT

Must meet the ♦ responsibility to meet the requirement plus one of the non-critical responsibilities.

006.01 Licensee Responsibilities

☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Monitoring policies to assure the appropriate administration and management of the facility.
☐	☐	Ensuring the facility's compliance with all applicable state statutes and relevant rules and regulations.
☐	☐	♦ Periodically reviewing reports and recommendations regarding the quality assurance/performance improvement program and implementing programs and policies to maintain and improve the quality of resident care and treatment.
☐	☐	♦ A Nebraska-licensed administrator who is responsible for the day-to-day management of the facility.
☐	☐	Defining the duties and responsibilities of the administrator in writing.
☐	☐	Has provided the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed.
☐	☐	Has provided the Department in writing within five working days when the vacancy in the administrator position is filled, including the effective date, license number, and the name of the person appointed administrator.

006.02 Administration

☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Full time Nebraska-licensed Administrator employed.
☐	☐	♦ Administrator responsible for the operation of only one licensed facility, or integrated system, or more than one licensed facility located within ten miles of each other with a combined number of licensed beds of 65 or less.

The Administrator assumes responsibility for:

☐	☐	♦ Compliance with rules and regulations, Maintains liaison among the governing body, medical and nursing staff, and other professional and supervisory staff,
☐	☐	♦ Protection and promotion of residents' health, safety and well-being,
☐	☐	♦ Ensure appropriate staff,
☐	☐	♦ Designating an appropriate person to act as a substitute in his or her absence,
☐	☐	♦ Ensure that incidents and accidents, resident complaints and concerns, and patterns and trends are identified,
☐	☐	♦ Ensure that alleged abuse of a resident by a staff member, volunteer, family member, visitor or any other person is reported according to guidelines, and
☐	☐	♦ Ensure the establishment of a quality assurance/performance improvement committee.

Nebraska Department of Health & Human Services
Division of Public Health, Licensure Unit
P 0 Box 94986
Lincoln, NE 68509-4986

Long Term Care Facility Compliance Inspection Protocols

Facility Name: Click here to enter text.	Resident Sample: Click here to enter text.
Address: Click here to enter text.	Resident/Designee Interviews: Click here to enter text.
Surveyor(s): Click here to enter text.	

1. STANDARDS OF OPERATION, CARE, AND TREATMENT

Must meet the ♦ responsibility to meet the requirement plus one of the non-critical responsibilities.

006.01 Licensee Responsibilities

☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Monitoring policies to assure the appropriate administration and management of the facility.
☐	☐	Ensuring the facility's compliance with all applicable state statutes and relevant rules and regulations.
☐	☐	♦ Periodically reviewing reports and recommendations regarding the quality assurance/performance improvement program and implementing programs and policies to maintain and improve the quality of resident care and treatment.
☐	☐	♦ A Nebraska-licensed administrator who is responsible for the day-to-day management of the facility.
☐	☐	Defining the duties and responsibilities of the administrator in writing.
☐	☐	Has provided the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed.
☐	☐	Has provided the Department in writing within five working days when the vacancy in the administrator position is filled, including the effective date, license number, and the name of the person appointed administrator.

006.02 Administration

☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Full time Nebraska-licensed Administrator employed.
☐	☐	♦ Administrator responsible for the operation of only one licensed facility, or integrated system, or more than one licensed facility located within ten miles of each other with a combined number of licensed beds of 65 or less.

The Administrator assumes responsibility for:

☐	☐	♦ Compliance with rules and regulations, Maintains liaison among the governing body, medical and nursing staff, and other professional and supervisory staff,
☐	☐	♦ Protection and promotion of residents' health, safety and well-being,
☐	☐	♦ Ensure appropriate staff,
☐	☐	♦ Designating an appropriate person to act as a substitute in his or her absence,
☐	☐	♦ Ensure that incidents and accidents, resident complaints and concerns, and patterns and trends are identified,
☐	☐	♦ Ensure that alleged abuse of a resident by a staff member, volunteer, family member, visitor or any other person is reported according to guidelines, and
☐	☐	♦ Ensure the establishment of a quality assurance/performance improvement committee.

006.03 Medical Director
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Designated physician.

Medical director responsible for:
☐ ☐ ♦ Adequate medical practitioner availability and support;
☐ ☐ Effective medical practitioner;
☐ ☐ Facility compliance with requirements;
☐ ☐ ♦ Quality of care; and
☐ ☐ ♦ Quality of systems and processes that influence care.

006.04 Staff Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Sufficient numbers with required training and skills to meet the resident population's requirements in a safe and timely manner.
☐ ☐ ♦ Sufficient dietary staff to carry out the functions of the dietary services in a safe and timely manner.
If not met; list requirements not met.

006.04A Staff Credentials
☐ Met ☐ Not Met

Met Not Met
Personnel files for 5 records or 40% of all employees hired in the last year, whichever is greater, will be checked to assure:
☐ ☐ ♦ Current license, certification, registration, or other credentials;
☐ ☐ ♦ Verify nurse aide registry placement and no adverse findings on the nurse aide registry;
☐ ☐ Health history screening;
☐ ☐ ♦ Nursing Assistants must be 16 years of age and completed a training course approved by the Department in accordance with 174 NAC 13;
☐ ☐ ♦ Medication Aides must meet the requirements in 172 NAC 95;

Ability to speak and understand the English language or a language understood by a substantial portion of the facility's residents; and

006.04B1 Initial Orientation Each employee receives initial orientation with two weeks to include:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Resident rights.
☐ ☐ ♦ Emergency procedures.
☐ ☐ ♦ Information on abuse.
☐ ☐ ♦ Job duties and responsibilities.
☐ ☐ ♦ Nursing staff receives information on medical emergencies.

006.04B2 Ongoing Training to include name of employees and date of training to ensure compliance with:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Nursing Assistant training
12 hours per year on topics appropriate; 4 hours of which are related to dementia care if has SCU
☐ ☐ ♦ Medication Aides if problems identified;
☐ ☐ ♦ Director of Food Services, if not a qualified dietitian, 15 hours of continuing education related to dietetics, with 5 (of the 15 hours) related to sanitation.

006.04C1 Director of Nursing Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ These requirements are mandatory and cannot be waived:
☐ ☐ Employ a Director of Nursing Services full time
☐ ☐ Serves only one facility
☐ ☐ Is a Registered Nurse

The Director of Nursing Services is responsible for:
☐ ☐ ♦ Administrative authority, function and activity of the nursing department;
☐ ☐ ♦ Establishment and implementation of nursing service, objectives, standards of nursing practice, nursing policy and procedure manuals and written job descriptions for each level of nursing;
☐ ☐ ♦ Coordination of nursing services with other resident services;
☐ ☐ ♦ Preadmission criteria and evaluation of residents;
☐ ☐ ♦ Recommendation of the number and levels of nursing personnel to be employed:
☐ ☐ Nursing staff development, orientation and inservice education of the nursing staff;

006.04C1b
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ DON is charge nurse only if average daily occupancy of 60 or fewer residents.
☐ ☐ Department notification in writing within 5 working days when a vacancy in the Director of Nursing Services position occurs, including who will be responsible for the position until a full-time director of Nursing Services is secured.
☐ ☐ Department notification in writing within 5 working days when the vacancy is filled indicating effective date, name, and license number of the person assuming Director of Nursing responsibilities.

006.04C2 Registered Nurse Requirement
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has the services of a registered nurse for at least eight consecutive hours a day, seven days a week, unless waived.
☐ ☐ ♦ If Registered Nurse staffing requirement not met, a waiver is in place.

006.O4C3a Charge Nurse Requirement
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Skilled and Nursing Facilities have designated a licensed nurse to serve as a charge nurse on each tour of duty.
☐ ☐ ♦ Intermediate care facilities have designated a licensed nurse to serve as a charge nurse for one tour of duty each 24 hours.

Charge nurse responsibilities:
☐ ☐ ♦ Assign, delegate and/or direct the resident care of specific residents
☐ ☐ ♦ Is knowledgeable and responsive to the physical and emotional needs of all residents, and able to direct care, participate in care planning process, and administer and document medication administration.
☐ ☐ ♦ Notify the Director of Nursing Services, physician, and family of changes in resident condition; and
☐ ☐ Complete documentation describing nursing care provided, including resident response and status.

006.04C4-5 24-Hour Nurse Staffing Waiver in Skilled and Nursing Facilities
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If not met, a waiver is in place.

006.04D Dietary Services Staffing
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Sufficient personnel to carry out functions of dietary service.
☐ ☐ ♦ Qualified Dietitian is employed on a full-time, part-time, or consultant basis and responsible for general guidance and direction of dietary services assessments of special nutritional needs and:
☐ ☐ ♦ Development of therapeutic diets and participating in interdisciplinary care planning.
☐ ☐ ♦ Developing and implementing inservice education programs.
☐ ☐ Supervising institutional food preparation, service and storage.

☐ ☐ ♦ A qualified Food Service Director is designated and responsible for:
☐ ☐ ♦ Providing residents nourishing, palatable, well-balanced diets that meet the daily nutritional and special dietary needs of each resident; and
☐ ☐ ♦ Participation in the interdisciplinary care plan.

006.04E Social Services Staffing
☐ Met ☐ Not Met

Met Not Met
Employ adequate staff to meet the social service needs of the residents.
☐ ☐ ♦ A designated social Services director that meets the qualifications.
☐ ☐ ♦ The social services director arranges and integrates social services with other elements of the care plan.

Social service director or his/her designee is responsible for:
☐ ☐ ♦ Act as part of the interdisciplinary team in assessing the individual needs of the resident;
☐ ☐ ♦ Participate in development and implementation of the interdisciplinary care plan;
☐ ☐ Facility must implement social service interventions to assist the resident in meeting treatment goals, address resident needs and provide social service support in meeting resident needs and individuality.
☐ ☐ Social service staff must establish and maintain relationships with the resident's family or designee.

006.04F Resident Activity Staffing
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ A qualified Activities Director is designated.
☐ ☐ ♦ Activity Director or designee participates in care planning as a member of the interdisciplinary team.
☐ ☐ ♦ Daily activities are provided for residents to stimulate and promote the physical, spiritual, social, emotional, and intellectual well-being of each resident.

006.04G Medical Records Staffing
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Full-time employee who has supervisory responsibility for medical records.
☐ ☐ ♦ Medical records are organized and systematic.

006.05 Resident Rights
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Evidence that residents are informed in writing of their rights and rules and regulations.
☐ ☐ ♦ Review of 100% of sampled resident records and individual and group interview indicate the + areas are met:
☐ ☐ ♦ Evidence of being fully informed by a physician of resident's health and medical condition unless medically contraindicated.

☐ ☐ ♦ Evidence of participating in the planning of resident's total care and medical treatment, or refusal of treatment.

☐ ☐ Evidence that a resident participated in experimental research only upon informed written consent.

☐ ☐ ♦ Evidence that a resident is free from arbitrary transfer or discharge and informed at time of admission that resident may be transferred or discharged as identified in the regulations.

☐ ☐ ♦ Evidence that a minimum of 30 days written notice is given to the resident or the resident's designee prior to involuntary transfer or discharge, except that:

1. Five days written notice is given if the transfer is to a less restrictive setting due to rehabilitation,
2. Ten days written notice is given if the resident is five or more days in arrears of payment for stay.

☐ ☐ ♦ Evidence that residents can exercise rights as a resident of the facility and as a citizen of the United States.

☐ ☐ ♦ Evidence that residents can voice complaints and grievances without discrimination or reprisal and have those grievances addressed.

☐ ☐ ♦ Evidence that residents are free from chemical and physical restraints imposed for the purposes of discipline or convenience, and not required to treat that resident's medical symptoms.

☐ ☐ ♦ Evidence that residents can refuse to perform services for the facility.

☐ ☐ Evidence that residents can examine the results of the most recent survey of the facility conducted by the Department.

☐ ☐ ♦ Evidence that residents receive privacy in written communication including sending and receiving mail.

☐ ☐ ♦ Evidence of the resident's ability to retain and use personal possessions, including furnishings, and clothing as space permits.

☐ ☐ Evidence of ability to form and participate in an organized resident group that functions to address facility issues.

☐ ☐ Evidence of resident's ability to manage personal financial affairs.

☐ ☐ ♦ Evidence of receiving confidential treatment of all information contained in records, including information contained in an electronic data bank.

☐ ☐ ♦ Evidence of being treated with consideration, respect and full recognition of the resident's dignity and individuality, including privacy in treatment and in care for personal needs.

006.06 Complaints and Grievances

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ Staff and family interview support implementation of procedures for addressing complaints and grievances.

☐ ☐ ♦ A procedure for submitting individual or collective complaints and grievances in place.

☐ ☐ ♦ A procedure for investigating and assessing the validity of and addressing complaints and grievances in place.

☐ ☐ ♦ Telephone numbers and addresses of the Department's Investigations Division and the state long term care ombudsman are readily available to residents, employees and others.

006.07 Quality Assurance/Performance Improvement

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ A quality assurance/performance improvement committee responsible for identifying issues which require action, development and implementation of action plan to correct problems and reevaluation of the problem to promote quality care/treatment to residents.

☐ ☐ ♦ Committee consists of Director of Nursing Services, Medical Director or designee and at least three other members of the facility's staff.

☐ ☐ ♦ Other members of the facility staff and consultants participate on the quality assurance/performance improvement committee as needed.

☐ ☐ ♦ The committee meets the following:

1. Identifying issues that necessitate action;
2. Developing and implementing plans of action to correct identified problems;

3. Monitoring the appropriateness and effectiveness of corrective actions; and
4. Reevaluating corrective actions, revising plans of corrective action and revising facility policies and clinical policies.

If not met, list other requirements not met.

006.08 Medical Services
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ The medical care of each resident is supervised by a medical practitioner.
☐	☐	In the absence of the attending medical practitioner another medical practitioner supervises the medical care of the resident.
☐	☐	♦ Each individual admitted to the facility has written approval of a recommendation for admittance by a medical practitioner.
☐	☐	♦ A history and physical completed by a medical practitioner within 30 days prior or 14 days after admission.
☐	☐	♦ The medical practitioner, reviewed the resident's total program of care routinely, write, sign and date progress notes at each visit; sign any order given.

006.09 Care and Treatment
☐ Met ☐ Not Met

Met	Not Met	
		Must meet ♦ criteria of attached sample size
☐	☐	♦ The facility has written criteria for admission.
☐	☐	♦ Evidence that the written criteria for admission has been followed in admitting residents.
☐	☐	♦ Review of 10% of sampled residents for discharged residents indicate care/treatment was provided to meet the resident needs.

006.09B Resident Assessment
☐ Met ☐ Not Met

Met	Not Met	
		The facility conducts initially and periodically a comprehensive, accurate and reproducible assessment for each resident:
☐	☐	♦ No later than 14 days after the date of admission;
☐	☐	♦ By the end of the 14th calendar day following the determination that a significant change has occurred;
☐	☐	♦ Comprehensive assessments must be completed no less than every 12 months; and
☐	☐	♦ Completes assessments no less than once every 3 months and revises as appropriate to ensure accuracy of assessment.
☐	☐	♦ Evidence that the assessment includes documentation of: 1. Medical conditions/diagnoses and prior medical history. 2. Medical status measurements.
☐	☐	♦ Evidence of the resident's capability to perform daily life, functions and impairments in functional capacity;
☐	☐	♦ Evidence of physical and mental functional status.
☐	☐	Evidence of sensory and physical impairments
☐	☐	♦ Evidence of nutritional status and requirements.
☐	☐	♦ Evidence of special treatments or procedures.
☐	☐	♦ Evidence of mental and psychosocial status.
☐	☐	Evidence of discharge potential.
☐	☐	Evidence of dental condition.
☐	☐	Evidence of activities potential.
☐	☐	Evidence of rehabilitation potential.
☐	☐	♦ Evidence of medication therapy.

For any not met, list resident # and reason not met.

006.09C Comprehensive Care Plans
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Evidence of a comprehensive interdisciplinary care plan for each resident for provision of quality care. *To be comprehensive 5 of the 6 must be met.*

1. Interdisciplinary evaluation of resident needs.
2. Measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs.
3. Services to be furnished to attain or maintain the resident's highest practicable well-being.
4. Goals are time limited and measurable.
5. Discharge plan based on the needs of the individual.
6. Disciplines responsible for providing specific care and the frequency of interventions.

☐ ☐ ♦ Evidence of developed care plans within the following time frames.

1. Preliminary nursing assessment and nursing care plan with the medical practitioner's admission orders within 24 hours of the resident's admission.
2. A comprehensive interdisciplinary care plan and discharge plan within 7 days after the completion of the comprehensive assessment.
3. Review and revise the care plan at least quarterly, or with change in condition or services provided. Review of the care plan must include an interdisciplinary evaluation of the resident's progress relative to the goals established.

006.09C2 Discharge Planning
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ For residents anticipating discharge to home, same level of care or a different level of care, a post discharge plan of care exists.

006.09C3 Discharge Summary
☐ Met ☐ Not Met

Met Not Met

100% of discharge residents reviewed have to meet ♦ criteria

☐ ☐ ♦ A discharge summary upon the discharge of a resident from the facility must constantly follow 8 of 10 of the following:

1. Resident's full name
2. Medical record number
3. Admission date
4. Discharge date
5. Name of the attending physician
6. Time of discharge
7. Recapitulation of resident's stay
8. Final diagnosis
9. Date summary completed
10. Signature of the person completing the summary

☐ ☐ ♦ A discharge summary of the resident to a different facility setting or service must include 11 of 13 of the following:

1. Medically defined conditions
2. Medical status measurement
3. Functional status
4. Sensory and physical impairments
5. Nutritional status and requirements
6. Special treatments and procedures
7. Psychosocial status
8. Discharge potential
9. Dental condition
10. Activities potential
11. Rehabilitation potential

12. Cognitive status
13. Drug therapy including education

006.09D Care and Treatment
☐ Met ☐ Not Met

Met Not Met

All care, treatment and services must be provided in accordance with appropriate standards of care.

The facility must have evidence that care/treatment is provided to:

☐ ☐ ♦ Improve or maintain a resident's abilities when the resident is capable of some level of independence

☐ ☐ ♦ Prevent resident's abilities from diminishing unless circumstances of the individual's medical condition demonstrates it was unavoidable to include:
1. Bathe, dress and groom.
2. Transfer and ambulate.
3. Toilet.
4. Eat.
5. Use speech, language, or other functional communication systems.

☐ ☐ ♦ Maintain good nutrition, grooming, and personal and oral hygiene for those residents unable to self perform.

☐ ☐ ♦ Maintain vision and hearing abilities by providing assistive devices, and as necessary:
1. Make appointments
2. Arrange for transportation to and from the office of a practitioner/professional specializing in hearing and vision and/or provision of vision or hearing assistive devices.

☐ ☐ ♦ Identify and implement appropriate standards of care and treatment to maintain or improve skin integrity to prevent a resident who enters the facility without a pressure sore from developing pressure sores unless the individual's clinical condition demonstrates that they were unavoidable.

☐ ☐ ♦ Identify and implement appropriate standards of care and treatment to maintain or improve skin integrity to promote healing, prevent infection and prevent other pressure areas from occurring.

☐ ☐ ♦ Identify and implement appropriate standards of care and treatment to maintain or improve skin to prevent a resident from developing skin excoriation, skin tears, other open areas unless the individual's condition demonstrates that they were unavoidable.

☐ ☐ ♦ Identify and implement standards of care and treatment for residents who have, or are at risk for, elimination problems. 6 of 6 must be met.
1. Prevent urinary tract infections.
2. Restore bladder unless the resident's condition demonstrates that the loss is bladder/bowel function is unavoidable.
3. Keep resident free of odors not caused by a clinical condition.
4. Keep residents from skin breakdown related to bladder or bowel incontinence.
5. Keep residents free of fecal impactions and signs of discomfort from bowel constipation.
6. Ensure a resident who enters the facility without an indwelling catheter does not receive an indwelling catheter unless the resident's clinical condition demonstrates that catheterization was necessary.

☐ ☐ ♦ Identify and implement standards of care and treatment to improve or maintain range of motion unless the clinical condition demonstrates a decline in range of motion was unavoidable.

☐ ☐ ♦ Identify and implement appropriate standards of care to promote each resident's mental and psychosocial functioning.

☐ ☐ ♦ Identify and implement methods to assist the resident in meeting treatment goals, address resident needs, and provide social service support in meeting needs.
1. Decreased social interaction.
2. Increased withdrawn, angry, or depressive behaviors.

☐ ☐ ♦ Identify and provide daily activities to stimulate and promote the physical, spiritual, social, emotional, and intellectual well-being of each resident, promoting the resident's self-respect, self-expression and choice.

☐ ☐ ♦ To identify and implement standards of care and treatment to prevent complications, infections, discomfort, and skin excoriation to residents receiving the following:
1. Gastric tubes.
2. Colostomy, ureterostomy, or ileostomy care.
3. Parenteral and enteral fluids.
4. Injections.

5. Tracheostomy care.
6. Tracheal suctioning.
7. Respiratory care.
8. Foot care.
9. Prostheses.

If any not met, list resident name and explanation of why not met:

☐ ☐ ♦ Identify and implement standards of care to prevent accidents.
☐ ☐ ♦ Establish and implement policies and procedures which addresses:
1. Investigation, including documentation of the accidents to include identification and evaluation of individual resident causal factors.
2. Method for tracking and identification of trends.
3. Development of interventions to prevent the accident from recurring.
4. Reevaluation of effectiveness of interventions.
☐ ☐ Must be free from hazards over which the facility has control.
☐ ☐ ♦ Identify and implement standards of care and treatment to maintain nutritional status to include:
1. Provide a nourishing, palatable, well-balanced diet the meets the daily nutritional and special dietary needs of each resident.
2. Ensure that unplanned weight loss or other indicator of malnourishment does not occur unless clinical condition demonstrates that this is not possible.
3. Evaluation of current height and weight status. Each resident must have a recorded weight no less than monthly with follow-up on unexplained gains and losses.
4, Requirement to provide special eating equipment and utensils for residents who need them.
5. Requirement to provide sufficient fluid intake to maintain proper hydration and health.

006.10 Administration of Medication
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Evidence that facility policies/procedures address that residents receive medications only prescribed by medical practitioners in accordance with the five rights and professional standards (right resident, right medication, right time, right dose, right route)
If surveyor identifies problems with administration by unlicensed personnel, will review requirements at 172 NAC 95-005 and 172 NAC 95-007
☐ ☐ ♦ Medications are administered only by individuals allowed in regulation with facility maintaining overall responsibility.
☐ ☐ ♦ The person who administered the drug, after the drug is administered must properly document dose administered on the medication record. For oral medications, the actual act of swallowing must be observed
☐ ☐ ♦ Refused medication must be documented as refused on the medication record.
☐ ☐ ♦ The same person, who prepared the dose, except under single unit does package distribution systems may administer the medication.
☐ ☐ ♦ Facility ensures a medication error rate of less than 5% and is free of any significant medication errors.
☐ ☐ ♦ Must have a method of recording, reporting, and reviewing medication administration errors and adverse reactions that are reported to the prescribing medical practitioner
☐ ☐ ♦ Each sampled resident has an individual medication administration record (MAR) which includes:
1. Name of the facility
2. Name of the resident
3. Room and bed number of resident
4. Resident identification number
5. Name of medication prescribed
6. Date, time, dosage, method of administration and identification of person
7. Name of physician
8. Drug allergies and sensitivities

006.11 Dietary Services

☐ Met ☐ Not Met

Met Not Met

Facility provides each sampled resident with a nourishing, palatable, well-balanced diet which meets the daily nutritional and special dietary needs of each resident.

☐ ☐ ♦ Menus must:

1. Meet the nutritional needs of sampled residents including therapeutic diets.
2. Be compatible with the food preferences and offer substitutes of similar nutritive value.
3. Recipe source available.

☐ ☐ ♦ Facility provides at least 3 meals daily at regular times comparable to normal mealtimes in the community to sampled residents

☐ ☐ ♦ Facility ensures that no more than 14 hours elapse between a substantial evening meal and breakfast the following day for sampled residents or 16 hours may elapse if a nourishing snack if offered at bedtime daily

☐ ☐ ♦ Facility maintains supplies of staple foods for a minimum of a 7 day period and perishable foods for a 3 day period on the premises and obtained from sources approved by federal, state, or local authorities as per Nebraska Food Code:

☐ ☐ ♦ Food is prepared by methods that conserve food's nutritive value, flavor, and appearance according to the Nebraska Food Code.

☐ ☐ ♦ Foods served at proper temperatures as per Nebraska Food Code:

☐ ☐ ♦ Sanitary conditions must comply with the provision of the Nebraska Food Code

☐ ☐ ♦ Sanitation of food contact surfaces of equipment and utensils:

1. HOT WATER SANITIZATION

Manual sanitation is completed by immersion for a least 25 seconds at 171* F or above.

Mechanical during sanitation surfaces reaches t 60° F

☐ ☐ ♦ 2. CHEMICAL SANITIZATION

Manual & mechanical- test kit that measures the concentration of sanitizing solutions is available, and the concentration when checked meets product recommendations.

006.12 Pharmacotherapy Services

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ The facility provides routine and emergency drugs, devices, and biologicals to its residents or obtain them under an agreement and the storage, control, handling, administration, and provision of such is in accordance with state laws

☐ ☐ ♦ Facility has policies and procedures for accurate acquiring, receiving, and administering of all medications to meet the needs of each resident

☐ ☐ ♦ Facility employs or obtains the services of a Nebraska-licensed pharmacist and the pharmacist provides for the development, coordination, and supervision of all pharmaceutical services including:

1. Consultation on all aspects of the provision of pharmacotherapy services in the facility;
2. Procedures for control and accountability of all medications throughout the facility;
3. Ensuring that medication records are in order and that records of all Schedule II and III controlled substances are maintained and reconciled;
4. Maintaining records of receipt and disposition of all controlled substances to enable accurate reconciliation;
5. Reviewing the drug regimen of each resident at least monthly, and reporting any irregularities to the primary medical practitioner and Director of Nursing Services. Drug reviews must include a signed and dated statement that:
   a. No potential problems were found;
   b. Problem found but deemed not significant, and/or
   c. A significant problem was found and a statement that must include a description of the situation and the information communicated to the individual with the authority to correct it, usually the medical practitioner.

006.12E1 Drug Storage
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Facility complies with all state laws related to procurement, storage, administration and destruction of drugs, devices, biologicals and medications subject to the Nebraska Uniform Controlled Substance Act.
1. Only authorized personnel have access to medications;
2. Bulk quantities of non-prescription drugs, devices, and biologicals are administered to residents only on the order of a medical practitioner;
3. Medications are stored in locked areas;
4. All medications are stored in accordance with storage instructions;
5. The facility provides separately locked permanently affixed compartments for storage of controlled medications listed in Schedule II of Neb. Rev. Stat. Section 28-405 except when the facility uses unit package drug distribution systems where the quantity stored is minimal and a missing dose can be readily detected. Drugs, devices, and biologicals are stored in original containers from the pharmacy;
6. No discontinued, outdated, or deteriorated drugs, etc available for use in facility;
7. External use drugs, etc., stored separately from all other medications; and
8. Only authorized personnel of the facility administer medications to residents from emergency boxes located within the facility and boxes meet all of the requirements in the Emergency Box Drug Act.

☐ ☐ ♦ A shift count of all controlled substances in Schedule II and III is completed by 2 persons with each initialing the medication control sheet for each medication upon completion of the count.

All medications in the facility are labeled with cautionary instructions and expiration date.

006.12E8 Disposition of Prescription Medications
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Prescribed medication is sent with residents upon discharge only with the order of a medical practitioner and containers are properly labeled by the dispensing pharmacy

☐ ☐ ♦ Upon a resident's death or permanent discontinuation of prescription medication, the facility either:
1. Returns the medication to the dispensing pharmacy for credit, or
2. Properly disposes of any residue, with the disposal performed by 2 facility employees credential under the Uniform Credentialing Act according to the following:
a. The disposal takes place on the site of the facility, and
b. The medication name, strength and quantity disposed of is recorded in the resident's medical record, dated and signed by the pharmacist

☐ ☐ ♦ No medications were saved for use by other residents

006.13 Specialized Rehabilitative Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ The facility provided specialized rehabilitative services to sampled residents as ordered by the medical practitioner

006.14 Dental Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Facility assists in obtaining routine and 24 hour dental care as needed for sampled residents:
1. Making appointments;
2. Arranging transportation to and from the dentist's office; and
3. Referring residents with lost or damaged dentures, chewing difficulties, oral ulcerations, or oral pain to medical practitioner.

006.15 Outside Resource
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Laboratory, radiology and other diagnostic services are furnished to sampled residents by a qualified professional person either employed by the facility or furnished by a person/agency outside of the facility under an arrangement/agreement.

006.16 Record-Keeping Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ The facility maintains and safeguards clinical and other records for sampled residents.
☐ ☐ ♦ Clinical record is kept on each resident and contains the minimum:
1. Information to identify the resident;
2. Record of the resident's assessments;
3. A plan of care and services including medication administration provided by the facility;
4. Interdisciplinary progress notes;
5. Medical practitioner orders which are signed and dated;
6. Allergies;
7. Person to contact in an emergency;
8. Name of attending medical practitioner; and
9. Advanced directives if available.
☐ ☐ ♦ The record is:
1. Complete;
2. Accurately documented;
3. Readily accessible;
4. Systematically organized; and
5. Legible.
☐ ☐ ♦ Clinical records are stored to assure against loss, destruction, or unauthorized use.
☐ ☐ ♦ Confidentiality of information, regardless of the form or storage must be protected.
☐ ☐ ♦ Resident clinical records are maintained and preserved for a period of at least 5 years
1. In case of a minor, 5 years after the resident becomes of age under Nebraska law.
2. Records or documentation of the actual fact of resident medical record destruction must be permanently maintained.
☐ ☐ ♦ Facility maintains records pertaining to resident personal funds accounts as applicable, financial matters, resident possessions, and statements of resident rights and responsibilities.
☐ ☐ ♦ Resident possessions are inventoried at time of admission, updated as needed, and accounted for upon discharge from facility.
☐ ☐ ♦ The facility maintains a chronological resident register which identifies:
1. Name of resident;
2. Date of admission;
3. Date of birth;
4. Social security number;
5. Admission number;
6. Gender;
7. Names of medical practitioner and dentist; and
8. Date of discharge and destination.
☐ ☐ ♦ Facility maintains the following records:
1. Daily census record.
2. Written policies and procedures that govern all services provided by the facility. Policies and procedures must address the following:
a. Only individuals whose needs can be met by the facility or by providers of care under contract to the facility are admitted;
b. Transfer and discharge;
c. Methods to receive complaints and recommendations from residents and ensuring facility response;
d. Clinical record protection;
e. Care and services provided by facility staff and contracted services;
f. Written disaster plan;

g. Records of each orientation and inservices, other training programs, including names of staff attending, subject of training, names and qualifications of instructors, dates of training, length of training sessions and any written materials provided;
h. Current employment records for each staff person and record must include: length of service, orientation, inservice, licensure, certification, registration, or other credentials, performance, health history screening and previous work experience;
i. Contracts with outside resources; and Operation and maintenance records.

006.17 Infection Control
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ The facility has an infection control program for the prevention, control, and investigation of infections and communicable diseases and must ensure: 1. Identifying, reporting, investigating, and controlling infections and communicable diseases of residents and staff, 2. Early detection of infection that identifies trends so outbreaks are contained; 3. Monitoring of treatment of infection and changing treatment when needed; 4. Decisions on what procedures, such as isolation, must be applied; and 5. Maintenance of records to include records of facility's system of surveillance of infections, observations of unsafe and unsanitary practices, incidents, and corrective actions related to transmission of infections.
☐	☐	♦ Cross-contamination is prevented for sampled residents, between residents in provision of care, sanitation of equipment and supplies, and cleaning of resident's rooms;
☐	☐	♦ Facility prohibits employees known to be infected with any disease in communicable form from working in facility; and
☐	☐	♦Facility provides influenza and pneumoccal vaccinations between October 1 and April 1 of each year unless contraindicated or refused.
☐	☐	♦Facility provides vaccinations for diphtheria, pertussis and tetanus according to CDC recommendations unless contraindicated or refused.
☐	☐	♦ Observations affirm handwashing is done by staff after direct resident contact.

006.18 Environmental Services
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Environment is safe, clean, comfortable, and homelike and residents are allowed to use their belongings to the maximum extent possible. 1. Buildings, grounds, resident living and common areas are clean, safe, and in good repair; 2. All garbage and rubbish is disposed of to prevent attraction of rodents, flies, and etc.; 3. All areas have adequate lighting, environmental temps, and sound levels; and 4. Rodent, flies, and etc are prevented from entrance into the facility.
☐	☐	♦ Equipment, fixtures, and furnishings are clean, safe, and in good repair.
☐	☐	♦ Provide equipment adequate for meeting resident needs.
☐	☐	♦ Common areas and resident sleeping areas are furnished with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of resident needs and preferences. Furnishings may be provided by either the facility or the family,
☐	☐	♦ Facility establishes and implements a process designed for routine and preventive maintenance of equipment and furnishings to ensure that such equipment and furnishings are safe and function to meet their intended use.
☐	☐	♦ Facility provides clean bed, bath and other linens for sampled residents 1. Facility has procedures for the storage and handling of soiled and clean linens and procedure is followed. 2. Facility launders linens using water temps which exceed 140°F or sanitizes/disinfects by other acceptable methods according to manufacturer's instruction.
☐	☐	♦ A facility-owned pet does not negatively affect residents residing in the facility. Facility policies and procedures regarding pets implements: 1. Annual examination by a licensed veterinarian; 2. Current vaccinations recommended by vet including rabies for dogs, cats, and ferrets; 3. Provision of pet care to prevent acquiring and spreading of fleas, ticks, and other parasites; and

4. Responsibility for care and supervision of pet by facility staff.

☐ ☐ ♦ Facility maintains environment in a manner that minimizes accidents,

☐ ☐ ♦ Surfaces are smooth and free of sharp edges, mold or dirt, floors are free of objects and slippery or uneven surfaces.

☐ ☐ ♦ All doors, stairways, passageways, aisles, or other exits are safe and adequate means of exit.

☐ ☐ ♦ Water for bathing and handwashing are at safe/comfortable temperatures to protect residents from potential burns or scalding.

☐ ☐ ♦ Facility policies and procedures ensure:

1. Water temperatures at resident bathing and therapy fixtures do not exceed 110°F, and
2. Water at handwashing fixtures do not exceed 120°F,

☐ ☐ ♦ Facility policies and procedures ensure hazardous/poisonous materials are properly handled to prevent accidental ingestion, inhalation, or consumption by residents.

☐ ☐ ♦ Facility restricts resident access to mechanical equipment posing a danger to residents.

If any not met, list resident name and why requirement not met.

006.18F Disaster Preparedness and Management

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ Facility has established and implemented policies and procedures to ensure resident's safety during and following instances of natural disasters, disease outbreaks, or other similar situations which include plans to:

1. Move residents to points of safety in case of fire, tornado, or other natural disasters;
2. Obtain food, water, medicine, medical supplies and other necessary items;
3. Move and house residents in points of safety when the building or a portion of the building in uninhabitable; and
4. Provide comfort and safety of residents in the event of electrical or gas outage, heating, cooling or sewage services.

For any not met, list requirements not met:

007. Physical Plant Standards

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ Designed, constructed and maintained in a manner that is safe, clean, and fUnctional for the type of care and treatment to be provided.

☐ ☐ ♦ Includes support services, care and treatment areas, construction standards, building systems and waivers.

007.01A Dietary: Food preparation on site

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ There is dedicated space and equipment for the preparation of meals.

☐ ☐ ♦ Food service physical environment and equipment comply with the Food Code, except when used only for training or activity purposes.

007.01B Laundry

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ The facility provides laundry service, either through contract or on-site by the facility.

007.01B1 Contract:

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ If contractual services are used, areas for soiled linen pickup, and separate areas for storage and distribution of clean linen are designated.

007.01B2 On-Site Laundry Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has areas dedicated to laundry.
1. Areas for bulk processed laundry is divided into separate soiled (sort and washer areas) and clean (drying, folding, and mending areas) rooms.
2. New construction and new facilities have a separate soaking and hand washing sink and housekeeping room.
☐ ☐ ♦ If the facility provides personal laundry areas, the areas are equipped with a washer and dryer for use by residents.
☐ ☐ ♦ If new construction, there is a conveniently located sink for soaking and hand washing of laundry.
☐ ☐ ♦ Has a separate clean linen supply storage area conveniently located in each care and treatment location.

007.01C Waste Processing:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Provides areas to collect, contain, process, and dispose of medical and general waste produced in a manner to prevent the attraction of rodents, flies and all other insects and vermin, and minimize the transmission of infectious diseases.

007.01D Housekeeping Room:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has a room with a service sink and space for storage of supplies and housekeeping equipment.

007.02 Care and Treatment Areas
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Care and treatment areas have a control point, medication station and clean storage/utility room.
☐ ☐ Does not share these areas with detached structures.

007.02A1 Control Point
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Provide an area for charting and resident records, space for storage of emergency equipment and supplies, and call and alarm annunciation systems.

007.02A2 Medication Station
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has a medication station for storage and distribution of drugs and routine medications. May be done from a medicine preparation room or unit, from a self-contained medicine- dispensing unit, or by another system.
☐ ☐ ♦ The medicine preparation room or unit is under visual control of nursing staff
☐ ☐ ♦ Has a work counter, sink, refrigerator, and double locked storage for controlled substances.

007.02A3 Clean Storage/Utility Room
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Have separate areas for soiled and clean materials.
☐ ☐ ♦ Have a fixture for disposing waste and a handwashing sink.

007.02B Equipment and Supplies
☐ Met ☐ Not Met

Met Not Met
☐ ☐ Has services and space to distribute, maintain, clean and sanitize durable medical instruments, equipment and supplies required for the care and treatment provided.

007.02B1 Durable Medical Equipment
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Ensures that durable medical equipment is tested and calibrated in accordance with the manufacturer's recommendations.

007.02B2 Equipment Storage
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has space to store equipment, stretchers, wheelchairs, supplies, and linen out of the path of normal traffic.

007.02C Rehabilitation Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If the facility provides rehabilitation services, at least one treatment room or cubicle provided for specialized treatment and care includes a handwashing sink(s), storage for equipment and supplies, a call system, and areas to allow for resident toileting, dressing and consultation.

007,02D Psychiatric or Mental Health
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If the facility provides a specialized areas or unit designed for psychiatric or mental health services, space and equipment allows for resident and staff safety such as:
1. Area provided for quiet activity.
2. Area provided for noisy activity.
3. Dining areas.
4. Private and group areas for specialized treatment and care.
5. Handwashing sink(s), storage for equipment and supplies, and security systems.

☐ ☐ ♦ In rooms where care and treatment is provided to abusive or suicidal residents, the rooms have:
1. Tamper-resistant air distribution devices, lighting fixtures, sprinkler heads, and safety devices;
2. Ventilation, exhaust, heating and cooling components that are inaccessible to residents;
3. Bedroom, toilet, and bathing room doors that are not lockable or capable of being obstructed from within; and
4. Electrical outlets protected by ground fault interrupting devices.

007.02E Alzheimer's, dementia, and related conditions
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If a facility provides a specialized area/unit for Alzheimer' s, dementia, and related conditions, the area has:
1. Personalized resident bedrooms;
2. Activity areas;
3. Separate dining areas;
4. Features that support resident orientation to their surroundings;
5. Handwashing sinks; and
6. Call and security systems.

007.02F Outpatient Areas
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ For care and treatment of resident not residing in the facility, areas do not interfere with residents currently residing in the facility.
☐ ☐ ♦ Furnishings, equipment and toilet facilities are adequate to meet resident care needs.

Sufficient inside and outside space that accommodates the full range of program activities and services.

007.03 Construction
☐ Met ☐ Not Met

Met Not Met

007.03A3
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Maintains all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stress allowed in the building code for new buildings of similar structure, purpose, or location.

007.03D Floor Area:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Floor area is the space with ceilings at least 7 feet in height and excludes enclosed storage, toilets and bathing rooms, corridors, and halls.
☐ ☐ ♦ The space beyond the first two feet of vestibules and alcoves less than fiS'e feet in width is not included in the required floor area.

007.03E Dining Area Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Have an outside wall with windows for natural light and ventilation;
☐ ☐ ♦ Furnished with tables and chairs that accommodate or conform to resident needs;
☐ ☐ ♦ Have a floor area of 15 square feet per resident in existing facilities and 20 square feet per resident in new construction;

007.03F Activity Area Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ An outside wall with windows for natural light and ventilation;
☐ ☐ ♦ Have furnishings to accommodate group and individual activities; and
☐ ☐ ♦ Have a floor area of at least 15 square feet per resident residing in bedrooms and may be combined with dining areas;

007.03G Bathing Rooms
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ A bathing room consisting of a tub and/or shower adjacent to each bedroom or a central bathing room on each sleeping floor.
☐ ☐ ♦ Tubs and showers must be equipped with hand grips and other assistive devices as needed or desired by the resident.

One bathing fixture per 30 licensed beds.

007.03H1 Toilet Rooms
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Existing facilities-have a toilet and sink adjoining each bedroom or one toilet and sink per eight licensed beds as shared toilet facilities.
☐	☐	♦ Sinks are equipped with towels and soap dispenser.
☐	☐	♦ New construction has a toilet room adjoining each resident bedroom or in each apartment or dwelling, one toilet and sink per four licensed beds.

007.03I Resident Room Requirements
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Has bedrooms which allow for sleeping, afford privacy, provide access to furniture and belongings and accommodate the care and treatment provided to the resident.
☐	☐	♦ Each bedroom located on an outside wall with an operable window with a minimum glass size of eight square feet per resident. The window must provide an unobstructed view of at least ten feet.
☐	☐	♦ Each bedroom has at least 45 cubic feet of enclosed storage volume per resident in dressers, closets or wardrobe.
☐	☐	Located within 150 feet of a control point if nursing services are provided in the room.
☐	☐	♦ Allows for an accessible arrangement of furniture providing a minimum of three feet between the heads of the beds in multiple bedrooms.
☐	☐	♦ In multiple bed resident rooms, visual privacy and window curtains are provided for each resident.
☐	☐	♦ Existing or New facility floor areas: 1. Single bedrooms: 100 square feet, 2. Multiple bedrooms: 80 square feet with a maximum of 4 beds. 3. Apartment or dwellings: 110 square feet for one resident plus 100 square feet for each additional resident.
☐	☐	♦ New construction floor areas: 1. Single bedrooms: 120 square feet. 2. Multiple bedrooms: 100 square feet per bed with a maximum of 2 beds, 3. Apartments or dwellings: 120 square feet for one resident plus 110 square feet for each additional resident.
☐	☐	♦ Isolation rooms are based on infection control risk assessment of the facility and must make provisions for isolating residents with infectious diseases.
☐	☐	♦ Handwashing sinks are equipped with towel and soap dispenser in all examination, treatment, isolation, and toilet rooms.
☐	☐	♦ Examination rooms have a minimum floor area of 80 square feet and a minimum of 3 feet clear dimension around 3 sides of the examination table or chair.
☐	☐	♦ If a treatment room is provided, it has a minimum of 120 square feet and a minimum of 10 feet clear dimension
☐	☐	♦ Corridors are wide enough to allow passage and be equipped as needed for the residents to minimize injury. All stairways and ramps must have handrails.
☐	☐	♦ Doors must be wide enough to allow passage and be equipped for privacy, safety, and with assistive devices to minimize resident injury.
☐	☐	♦ Outdoor area for resident use is equipped and situated to allow for resident safety and abilities.
☐	☐	♦ Isolation rooms, clean workrooms, and food preparation areas have washable room finishes that are smooth non-absorptive and not physically affected by routine housekeeping cleaning solutions and methods. Acoustic lay-in ceilings, if used, are non-perforated.

007.03Q Emergency Telephone
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ A non-coin operated telephone(s) with emergency numbers for use by residents are available.

007.04 Building Systems

☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Building systems designed, installed, and maintained to remain operational.
☐	☐	♦ An accessible, adequate, safe, and potable supply of water is available.
☐	☐	♦ Have a sanitary and functioning sewage system.
☐	☐	♦ Hot and cold water to all handwashing and bathing locations.
☐	☐	Heating and air conditioning system capable of maintaining a minimum temperature of 70°F during heating conditions and a maximum of 85°F during cooling conditions in new facilities; a minimum of 75°F during heating conditions and 80°F during cooling conditions in new construction.
☐	☐	♦ Airflow that moves from clean to soiled locations.
☐	☐	♦ Ventilation system prevents the concentrations of contaminants that impair health or cause discomfort to residents and employees.
☐	☐	♦ An electrical system that has sufficient capacity to maintain care and treatment services provided and is properly grounded.
☐	☐	♦ Average illumination levels as follows: 1. General purpose areas: 5 foot candles. 2. General corridors: 10 foot candles. 3. Personal care and dining areas: 20 foot candles. 4. Reading and activity areas: 30 foot candles. 5. Food preparation areas: 40 foot candles. 6. Hazardous work surfaces: 50 foot candles. 7. Examination task lighting: 100 foot candles. 8. Reduced night lighting provided in resident rooms where nursing services are provided and resident-use toilet and bathing rooms and corridors.
☐	☐	♦ Existing and new facilities have emergency power for essential care and treatment equipment, lighting, medical gas systems and nurse call systems.
☐	☐	♦ New construction also has emergency power for ventilation and heating.
☐	☐	♦ Facilities with electrical life support equipment have and maintain an essential power system with an on-site fuel source.
☐	☐	♦ Have a call system that is operable from resident beds and resident-used toilet and bathing areas.
☐	☐	♦ If medical gas and vacuum systems exist, the facility periodically tests and approves all medical gas piping, alarms, valves, and equipment for resident care and treatment and have documented such approvals for review and reference.

DEPARTMENTOF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT

DAILY STATUS FORM

Facility Name: Click here to enter text. Facility Location: Click here to enter text.

Topics/Issues
Discussed:

Follow-up Actions: Yes ☐ No ☐ (if yes, specify)

Facility Declines Survey Status Meeting: Yes ☐ No ☐ (if yes, specify reason(s))

Attendees:

1. Facility Representatives:

2. Survey Team:

Person Completing Form:
Name: Click here to enter text.
Title: Click here to enter text.
Date: Click here to enter text.

Decision Analysis

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, LICENSURE UNIT

SURVEYOR NOTES WORKSHEET

Facility Name: **Surveyor Name:**
Provider Number: **Surveyor Number:** **Discipline:**
Observation Dates: From To

Areas of Concern form Matrix Resident Samples	**Def? Y – N**	**If "No," record the reasons why not?**
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	
	☐ ☐	

Regulatory Grouping	**Concerns:**	**Def? Y - N**	**Reasons to write**	**S/S**
Licensure 175 NAC 12-006.01		☐ ☐		
Administrator 175 NAC 12-006.02		☐ ☐		
Medical Director 175 NAC 12-006.03		☐ ☐		
Staffing Requirement 175 NAC 12-006.04		☐ ☐		

SURVEY NOTES WORKSHEET

Regulatory Grouping	Concerns:	Def? Y - N	Reasons to write	S/S
Resident Rights 175 NAC 12-006.05		☐ ☐		
Complaints and Grievances 175 NAC 12-006.06		☐ ☐		
Quality Assurance 175 NAC 12-006.07		☐ ☐		
Medical Services 175 NAC 12-006.08		☐ ☐		
Care and Treatment 175 NAC 12-006.09		☐ ☐		
Administration of Medications 175 NAC 12-006.10		☐ ☐		
Dietary Services 175 NAC 12-006.11		☐ ☐		
Pharmacotheapy Services 175 NAC 12-006.12		☐ ☐		
Specialized Services 175 NAC 12-006.13 175 NAC 12-006.14 175 NAC 12-006.15		☐ ☐		
Record-Keeping 175 NAC 12-006.16		☐ ☐		
Infection Control 175 NAC 12-006.17		☐ ☐		
Environmental Services 175 NAC 12-006.18		☐ ☐		

SNF/NF ENTRANCE CONFERENCE CHECKLIST

* Surveyors may request other information during the survey

We would like to request that a room or workplace be made available to the surveyors, providing some amount of privacy as well as security, where materials may be left, and interviews with residents, family, and staff may be conducted.

Please place a check if completed

Items needed within 1 hour after the completion of the Entrance Conference:

☐ 1. List of residents with room numbers.

☐ 2. List of administrative staff and key personnel including charge nurses and their locations.

☐ 3. Completed. Roster/Sample Matrix including names of residents who are on bed hold.

☐ 4, List of residents receiving hospice and dialysis services.
List of residents age 55 and under.
List of residents who communicate with non-oral communication devices, sign language, or a non-dominant language of the facility.

☐ 5. Meal times by unit and dining locations.
Photocopies of menus (regular and therapeutic) that will be served for all days of the survey.
Photocopies of snacks/nourishments/supplements.
Photocopy of resident list containing diet order, if available.
Photocopy of dining room seating charts, if available.

☐ 6. Medication pass times by unit.

☐ 7. Photocopy of the facility layout, which includes resident room numbers.

☐ 8. Photocopy of schedules as worked for licensed and registered staff for date of entrance plus _____ days.

☐ 9. Facility policies and procedures on abuse prohibition/investigation and the name of the person(s) responsible for facility implementation of abuse policies and procedures.

☐ 10. Incident/accidents reports for last 6 months.

☐ 11. List of resident admissions during past month.

☐ 12. List of resident transfers, deaths, or discharges for the past 3 months. Indicate if the transfer or discharge was to another nursing facility, hospital, community setting, or home.

☐ 13. Notify Ombudsman of Entrance and Exit

☐ 14. List of residents with weight loss/gain in the last 6 months

☐ 15. List of residents with pressure sores and indicate if they are facility acquired or not

Items needed within 24-hours of the Entrance Conference:

☐ 1. Photocopy of the activity calendar for the past month.

☐ 2. Complaint and/or grievance file for the past year with disposition documentation.

☐ 3. Photocopies of nursing staff schedules as worked for the previous month.

☐ 4. Copy of admission contract(s) for all residents

☐ 5. Copy of written information provided to residents regarding their rights and Advance Directives.

☐ 6. Resident Council Meeting Minutes for last 6 months.

Items needed before the Exit Conference:

☐ 1. A resident admission packet that contains a copy of the facility agreement, listing ancillary charges.

☐ 2. List of all employees hired within the previous 4 months.

☐ 3. Chronological Admission Register.

☐ 4. List of facility personnel, including all consultants, with license numbers, if applicable, i.e., RD, PT, OT, SLP, Dentist, etc.

☐ 5. Personnel files for currently employed staff in the facility as requested by Team Coordinator.

☐ 6. Completed Civil Rights Compliance Form.

☐ 7. List of Quality Assurance/Improvement Committee members.

☐ 8. A written description of the QA/QI Committee's processes or protocols for identifying quality deficiencies.

Team Coordinator:

Team Members:

EXIT CONFERENCE ATTENDANCE		
Facility Name: Location:		Date:
NAME	TITLE	DEPARTMENT

GENERAL OBSERVATIONS OF THE FACILITY

Facility Name:
Provider Number:

Surveyor Name:
Surveyor Number:
Discipline:

Observation Dates: From To

Instructions: Use the questions below to focus your observations of the facility. Include all locations used by residents (units, hallways, dining rooms, lounges, activity and therapy rooms, bathing areas, and resident smoking areas), Also check other areas that affect the residents, such as storage and utility areas. Initial that there are no concerns or note concerns and your follow-up in the space provided. Begin your observations as soon as possible after entering the facility and continue throughout the survey. Note, these tags are not all inclusive.

LIST ANY POTENTIAL CONCERNS FROM OFFSITE SURVEY PREPARATION:

1. **HANDRAILS:** Do corridors have handrails? Are handrails affixed to walls, intact, and free of splinters?

2. **ODORS:** Is the facility free of objectionable *odors*? Are resident areas well *ventilated*? Especially observe activity areas and the dining room during activities and lunch, when the residents are using them. Are nonsmoking areas smoke free? Do smoking areas provide good quality of life for residents who smoke?

3. **CLEANLINESS:** How *clean* is the environment (walls, floors, drapes, furniture)?

4. **PESTS:** Is the facility *pest free*? (P469)

5. **LINEN:** Is the linen processed, transported, stored and handled properly to *prevent the spread of infection*?

6. **HAZARDS:** Is the facility as free of *accident hazards* as possible? Are water temperatures safe and comfortable? Are housekeeping/hazards, compounds, and other chemicals stored to prevent resident access?

7. **CALL SYSTEM:** Is there a functioning *call system* in bathing areas and resident toilets in common areas?

8. **SPACE:** Do the *space and furnishings* in dining and activity areas appear sufficient to accommodate all activities?

9. **FURNISHINGS:** Are dining and activity rooms *adequately furnished*?

10. **DRUG STORAGE:** Are *drugs* and biologicals *stored properly* (locked and at appropriate temperatures)?

11. **EQUIPMENT:** Is the resident equipment in common areas *sanitary, orderly, and in good repair*? (Equipment in therapy rooms, bathing rooms, activity areas, etc.) Are equipment and supplies appropriately stored and handled in clean and dirty utility areas (sterile supplies, thermometer, etc.)?

12. **EQUIPMENT CONDITION:** [*Excluding* the kitchen] Is *essential equipment* in safe and effective operating condition (e.g. boiler room equipment, nursing unit/medication room equipment, unit refrigerators, laundry equipment, therapy equipment)?

13. **SURVEY POSTED**: Are *survey results* readily accessible to residents? Are the survey results or a notice concerning survey results posted?

14. **INFORMATION POSTED:** Is information about Medicare, Medicaid and contacting advocacy agencies posted?

15. **POSITIONING:** Is correct posture and comfortable positioning and assistance being provided to residents who need assistance — especially check residents who are dining or participating in activities?

16**. EMERGENCY:** Are staff *prepared for an emergency or disaster*? Ask two staff and a charge nurse to describe what they do in emergencies (include staff from different shifts). Evaluate the responses to determine their correctness and preparedness.

17. **EMERGENCY POWER**: Is there *emergency power*? Are staff aware of outlets, if any, powered by emergency source?

18. **WASTE:** Is waste contained in properly maintained (no breaks) cans, dumpsters or compactors with covers?

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.):

Document concerns and follow-up on next page:

GENERAL OBSERVATIONS OF THE FACILITY (cont)		
Tag/Concerns	Source*	Surveyor Notes (including date/time)

*Source: O = Observation, RR = Record Review, I = Interview

Incident/Accident Report Audit Worksheet

Facility Name:						Date:					
Resident Name	Date	Time	Type	Injury	V.S.	Dr. Notified	Family Notified	NN match Incident	F/U	Causal factors	Preventive Measures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, LICENSURE UNIT

KITCHEN/FOOD SERVICE OBSERVATION

Facility Name:	Surveyor Name:
Provider Number:	Surveyor Number:
Observation Dates/Times:	Discipline:

Instructions:
Use the questions below to focus your observations of the kitchen and the facility's storage. preparation, distribution and service of food to residents. Initial that there are no identifiable concerns or note concerns and follow-up in the space provided. All questions relate to the requirement to prevent the contamination of food and the spread of food-born illness. (F371 This tag is not all inclusive.)

LIST ANY POTENTEAL CONCERNS FROM OFFSETE SURVEY PREPARATION:
NA

FOOD STORAGE
1. Are the refrigerator and freezer shelves and floors clean and free of spillage, and foods free of slime and mold?
2. Is the freezer temperature 0 degrees F or below and refrigerator 41 degrees F or below (allow 2-3 degrees variance)? Do not check during meal preparation.
3. Are refrigerated foods covered, dated, labeled, and shelved to allow air circulation?
4. Are foods stored correctly (e.g. cooked foods over raw meat in refrigerator, egg and egg rich foods refrigerated)?
5. Is dry storage maintained in a manner to prevent rodent/pest infestation?

FOOD PREPARATION
6. Are cracked eggs being used only in foods that are thoroughly cooked, such as baked goods or casseroles?
7. Are frozen, raw meats and poultry thawed in the refrigerator or in cold, running water? Are cooked foods cooled down safely?
8. Are food contact surfaces and utensils cleaned to prevent cross-contamination and food-borne illness?

FOOD SERVICE/SANITATION
9. Are hot foods maintained at 140 degrees F or above and cold foods maintained at 41 degrees F or below when served from tray line?
10. Are food trays, dinnerware, and utensils clean and in good condition?
11. Are the foods covered until served? Is food protected from contamination during transportation and distribution?
12. Are employees washing hands before and after handling food, using clean utensils when necessary and following infection control practices?
13. Are food preparation equipment, dishes and utensils effectively sanitized to destroy potential food borne illness? Is dishwasher's hot water wash 140 degrees F and rinse cycle 180 degrees F or chemical sanitation per manufacturer's instructions followed?
14. Is facility following correct manual dishwashing procedures (i.e.. 3 compartment sink, correct water temperature. chemical concentration. and immersion time)?

NOTE: If any nutritional concerns have been identified (such as weight loss) by observation, interviews or record review, check portion sizes and how that type of food is prepared (see guidelines at 483.35). If any concerns are identified regarding meals that are not consistent in quality see guidance at Task SB and at 483.35

LADLES: 1/4 C = 2 oz., 1/2 C = 4 oz... 3/4 C = 6 oz., 1 C = 8 oz.
SCOOPS: #6 = 2/3 C., #8 = 1/2 C., #10 = 2/5 C., #12 = 1/3 C., #16 =1/4 C.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS: (Init.)

Document concerns and follow-up on next page.

KITCHEN/FOOD SERVICE OBSERVATION

Tag/Concerns	Source*	Surveyor Notes (including date/time)
N/A	Observation	NO Concerns; food storage, food preparation, and food service/sanitation were acceptable.

*Source: O = Observation, RR = Record Review, I = Interview

LONG TERM CARE BED COUNT RECORD

Facility:	Location:	Licensed Capacity	Date:
Wing/Floor:		☐ SNF/NF dual ☐ SNF only	☐ NF only ☐ ICF only

Room Number/ Unit	Licensed Beds	Occupied Beds	SNF/NF Beds	SNF Beds	NF Beds	Remarks:

Place Totals in last row on last page

Instructions:

1. Total all columns and put totals in last row on last page
2. Staple all Bed Count pages together
3. Signature and title of person preparing Bed Count on last page

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, LICENSURE UNIT

MEDICATION PASS WORKSHEET

Provider Number:	Surveyor Name:	Date:	Error Rate:

Instructions:
1. Observe Pass for 20-25 opportunities for error. If one or more errors is found observe another 20-25 opportunities for error.
2. Record your observation of each opportunity for error.
3. Compare your record with physician orders.
4. Calculate and note error rate.

Deficiency Formulas:
1. One or more Significant Errors = Deficiency
2. $\frac{\text{Significant Error + Non-Significant Error}}{\text{Doses given + Doses ordered but not given}}$ $\times 100 \geq 5\%$ = Deficiency

Identifier	**Pour**	**Pass**	**Record**
Resident's Full Name	Drug Prescription Name, Dose and Form	Observation of Administration	Drug Order Written As (when different from observation)

Provider Number:	Surveyor Name:	Date:	Error Rate:

Instructions:
1. Observe Pass for 20-25 opportunities for error. If one or more errors is found observe another 20-25 opportunities for error.
2. Record your observation of each opportunity for error.
3. Compare your record with physician orders.
4. Calculate and note error rate.

Deficiency Formulas:

1. One or more Significant Errors = Deficiency
2. $\frac{\text{Significant Error + Non-Significant Error}}{\text{Doses given + Doses ordered but not given}}$ X 100 $\geq$ 5% = Deficiency

Identifier	**Pour**	**Pass**	**Record**
Resident's Full Name	Drug Prescription Name, Dose and Form	Observation of Administration	Drug Order Written As (when different from observation)

Department of Health and Human Services
Division of Public Health, Licensure Unit

NAMES AND LICENSE NUMBERS FOR FOLLOWING: (if applicable)

Facility Name:

NAMES AND LICENSE NUMBERS OF THE FOLLOWING: (if applicable)			
	Name		License Number
Administrator			
Director of Nursing			
QA Coordinator			
MDS Coordinator			
Infection Control Coordinator			
Medical Director			
Social Services Director			
Activities Coordinator			
Food Service Supervisor			
Registered Dietician			
Pharmacist			
Dentist			
Rehabilitation Services			
Physical Therapist			
Speech Therapist			
Occupational Therapist			
Major Medication Pass			
Times			
System			
Meal Times			
B	L	D	HS Snack

Nebraska Department of Health and Human Services
Regulation and Licensure – Credentialing Division
P O Box 94986
Lincoln, NE 68509-4986

TYPE OF INSPECTION

☐ Random Selection

☐ Focused Selection

☐ Complaint Investigation

☐ Re-inspection

LONG TERM CARE FACILITY

COMPLIANCE INSPECTION REPORT

Facility_____ **Administrator**_____

Address_____ **Inspection Date(s)**_____

City, Zip Code_____ **Surveyor(s)**_____

Licensed Beds_____ **Facility Census**_____ _____

	Met	Not Met	Not Applicable	Comments
12-006.01 Licensee Responsibilities				
12-006.02 Administration				
12-006.03 Medical Director				
12-006.04 Staff Requirements				
12-006.04A Staff Credentials				
12-006.04B1 Initial Orientation				
12-006.04B2 Ongoing Training				
12-006.04C1 Director Of Nursing Services				
12-006.04C1b Registered Nurse Requirement				
12-006.04C3a Charge Nurse Requirement				
12-006.04C4-5 24-Hour Nurse Staffing Waiver in Skilled and Nursing Facilities				
12-006.04D Dietary Services Staffing				
12-006.04E Social Services Staffing				
12-006.04F Resident Activity Staffing				
12-006.04G Medical Records Staffing				

Facility Name_____

	Met	Not Met	Not Applicable	Comments
12-006.05 Resident Rights				
12-006.06 Complaints and Grievances				
12-006.07 Quality Assurance/Performance Improvement				
12-006.08 Medical Services				
12-006.09 Care and Treatment				
12-006.09B Resident Assessment				
12-006.09C Comprehensive Care Plans				
12-006.09C2 Discharge Planning				
12-006.09C3 Discharge Summary				
12-006.09D Care and Treatment				
12-006.10 Administration of Medication				
12-006.11 Dietary Services				
12-006.07 Pharmacotherapy Services				
12-006.12E1 Drug Storage				
12-006.12E8 Disposition of Prescription Medications				
12-006.13 Specialized Rehabilitative Services				
12-006.14 Dental Services				
12-006.15 Outside Resource				
12-006.16 Record-Keeping Requirements				
12-006.17 Infection Control				
12-006.18 Environmental Services				
12-006.18F Disaster Preparedness and Management				
12-007 Physical Plant Standards				
12-007.01A Dietary: Food preparation on site				
12-007.01B Laundry				
12-007.01B1 Contract				
12-007.01B2 On-Site Laundry Services				
12-001.01C Waste Processing				
12-001.01D Housekeeping Room				
12-007.02 Care and Treatment Areas				
12-007.02A1 Control Point				
12-007.02A2 Medication Station				
12-007.02A3 Clean Storage/Utility Room				
12-007.02B Equipment and Supplies				
12-007.02B1 Durable Medical Equipment				
12-007.02B2 Equipment Storage				
12-007.02C Rehabilitation Services				
12-007.02D Psychiatric or Mental Health				
12-007.02E Alzheimer's, dementia, and related conditions				
12-007.02F Outpatient Areas				
12-007.03 Construction				
12-007.03D Floor Area				
12-007.03E Dining Area Requirements				
12-007.03F Activity Area Requirements				
12-007.03G Bathing Rooms				
12-007.03H1 Toilet Rooms				
12-007.03I Resident Room Requirements				
12-007.03Q Emergency Telephone				
12-007.04 Building Systems				

Additional Comments:

This report is a preliminary report of the inspection findings. A final report will be forwarded at a later date.

☐ **IN COMPLIANCE** ☐ **NOT IN COMPLIANCE**

Surveyor Signature	**Date**	**Facility Representative**	**Date**
Surveyor Signature	**Date**		

NURSING HOME FACILITY INITIAL INSPECTION CHECKLIST:

Please prepare the following information for the Initial Inspection:

_____ 1. Duties and Responsibilities of the Administrator (12-006.02)

_____ 2. Evidence of the qualifications of the following staff members:
- _____ a. Administrator (12-006.02)
- _____ b. Director of Nursing (12-006.04C1)
- _____ c. Food Service Director (12-006.04D2)
- _____ d. Social Service Director (12-006.04E1)
- _____ e. Activities Director (12-006.04F1)
- _____ f. Medical Director (12-006.03)
- _____ g. Medical Records (12-006.04G)

_____ 3. Evidence of and policies and procedures related to the obtaining of Employment eligibility for other staff including:
- _____ a. Staff Credentials (12-006.04A1) – current and on-going licensure, certification, registration, or other credentials.
- _____ b. Health Status/Screening (12-006.04A2).
- _____ c. Criminal Background (12-006.04A3a).
- _____ d. Registry Checks (12-006.04A3b).

_____ 4. Abuse Prevention and Prohibition Polices and Procedures

_____ 5. Evidence of, as applicable, and policies and procedures related to staff training including:
- _____ a. Initial Orientation (12-006.04B1).
- _____ b. Nursing Assistants (12-006.04B2a).
- _____ c. Medication Aides (12-006.04B2b).
- _____ d. Director of Food Services (12-006.04B3c).
- _____ e. Paid Dining Assistants (12-006.4C7b).

_____ 6. Plan for work schedules for staff

_____ 7. Resident Rights in written format (12-006.5)

_____8. Policies and procedures for addressing Complaints and Grievances (12-006.06)

_____ 9. Polices and procedures related to Quality Assurance/Performance Improvement including:
- _____ a. Committee Participants (12-006.07A)
- _____ b. Committee Responsibilities (12-006.07C)

____ 10. Policies and procedures related to Medical Services including:
- _____ a. History and Physical requirements (12-006.08A)

_____ b. Medical Practitioner Responsibilities (12-006.08B)

____ 11. Policies and procedures related to Care and Treatment and sample forms, as appropriate, including:
- _____ a. Admission Criteria (12-006.09A1)
- _____ b. Retention Criteria (12-006.09A2)
- _____ c. Resident Assessment (12-006.09B)
- _____ d. Comprehensive Care Plans (12-006.09C)
- _____ e. Discharge Planning (12-006.09C2)
- _____ f. Discharge Summary (12-006.09C3)
- _____ g. Maintenance of Resident Abilities (12-006.09D1)
- _____ h. Maintenance of Vision, Hearing, and Dental (12-006.09D1d & 12-006.14)
- _____ i. Maintenance of Skin Integrity (12-006.09D2)
- _____ j. Maintenance of Urinary/Bowel Function (12-006.09D3)
- _____ k. Maintenance of Range of Motion (12-006.09D4)
- _____ l. Maintenance of Mental and Psychosocial Functioning (12-006.09D5)
- _____ m. Addressing Special Needs (12-006.09D6)
- _____ n. Prevention of Accidents (12-006.09D7 and 12-006.18E)
- _____ o. Maintenance of Nutrition (12-006.09D8)
- _____ p. Maintenance of Hydration (12-006.090D9)

____ 12. Policies and procedures related to Administration of Medications and sample forms, as appropriate, including:
- _____ a. Methods of Administration (12-006.10A)
- _____ b. Medications Records and Documentation (12-006.10B)
- _____ c. Medications Errors (12-006.10D)
- _____ d. Adverse Medication Reactions (12-006.10E)

____ 13. Policies and procedures related to Dietary Services and sample forms, as appropriate, including:
- _____ a. Menus and Nutritional Adequacy (12-006.11A)
- _____ b. Frequency of Meals (12-006.11B)
- _____ c. Food Supply (12-006.11C)
- _____ d. Food Preparation (12-006.11D)
- _____ e. Food Service Sanitation (12-006.11E)

____ 14. Policies and procedures related to Pharmacotheray Services and sample forms, as appropriate, including:
- _____ a. Services of a licensed pharmacist (12-006.12B)
- _____ b. Controlled Substances and Prescription Drugs (12-006.12C)
- _____ c. Bulk Supply of non-prescription drugs, devices, and biologicals (12-006.12 D.
- _____ d. Drug Accountability and Disposition including
  - _____ 1. Drug Storage (12-006.12E1 and 5)
  - _____ 2. Control Substance Storage and Count (12-006.12E1a and b)
- _____ e. Discontinued, Outdated, Deteriorated Drugs, Devices, and Bioligicals (12006.12E4)

_____ f. Emergency Drug Box (12-006.12E6)
_____ g. Medication Integrity and Labeling (12-006.12E7)
_____ h. Disposition of Prescription Medications (12-006.12E8)

____ 15. Policies and procedures related to Specialized Rehabilitative and Outside Resources and sample forms, as appropriate (12-006.13 and 15)

____ 16. Policies and procedures related to Record Keeping Requirements and sample forms, as appropriate, including:
_____ a. Clinical Record content (12-006.16A)
_____ b. Clinical Record Safeguards (12-006.16C)
_____ c. Clinical Record Retention and Preservation (12-006.16D)
_____ d. Resident Inventories (12-006.16E)
_____ e. Chronological Resident Register (12-006.16F)
_____ f. Daily Census Record (12-006.16G1)
_____ g. Written Disaster Plans (12-006.16G3 and 12-006.18F)

____ 17. Policies and procedures related to Infection Control (12-006.17) and sample forms, as appropriate.

____ 18. Policies and procedures related to Environmental Services and sample forms, as appropriate, including:
_____ a. Housekeeping and Maintenance (12-006.18A)
_____ b. Maintenance of Equipment, Fixtures, and Furnishings (12-006.18B)
_____ c. Handling and Maintenance of Linen (12-006.18C)
_____ d. Pets allowed within the facility (12-006.18D)

____ 19. Staff available to assist inspectors to conduct an environmental tour.

Department of Health and Human Services
Division of Public Health, Licensure Unit

OFFSITE SURVEY PREPARATION WORKSHEET

Facility Name: Click here to enter text.	Ombudsman Name/Number: Click here to enter text.
Facility Address: Click here to enter text.	Ombudsman Contact Date: Click here to enter text.
Provider Number: Click here to enter text.	Offsite Review Date: Click here to enter text.
Total Beds: Click here to enter text.	Survey Begin Date: Click here to enter text.

List potential facility areas of concern and any potential residents to be reviewed during the survey. List any current complaints to be investigated onsite.

Surveyors/Discipline (list Team Coordinator first):

Pictures

DEPARTMENT OF HAEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

SURVEYOR NOTES WORKSHEET

Facility Name: _____ Surveyor Name: _____
Provider Number: _____ Surveyor Number: _____ Discipline: _____
Observation Dates: From _____ To _____

Picture	Description
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**

5.

6.

7.

8.

9.

10.

5.

6.

7.

8.

9.

10.

QUALITY OF LIFE ASSESSMENT
RESIDENT INTERVIEW

Facility Name:	Resident Name:
Number:	Resident Identifier:
Surveyor Name:	Interview Dates/Times:
Surveyor Number:	Discipline:

Instructions:
For question 1, if you are meeting with the resident in a location away from the residents room, visit the room before the interview and note anything about the room that you want to discuss.

Introduce yourself and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

"[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that all residents receive good care. While we are here, we make a lot of observations, review the nursing home's records, and talk to residents to help us understand what it's like to live in this nursing home. We appreciate your taking the time to talk to us."

"We ask certain questions because we want to know whether you have a say in decisions affecting your nursing and medical care, your schedule and the services you receive at this facility. We want to know how you feel about your life here and whether the facility has made efforts to accommodate your preferences."

"If it is all right with you, I'd like to meet with you again later. That will give you time to think things over and to provide additional information later?'

In asking the following questions, it is not necessary to use the exact wording. However, do use complete questions, not one-word probes.

Get the resident to talk about actual situations and examples by using open-ended probes, such as: "Can you tell me more about that?" or "How is that done here?" Avoid asking leading questions which suggest a certain response.

If a resident gives a response to any question that indicates there may be a concern with facility services, probe to determine if the resident has communicated the problem to facility staff and what their response was.

1. ROOM:
A good approach for initiating this discussion is to make a comment about something you have noticed about the resident's room, for example, "I notice that you have a lot of plants in your room."

Please tell me about your room and how you feel about it.
Do you enjoy spending time in your room?
Is there enough light for you?
Is the room temperature comfortable?
Have you lived in a different room in the facility?
(If yes) What was the reason for the room change?
Did you have a choice about changing rooms?
Where was your other room? What was it like?
Is there anything you would like to change about your room?
(If yes) Have you talked to the facility about this?
How did they respond?

RESIDENT INTERVIEW

2. ENVIRONMENT:

I realize that being in a nursing home is not like being in your own home, but do staff try to make this facility seem homelike?

We've already talked about your room. How about other places you use, like the activities room and dining room? Do they seem homelike to you?

Is there anything that would make this facility more comfortable for you?

Is it generally quiet or noisy here?

What about at night?

Is the facility usually clean and free of bad smells?

3. PRIVACY.

Are you a person who likes to have privacy sometimes?

Are you able to have privacy when you want it?

Do staff and other residents respect your privacy?

Do you have a private place to meet with visitors?

(If no phone in room) Where do you make phone calls?

Do you have privacy when you are on the phone? (If the resident indicates any problems with privacy, probe for specific examples. Ask if they talked to staff and what was their response.)

4.FOOD:

Tell me about the food here.

Do you have any restrictions on your diet?

How does your food taste?

Are you served foods that you like to eat?

Are your hot and cold foods served at a temperature you like?

Have you ever refused to eat something served to you?

(If yes) Did the facility offer you something else to eat?

(If the resident refused a food and did not get a substitute) Did you ask for another food? What was the facility's response?

5. ACTIVITIES:

How do you find out about the activities that are going on?

Are there activities available on the weekends? Do you participate in activities?

(If yes) What kinds of activities do you participate in? (If resident participates) Do you enjoy these activities?

(If resident does not participate, probe to find out why not.)

Is there some activity that you would like to do that is not available here?

(If yes) Which activity would you like to attend? Have you talked to anybody about this? What was the response?

RESIDENT INTERVIEW

6. STAFF:

Tell me how you feel about the staff members at this facility. Do they treat you with respect?
Do you feel they know something about you as a person? Are they usually willing to take the time to listen when you want to talk about something personal or a problem you are having?
Do they make efforts to resolve your problems?

Has any resident or staff member ever physically harmed you?
Has any resident or staff member ever taken anything belonging to you without permission?
(If yes) Can you tell me who did this?
Has a staff member ever yelled or sworn at you?
(If yes) Please describe what happened.
Can you tell me who did this? Did you report this to someone?
(If yes) How did they respond?

7.ADLs:

I see that your care plan calls for you to dress with a little help from staff. How is that working for you?

Do you feel that you get help when you need it? Do staff encourage you to do as much as you can for yourself?

8. DECISIONS:

Here at this facility, are you involved in making choices about your daily activities?
Are you involved in making decisions about your nursing care and medical treatment?
(If not, probe to determine what these choices and decisions are, and relate this information to necessary restrictions that are part of the resident's plan of care,)
Do you participate in meetings where staff plan your activities and daily medical and nursing care?

If you are unhappy with something, or if you want to change something about your care or your daily schedule, how do you let the facility know?
Do you feel the staff members listen to your requests and respond appropriately?
If the staff are unable to accommodate one of your requests, do they provide a reasonable explanation of why they cannot honor the request?
Can you choose how you spend the day?
Have you ever refused care or treatment (such as a bath or certain medication)?
(If yes) What happened then?

RESIDENT INTERVIEW

9. MEDICAL SERVICES:

Who is your physician?
Did you choose your physician yourself?
(If no, probe for details about who selected the physician and why the resident did not do it.)
Are you satisfied with the care provided by your physician?
Can you see your doctor if you need to?

Do you see your physician here or at the office?
(If they say here) Where in the facility does your doctor see you?
Do you have privacy when you are examined by your physician?
(If they say they go to the office) How do you get to the office?
Do facility staff help you make doctor's appointments and help yon obtain transportation?
Can you get to see a dentist, podiatrist, or other specialist if you need to?

10. (Write here any special items not already discussed that you have noted about this resident or about the facility that you would like to discuss with the resident.) --

11. Is there anything else you would like to talk about regarding your life here?

Thank the resident. Review your notes from this interview and determine if there are any concerns you need to investigate further. Share any problems you have found with the team so they may keep them in mind during the remainder of the survey.

RESIDENT CENSUS AND CONDITION OF RESIDENTS

Facility Name: Click here to enter text.
License Number: Click here to enter text.
Survey Dates: Click here to enter text. **Total Census:** Click here to enter text.

ADL	Independent	Assist of 1-2	Dependent
Bathing			
Dressing			
Transferring			
Toilet Use			
Eating			

No.		No.	
	With indwelling catheters		With Pressure sores, excluding Stage I
	*Of the number of residents with catheters, present on admission		*Of those with pressure sores, those with sores on admission
	Occasionally or frequently incontinent of bladder		Receiving preventative skin care
	Occasionally or frequently incontinent of bowel		With rashes
	On individually written bladder training program		
	On individually written bowel training program		Receiving any psychoactive medications
			Receiving antianxiety
	With documented signs and symptoms of depression		Receiving antidepressant
	With documented psychiatric diagnosis, excluding dementias and depression		Receiving hypnotics
	Dementia of any type		Receiving antibiotics
	With behavioral symptoms		On pain management
	*Of the total residents with behavioral symptoms, those receiving a behavior management program		Receiving injections
	Receiving health rehabilitative services for MI/MR		
			Receiving tube feedings
	Bedfast all or most of time		Receiving mechanically altered diets including pureed and all chopped foods
	In chair all or most of time		Assistance with eating
	Independently ambulatory		With unplanned significant weight loss
	Ambulation with assistance or assistive devices		
	Physically restrained		Receiving specialized rehabilitative services (PT, OT, ST, etc.)
	*Of those restrained, were admitted with restraint orders		Who Do not speak the dominant language of the facility
	With contractures		Who use non-oral methods to communicate
	*Of those with contractures, had contractures on admission		With advanced directives

Resident Identifier List

Facility: Click here to enter text.
Date of Survey Exit: Click here to enter text.

Resident Identifier Number	Resident Name

Department of Health and Human Services
Division of Public Health, Licensure Unit

RESIDENT REVIEW WORKSHEET

Facility Name:	Resident Name:
Provider Number:	Resident Identifier:
Surveyor Name:	Birthdate: Unit: Rm #
Surveyor Number: Discipline:	Orig. Admission Date: Readmission Date:
	Survey Date:
Diagnosis:	

Interviewable: Yes ☐ No ☐ Type of Review: Comprehensive ☐ Focused ☐ Closed Record ☐
Selected for Individual Interview: Yes ☐ No ☐
Selected for Family Interview and Observation of Non-Interviewable Resident: Yes ☐ No ☐
Focus/Care Areas:

Instructions: Any regulatory areas related to the sampled resident's needs are to be included in this review.

- Initial that each section was reviewed if there are no concerns.
- If there are concerns, document your investigation.
- Document all pertinent resident observations and information from resident, staff, family interviews and record reviews for every resident in the sample.

SECTION A: RESIDENT ROOM REVIEW: Evaluate if appropriate requirements are met in each of the following areas, including the accommodation of needs:

- Adequate accommodations are made for resident privacy, including bed curtains.
- Call bells are functioning and accessible to residents
- Resident is able to use his/her bathroom without difficulty.
- Adequate space exists for providing care to residents.
- Resident with physical limitations (e.g., walker, wheelchair) is able to move around his/her room.
- Environment is homelike, comfortable and attractive; accommodations are made for resident personal items and his/her modifications.
- Bedding, bath linens and closet space is adequate for resident needs.
- Resident care equipment is clean and in good repair.
- Room is safe and comfortable in the following areas: temperature, water temperature, sound level and lighting.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (init.):
Document concerns and follow-up on Surveyor Notes sheet page 4.

SECTION B: RESIDENT DAILY LIFE REVIEW: Evaluate if appropriate requirements are met in each of the following areas:

- Resident appears well groomed and reasonably attractive (e.g., clean clothes, neat hair, free from facial hair).
- Staff treats residents respectfully and listens to resident requests. Note staff interaction with both communicative and non-communicative residents.
- Staff is responsive to resident requests and call bells.
- Residents are free from unexplained physical injuries and there are no signs of resident abuse. (e.g. residents do not appear frightened around certain staff members.)
- Facility activities program meets resident's individually assessed needs and preferences.
- Medically related social services are identified and provided when appropriate.
- Restraints are used only when medically necessary. (see 483.13(a))
- Resident is assisted with dining when necessary.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (init.):
Document concerns and follow-up on Surveyor Notes sheet page 4.

Resident Review Worksheet
(*continued*)

SECTION C: ASSESSMENT OF DRUG THERAPIES
Review all the over-the-counter and prescribed medications taken by the resident during the last 7 days.

- Evaluate drug therapy for indications/reason, side effects, dose, review of therapy/monitoring, and evidence of unnecessary medications including antipsychotic drugs.
- Correlate drug therapy with resident's clinical condition.
- If you note concerns with drug therapy, review the pharmacist's report. See if the physician or facility has responded to recommendations or concerns.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (init):

Medications/Dose/Schedule	Medications/Dose/Schedule	Medications/Dose/Schedule

SECTION D: CARE REVIEW SHEET

Tag/Concerns	Source*	Surveyor Notes (including date/time)

*Source: O=Observation, RR=Record Review, I-Interview

Resident Sample Selection

Resident Census	Sample Size 10% of Census	Res./ Family Interviews
1 - 4	10%	1/1
5 - 10	10%	1 / 1
11 - 20	10%	2 / 2
21 - 40	10%	3 / 2
41 - 44	10%	3 / 2
45 - 48	10%	3 / 2
49 - 52	10%	4 / 2
53 - 56	10%	4 / 2
57 - 75	10%	4 / 2
76 / 80	10%	4 / 2
81 - 85	10%	4 / 2
86 - 90	10%	4 / 2
91 - 95	10%	4 / 2
96 - 100	10%	5 / 2
101 - 105	10%	5 / 2
106 - 110	10%	5 / 2
111 - 115	10%	5 / 2
116 - 160	10%	5 / 2
161 - 166	10%	5 / 2
167 - 173	10%	5 / 2
174 - 180	10%	5 / 2
181 - 186	10%	5 / 2
187 - 193	10%	5 / 2
194 - 299	10%	5 / 2
300 - 400	10%	6 / 3
401 -	10%	7 / 3

Department of Health and Human Services
Division of Public Health, Licensure Unit

Facility Name: Click here to enter text. Offsite: ☐ Phase 1: ☐ Phase 2: ☐ Prov. #:

ROSTER/SAMPLE MATRIX

				REVIEW		FOR SURVEYOR USE					RESIDENT CHARACTERISTICS															
Resident Number	Resident Room	Surveyor Assigned	Total Sample: Phase 1: ☐ Phase 2: ☐ Individual Interview (I): ☐ Family Interview (F): ☐ Closed Record (CL): ☐ Comprehensive (C): ☐ Focused Review (F): ☐	Interview: Individual/Family	Closed Record/Comprehensive/Focused	Privacy/Dignity Issues	Social Services	Choices	Abuse/Neglect	Clean/Comfort/Homelike	Falls/Fractures	Abrasions/Bruises	Behavior symptoms	Depression	9 or more Medications	Cognitive Impairment	Incontinence/Toilet Programs	Catheter	Fecal Impaction	UTI/Infection Control/ Antibiotics	Weight/Nutrition/Swallow/Dentures	Tube Feeding	Dehydration	Bedfast Residents	ADL Decline/Concern	ROM/Contractures/Positioning
																	Elimination				Nutrition			Physical Function		
			Resident Name			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
			Click here to enter text.																							

ROSTER/SAMPLE MATRIX

Resident Number	Resident Room	Surveyor Assigned	Total Sample: Phase 1: ☐ Phase 2: ☐ Individual Interview (I): ☐ Family Interview (F): ☐ Closed Record (CL): ☐ Comprehensive (C): ☐ Focused Review (F): ☐	Psychoactive Medications	Physical Restraints	Activities	Pressure Sores/Ulcers	Pain/Comfort	Language/Communication	Vision/Hearing/Devices	Specialized Rehab	Assistive Devices	Hospice	Dialysis	Oxygen/Respiratory Care	Admittance/Transfer/Discharge	MR/MI (Non-Dementia)		
					Quality of Life														
			Resident Name	22	23	24	25	26	27	28	29	30	31	32	33	34	35		

Department of Health and Human Services
Division of Public Health, Licensure Unit

Facility Name: Offsite: ☐ Phase 1: ☐ Phase 2: ☐ Prov. #:

ROSTER/SAMPLE MATRIX

				REVIEW		FOR SURVEYOR USE					RESIDENT CHARACTERISTICS																											
Resident Number	Resident Room	Surveyor Assigned	Total Sample: Phase 1: ☐ Phase 2: ☐ Individual Interview (I): ☐ Family Interview (F): ☐ Closed Record (CL): ☐ Comprehensive (C): ☐ Focused Review (F): ☐	Interview: Individual/Family	Closed Record/Comprehensive/Focused	Privacy/Dignity Issues	Social Services	Choices	Abuse/Neglect	Clean/Comfort/Homelike	Falls/Fractures	Abrasions/Bruises	Behavior symptoms	Depression	9 or more Medications	Cognitive Impairment	Incontinence/Toilet Programs	Catheter	Fecal Impaction	UTI/Infection Control/ Antibiotics	Weight/Nutrition/Swallow/Dentures	Tube Feeding	Dehydration	Bedfast Residents	ADL Decline/Concern	ROM/Contractures/Positioning	Psychoactive Medications	Physical Restraints	Activities	Pressure Sores/Ulcers	Pain/Comfort	Language/Communication	Vision/Hearing/Devices	Specialized Rehab	Assistive Devices	Hospice	Dialysis	Oxygen/Respiratory Care	Admittance/Transfer/Discharge	MR/MI (Non-Dementia)
																	Elimination				Nutrition			Physical Function				Quality of Life											
			Resident Name			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

Staff Identifier List

Facility: Date of Survey Exit:

Staff Identifier	Staff Name	Title/Position

Department of Health and Human Services
Division of Public Health, Licensure Unit

SURVEYOR NOTES WORKSHEET

Facility Name:	Surveyor Name:
Provider Number:	Surveyor Number: Discipline:
Observation Dates: To	

Date/Time	**Documentation: WHO: (Sample Identifier, staff title, etc.)** **WHERE: (Location i.e. room #, area of facility, etc.)** **WHEN: (Date and time)** **WHAT/HOW: (What was seen, heard, said, written in the record including date entry was written, etc.)**
	INFORMATION SOURCE: ☐ Observation ☐ Interview ☐ Record Review
	Remember to verify findings with at least one other information source.

Verified by additional source: ☐ Yes ☐ No

006.03 Medical Director
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Designated physician.

Medical director responsible for:
☐ ☐ ♦ Adequate medical practitioner availability and support;
☐ ☐ Effective medical practitioner;
☐ ☐ Facility compliance with requirements;
☐ ☐ ♦ Quality of care; and
☐ ☐ ♦ Quality of systems and processes that influence care.

006.04 Staff Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Sufficient numbers with required training and skills to meet the resident population's requirements in a safe and timely manner.
☐ ☐ ♦ Sufficient dietary staff to carry out the functions of the dietary services in a safe and timely manner.
If not met; list requirements not met.

006.04A Staff Credentials
☐ Met ☐ Not Met

Met Not Met
Personnel files for 5 records or 40% of all employees hired in the last year, whichever is greater, will be checked to assure:
☐ ☐ ♦ Current license, certification, registration, or other credentials;
☐ ☐ ♦ Verify nurse aide registry placement and no adverse findings on the nurse aide registry;
☐ ☐ Health history screening;
☐ ☐ ♦ Nursing Assistants must be 16 years of age and completed a training course approved by the Department in accordance with 174 NAC 13;
☐ ☐ ♦ Medication Aides must meet the requirements in 172 NAC 95;

Ability to speak and understand the English language or a language understood by a substantial portion of the facility's residents; and

006.04B1 Initial Orientation Each employee receives initial orientation with two weeks to include:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Resident rights.
☐ ☐ ♦ Emergency procedures.
☐ ☐ ♦ Information on abuse.
☐ ☐ ♦ Job duties and responsibilities.
☐ ☐ ♦ Nursing staff receives information on medical emergencies.

006.04B2 Ongoing Training to include name of employees and date of training to ensure compliance with:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Nursing Assistant training
12 hours per year on topics appropriate; 4 hours of which are related to dementia care if has SCU
☐ ☐ ♦ Medication Aides if problems identified;
☐ ☐ ♦ Director of Food Services, if not a qualified dietitian, 15 hours of continuing education related to dietetics, with 5 (of the 15 hours) related to sanitation.

006.04C1 Director of Nursing Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ These requirements are mandatory and cannot be waived:
☐ ☐ Employ a Director of Nursing Services full time
☐ ☐ Serves only one facility
☐ ☐ Is a Registered Nurse

The Director of Nursing Services is responsible for:
☐ ☐ ♦ Administrative authority, function and activity of the nursing department;
☐ ☐ ♦ Establishment and implementation of nursing service, objectives, standards of nursing practice, nursing policy and procedure manuals and written job descriptions for each level of nursing;
☐ ☐ ♦ Coordination of nursing services with other resident services;
☐ ☐ ♦ Preadmission criteria and evaluation of residents;
☐ ☐ ♦ Recommendation of the number and levels of nursing personnel to be employed:
☐ ☐ Nursing staff development, orientation and inservice education of the nursing staff;

006.04C1b
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ DON is charge nurse only if average daily occupancy of 60 or fewer residents.
☐ ☐ Department notification in writing within 5 working days when a vacancy in the Director of Nursing Services position occurs, including who will be responsible for the position until a full-time director of Nursing Services is secured.
☐ ☐ Department notification in writing within 5 working days when the vacancy is filled indicating effective date, name, and license number of the person assuming Director of Nursing responsibilities.

006.04C2 Registered Nurse Requirement
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has the services of a registered nurse for at least eight consecutive hours a day, seven days a week, unless waived.
☐ ☐ ♦ If Registered Nurse staffing requirement not met, a waiver is in place.

006.O4C3a Charge Nurse Requirement
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Skilled and Nursing Facilities have designated a licensed nurse to serve as a charge nurse on each tour of duty.
☐ ☐ ♦ Intermediate care facilities have designated a licensed nurse to serve as a charge nurse for one tour of duty each 24 hours.

Charge nurse responsibilities:
☐ ☐ ♦ Assign, delegate and/or direct the resident care of specific residents
☐ ☐ ♦ Is knowledgeable and responsive to the physical and emotional needs of all residents, and able to direct care, participate in care planning process, and administer and document medication administration.
☐ ☐ ♦ Notify the Director of Nursing Services, physician, and family of changes in resident condition; and
☐ ☐ Complete documentation describing nursing care provided, including resident response and status.

006.04C4-5 24-Hour Nurse Staffing Waiver in Skilled and Nursing Facilities
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If not met, a waiver is in place.

006.04D Dietary Services Staffing
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Sufficient personnel to carry out functions of dietary service.
☐ ☐ ♦ Qualified Dietitian is employed on a full-time, part-time, or consultant basis and responsible for general guidance and direction of dietary services assessments of special nutritional needs and:
☐ ☐ ♦ Development of therapeutic diets and participating in interdisciplinary care planning.
☐ ☐ ♦ Developing and implementing inservice education programs.
☐ ☐ Supervising institutional food preparation, service and storage.

☐ ☐ ♦ A qualified Food Service Director is designated and responsible for:
☐ ☐ ♦ Providing residents nourishing, palatable, well-balanced diets that meet the daily nutritional and special dietary needs of each resident; and
☐ ☐ ♦ Participation in the interdisciplinary care plan.

006.04E Social Services Staffing
☐ Met ☐ Not Met

Met Not Met
Employ adequate staff to meet the social service needs of the residents.
☐ ☐ ♦ A designated social Services director that meets the qualifications.
☐ ☐ ♦ The social services director arranges and integrates social services with other elements of the care plan.

Social service director or his/her designee is responsible for:
☐ ☐ ♦ Act as part of the interdisciplinary team in assessing the individual needs of the resident;
☐ ☐ ♦ Participate in development and implementation of the interdisciplinary care plan;
☐ ☐ Facility must implement social service interventions to assist the resident in meeting treatment goals, address resident needs and provide social service support in meeting resident needs and individuality.
☐ ☐ Social service staff must establish and maintain relationships with the resident's family or designee.

006.04F Resident Activity Staffing
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ A qualified Activities Director is designated.
☐ ☐ ♦ Activity Director or designee participates in care planning as a member of the interdisciplinary team.
☐ ☐ ♦ Daily activities are provided for residents to stimulate and promote the physical, spiritual, social, emotional, and intellectual well-being of each resident.

006.04G Medical Records Staffing
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Full-time employee who has supervisory responsibility for medical records.
☐ ☐ ♦ Medical records are organized and systematic.

006.05 Resident Rights
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Evidence that residents are informed in writing of their rights and rules and regulations.
☐ ☐ ♦ Review of 100% of sampled resident records and individual and group interview indicate the + areas are met:
☐ ☐ ♦ Evidence of being fully informed by a physician of resident's health and medical condition unless medically contraindicated.

☐ ☐ ♦ Evidence of participating in the planning of resident's total care and medical treatment, or refusal of treatment.

☐ ☐ Evidence that a resident participated in experimental research only upon informed written consent.

☐ ☐ ♦ Evidence that a resident is free from arbitrary transfer or discharge and informed at time of admission that resident may be transferred or discharged as identified in the regulations.

☐ ☐ ♦ Evidence that a minimum of 30 days written notice is given to the resident or the resident's designee prior to involuntary transfer or discharge, except that:

1. Five days written notice is given if the transfer is to a less restrictive setting due to rehabilitation,
2. Ten days written notice is given if the resident is five or more days in arrears of payment for stay.

☐ ☐ ♦ Evidence that residents can exercise rights as a resident of the facility and as a citizen of the United States.

☐ ☐ ♦ Evidence that residents can voice complaints and grievances without discrimination or reprisal and have those grievances addressed.

☐ ☐ ♦ Evidence that residents are free from chemical and physical restraints imposed for the purposes of discipline or convenience, and not required to treat that resident's medical symptoms.

☐ ☐ ♦ Evidence that residents can refuse to perform services for the facility.

☐ ☐ Evidence that residents can examine the results of the most recent survey of the facility conducted by the Department.

☐ ☐ ♦ Evidence that residents receive privacy in written communication including sending and receiving mail.

☐ ☐ ♦ Evidence of the resident's ability to retain and use personal possessions, including furnishings, and clothing as space permits.

☐ ☐ Evidence of ability to form and participate in an organized resident group that functions to address facility issues.

☐ ☐ Evidence of resident's ability to manage personal financial affairs.

☐ ☐ ♦ Evidence of receiving confidential treatment of all information contained in records, including information contained in an electronic data bank.

☐ ☐ ♦ Evidence of being treated with consideration, respect and full recognition of the resident's dignity and individuality, including privacy in treatment and in care for personal needs.

006.06 Complaints and Grievances

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ Staff and family interview support implementation of procedures for addressing complaints and grievances.

☐ ☐ ♦ A procedure for submitting individual or collective complaints and grievances in place.

☐ ☐ ♦ A procedure for investigating and assessing the validity of and addressing complaints and grievances in place.

☐ ☐ ♦ Telephone numbers and addresses of the Department's Investigations Division and the state long term care ombudsman are readily available to residents, employees and others.

006.07 Quality Assurance/Performance Improvement

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ A quality assurance/performance improvement committee responsible for identifying issues which require action, development and implementation of action plan to correct problems and reevaluation of the problem to promote quality care/treatment to residents.

☐ ☐ ♦ Committee consists of Director of Nursing Services, Medical Director or designee and at least three other members of the facility's staff.

☐ ☐ ♦ Other members of the facility staff and consultants participate on the quality assurance/performance improvement committee as needed.

☐ ☐ ♦ The committee meets the following:

1. Identifying issues that necessitate action;
2. Developing and implementing plans of action to correct identified problems;

3. Monitoring the appropriateness and effectiveness of corrective actions; and
4. Reevaluating corrective actions, revising plans of corrective action and revising facility policies and clinical policies.

If not met, list other requirements not met.

006.08 Medical Services
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ The medical care of each resident is supervised by a medical practitioner.
☐	☐	In the absence of the attending medical practitioner another medical practitioner supervises the medical care of the resident.
☐	☐	♦ Each individual admitted to the facility has written approval of a recommendation for admittance by a medical practitioner.
☐	☐	♦ A history and physical completed by a medical practitioner within 30 days prior or 14 days after admission.
☐	☐	♦ The medical practitioner, reviewed the resident's total program of care routinely, write, sign and date progress notes at each visit; sign any order given.

006.09 Care and Treatment
☐ Met ☐ Not Met

Met	Not Met	
		Must meet ♦ criteria of attached sample size
☐	☐	♦ The facility has written criteria for admission.
☐	☐	♦ Evidence that the written criteria for admission has been followed in admitting residents.
☐	☐	♦ Review of 10% of sampled residents for discharged residents indicate care/treatment was provided to meet the resident needs.

006.09B Resident Assessment
☐ Met ☐ Not Met

Met	Not Met	
		The facility conducts initially and periodically a comprehensive, accurate and reproducible assessment for each resident:
☐	☐	♦ No later than 14 days after the date of admission;
☐	☐	♦ By the end of the 14th calendar day following the determination that a significant change has occurred;
☐	☐	♦ Comprehensive assessments must be completed no less than every 12 months; and
☐	☐	♦ Completes assessments no less than once every 3 months and revises as appropriate to ensure accuracy of assessment.
☐	☐	♦ Evidence that the assessment includes documentation of: 1. Medical conditions/diagnoses and prior medical history. 2. Medical status measurements.
☐	☐	♦ Evidence of the resident's capability to perform daily life, functions and impairments in functional capacity;
☐	☐	♦ Evidence of physical and mental functional status.
☐	☐	Evidence of sensory and physical impairments
☐	☐	♦ Evidence of nutritional status and requirements.
☐	☐	♦ Evidence of special treatments or procedures.
☐	☐	♦ Evidence of mental and psychosocial status.
☐	☐	Evidence of discharge potential.
☐	☐	Evidence of dental condition.
☐	☐	Evidence of activities potential.
☐	☐	Evidence of rehabilitation potential.
☐	☐	♦ Evidence of medication therapy.

For any not met, list resident # and reason not met.

006.09C Comprehensive Care Plans
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Evidence of a comprehensive interdisciplinary care plan for each resident for provision of quality care. *To be comprehensive 5 of the 6 must be met.*

1. Interdisciplinary evaluation of resident needs.
2. Measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs.
3. Services to be furnished to attain or maintain the resident's highest practicable well-being.
4. Goals are time limited and measurable.
5. Discharge plan based on the needs of the individual.
6. Disciplines responsible for providing specific care and the frequency of interventions.

☐ ☐ ♦ Evidence of developed care plans within the following time frames.

1. Preliminary nursing assessment and nursing care plan with the medical practitioner's admission orders within 24 hours of the resident's admission.
2. A comprehensive interdisciplinary care plan and discharge plan within 7 days after the completion of the comprehensive assessment.
3. Review and revise the care plan at least quarterly, or with change in condition or services provided. Review of the care plan must include an interdisciplinary evaluation of the resident's progress relative to the goals established.

006.09C2 Discharge Planning
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ For residents anticipating discharge to home, same level of care or a different level of care, a post discharge plan of care exists.

006.09C3 Discharge Summary
☐ Met ☐ Not Met

Met Not Met

100% of discharge residents reviewed have to meet ♦ criteria

☐ ☐ ♦ A discharge summary upon the discharge of a resident from the facility must constantly follow 8 of 10 of the following:

1. Resident's full name
2. Medical record number
3. Admission date
4. Discharge date
5. Name of the attending physician
6. Time of discharge
7. Recapitulation of resident's stay
8. Final diagnosis
9. Date summary completed
10. Signature of the person completing the summary

☐ ☐ ♦ A discharge summary of the resident to a different facility setting or service must include 11 of 13 of the following:

1. Medically defined conditions
2. Medical status measurement
3. Functional status
4. Sensory and physical impairments
5. Nutritional status and requirements
6. Special treatments and procedures
7. Psychosocial status
8. Discharge potential
9. Dental condition
10. Activities potential
11. Rehabilitation potential

12. Cognitive status
13. Drug therapy including education

006.09D Care and Treatment
☐ Met ☐ Not Met

Met Not Met

All care, treatment and services must be provided in accordance with appropriate standards of care.

The facility must have evidence that care/treatment is provided to:

☐ ☐ ♦ Improve or maintain a resident's abilities when the resident is capable of some level of independence

☐ ☐ ♦ Prevent resident's abilities from diminishing unless circumstances of the individual's medical condition demonstrates it was unavoidable to include:
1. Bathe, dress and groom.
2. Transfer and ambulate.
3. Toilet.
4. Eat.
5. Use speech, language, or other functional communication systems.

☐ ☐ ♦ Maintain good nutrition, grooming, and personal and oral hygiene for those residents unable to self perform.

☐ ☐ ♦ Maintain vision and hearing abilities by providing assistive devices, and as necessary:
1. Make appointments
2. Arrange for transportation to and from the office of a practitioner/professional specializing in hearing and vision and/or provision of vision or hearing assistive devices.

☐ ☐ ♦ Identify and implement appropriate standards of care and treatment to maintain or improve skin integrity to prevent a resident who enters the facility without a pressure sore from developing pressure sores unless the individual's clinical condition demonstrates that they were unavoidable.

☐ ☐ ♦ Identify and implement appropriate standards of care and treatment to maintain or improve skin integrity to promote healing, prevent infection and prevent other pressure areas from occurring.

☐ ☐ ♦ Identify and implement appropriate standards of care and treatment to maintain or improve skin to prevent a resident from developing skin excoriation, skin tears, other open areas unless the individual's condition demonstrates that they were unavoidable.

☐ ☐ ♦ Identify and implement standards of care and treatment for residents who have, or are at risk for, elimination problems. 6 of 6 must be met.
1. Prevent urinary tract infections.
2. Restore bladder unless the resident's condition demonstrates that the loss is bladder/bowel function is unavoidable.
3. Keep resident free of odors not caused by a clinical condition.
4. Keep residents from skin breakdown related to bladder or bowel incontinence.
5. Keep residents free of fecal impactions and signs of discomfort from bowel constipation.
6. Ensure a resident who enters the facility without an indwelling catheter does not receive an indwelling catheter unless the resident's clinical condition demonstrates that catheterization was necessary.

☐ ☐ ♦ Identify and implement standards of care and treatment to improve or maintain range of motion unless the clinical condition demonstrates a decline in range of motion was unavoidable.

☐ ☐ ♦ Identify and implement appropriate standards of care to promote each resident's mental and psychosocial functioning.

☐ ☐ ♦ Identify and implement methods to assist the resident in meeting treatment goals, address resident needs, and provide social service support in meeting needs.
1. Decreased social interaction.
2. Increased withdrawn, angry, or depressive behaviors.

☐ ☐ ♦ Identify and provide daily activities to stimulate and promote the physical, spiritual, social, emotional, and intellectual well-being of each resident, promoting the resident's self-respect, self-expression and choice.

☐ ☐ ♦ To identify and implement standards of care and treatment to prevent complications, infections, discomfort, and skin excoriation to residents receiving the following:
1. Gastric tubes.
2. Colostomy, ureterostomy, or ileostomy care.
3. Parenteral and enteral fluids.
4. Injections.

5. Tracheostomy care.
6. Tracheal suctioning.
7. Respiratory care.
8. Foot care.
9. Prostheses.

If any not met, list resident name and explanation of why not met:

☐ ☐ ♦ Identify and implement standards of care to prevent accidents.
☐ ☐ ♦ Establish and implement policies and procedures which addresses:
1. Investigation, including documentation of the accidents to include identification and evaluation of individual resident causal factors.
2. Method for tracking and identification of trends.
3. Development of interventions to prevent the accident from recurring.
4. Reevaluation of effectiveness of interventions.
☐ ☐ Must be free from hazards over which the facility has control.
☐ ☐ ♦ Identify and implement standards of care and treatment to maintain nutritional status to include:
1. Provide a nourishing, palatable, well-balanced diet the meets the daily nutritional and special dietary needs of each resident.
2. Ensure that unplanned weight loss or other indicator of malnourishment does not occur unless clinical condition demonstrates that this is not possible.
3. Evaluation of current height and weight status. Each resident must have a recorded weight no less than monthly with follow-up on unexplained gains and losses.
4, Requirement to provide special eating equipment and utensils for residents who need them.
5. Requirement to provide sufficient fluid intake to maintain proper hydration and health.

006.10 Administration of Medication
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Evidence that facility policies/procedures address that residents receive medications only prescribed by medical practitioners in accordance with the five rights and professional standards (right resident, right medication, right time, right dose, right route)
If surveyor identifies problems with administration by unlicensed personnel, will review requirements at 172 NAC 95-005 and 172 NAC 95-007
☐ ☐ ♦ Medications are administered only by individuals allowed in regulation with facility maintaining overall responsibility.
☐ ☐ ♦ The person who administered the drug, after the drug is administered must properly document dose administered on the medication record. For oral medications, the actual act of swallowing must be observed
☐ ☐ ♦ Refused medication must be documented as refused on the medication record.
☐ ☐ ♦ The same person, who prepared the dose, except under single unit does package distribution systems may administer the medication.
☐ ☐ ♦ Facility ensures a medication error rate of less than 5% and is free of any significant medication errors.
☐ ☐ ♦ Must have a method of recording, reporting, and reviewing medication administration errors and adverse reactions that are reported to the prescribing medical practitioner
☐ ☐ ♦ Each sampled resident has an individual medication administration record (MAR) which includes:
1. Name of the facility
2. Name of the resident
3. Room and bed number of resident
4. Resident identification number
5. Name of medication prescribed
6. Date, time, dosage, method of administration and identification of person
7. Name of physician
8. Drug allergies and sensitivities

006.11 Dietary Services

☐ Met ☐ Not Met

Met Not Met

Facility provides each sampled resident with a nourishing, palatable, well-balanced diet which meets the daily nutritional and special dietary needs of each resident.

☐ ☐ ♦ Menus must:

1. Meet the nutritional needs of sampled residents including therapeutic diets.
2. Be compatible with the food preferences and offer substitutes of similar nutritive value.
3. Recipe source available.

☐ ☐ ♦ Facility provides at least 3 meals daily at regular times comparable to normal mealtimes in the community to sampled residents

☐ ☐ ♦ Facility ensures that no more than 14 hours elapse between a substantial evening meal and breakfast the following day for sampled residents or 16 hours may elapse if a nourishing snack if offered at bedtime daily

☐ ☐ ♦ Facility maintains supplies of staple foods for a minimum of a 7 day period and perishable foods for a 3 day period on the premises and obtained from sources approved by federal, state, or local authorities as per Nebraska Food Code:

☐ ☐ ♦ Food is prepared by methods that conserve food's nutritive value, flavor, and appearance according to the Nebraska Food Code.

☐ ☐ ♦ Foods served at proper temperatures as per Nebraska Food Code:

☐ ☐ ♦ Sanitary conditions must comply with the provision of the Nebraska Food Code

☐ ☐ ♦ Sanitation of food contact surfaces of equipment and utensils:

1. HOT WATER SANITIZATION

Manual sanitation is completed by immersion for a least 25 seconds at 171* F or above.

Mechanical during sanitation surfaces reaches t 60° F

☐ ☐ ♦ 2. CHEMICAL SANITIZATION

Manual & mechanical- test kit that measures the concentration of sanitizing solutions is available, and the concentration when checked meets product recommendations.

006.12 Pharmacotherapy Services

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ The facility provides routine and emergency drugs, devices, and biologicals to its residents or obtain them under an agreement and the storage, control, handling, administration, and provision of such is in accordance with state laws

☐ ☐ ♦ Facility has policies and procedures for accurate acquiring, receiving, and administering of all medications to meet the needs of each resident

☐ ☐ ♦ Facility employs or obtains the services of a Nebraska-licensed pharmacist and the pharmacist provides for the development, coordination, and supervision of all pharmaceutical services including:

1. Consultation on all aspects of the provision of pharmacotherapy services in the facility;
2. Procedures for control and accountability of all medications throughout the facility;
3. Ensuring that medication records are in order and that records of all Schedule II and III controlled substances are maintained and reconciled;
4. Maintaining records of receipt and disposition of all controlled substances to enable accurate reconciliation;
5. Reviewing the drug regimen of each resident at least monthly, and reporting any irregularities to the primary medical practitioner and Director of Nursing Services. Drug reviews must include a signed and dated statement that:
   a. No potential problems were found;
   b. Problem found but deemed not significant, and/or
   c. A significant problem was found and a statement that must include a description of the situation and the information communicated to the individual with the authority to correct it, usually the medical practitioner.

006.12E1 Drug Storage
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Facility complies with all state laws related to procurement, storage, administration and destruction of drugs, devices, biologicals and medications subject to the Nebraska Uniform Controlled Substance Act.
1. Only authorized personnel have access to medications;
2. Bulk quantities of non-prescription drugs, devices, and biologicals are administered to residents only on the order of a medical practitioner;
3. Medications are stored in locked areas;
4. All medications are stored in accordance with storage instructions;
5. The facility provides separately locked permanently affixed compartments for storage of controlled medications listed in Schedule II of Neb. Rev. Stat. Section 28-405 except when the facility uses unit package drug distribution systems where the quantity stored is minimal and a missing dose can be readily detected. Drugs, devices, and biologicals are stored in original containers from the pharmacy;
6. No discontinued, outdated, or deteriorated drugs, etc available for use in facility;
7. External use drugs, etc., stored separately from all other medications; and
8. Only authorized personnel of the facility administer medications to residents from emergency boxes located within the facility and boxes meet all of the requirements in the Emergency Box Drug Act.

☐ ☐ ♦ A shift count of all controlled substances in Schedule II and III is completed by 2 persons with each initialing the medication control sheet for each medication upon completion of the count.

All medications in the facility are labeled with cautionary instructions and expiration date.

006.12E8 Disposition of Prescription Medications
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Prescribed medication is sent with residents upon discharge only with the order of a medical practitioner and containers are properly labeled by the dispensing pharmacy

☐ ☐ ♦ Upon a resident's death or permanent discontinuation of prescription medication, the facility either:
1. Returns the medication to the dispensing pharmacy for credit, or
2. Properly disposes of any residue, with the disposal performed by 2 facility employees credential under the Uniform Credentialing Act according to the following:
a. The disposal takes place on the site of the facility, and
b. The medication name, strength and quantity disposed of is recorded in the resident's medical record, dated and signed by the pharmacist

☐ ☐ ♦ No medications were saved for use by other residents

006.13 Specialized Rehabilitative Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ The facility provided specialized rehabilitative services to sampled residents as ordered by the medical practitioner

006.14 Dental Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Facility assists in obtaining routine and 24 hour dental care as needed for sampled residents:
1. Making appointments;
2. Arranging transportation to and from the dentist's office; and
3. Referring residents with lost or damaged dentures, chewing difficulties, oral ulcerations, or oral pain to medical practitioner.

006.15 Outside Resource
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Laboratory, radiology and other diagnostic services are furnished to sampled residents by a qualified professional person either employed by the facility or furnished by a person/agency outside of the facility under an arrangement/agreement.

006.16 Record-Keeping Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ The facility maintains and safeguards clinical and other records for sampled residents.
☐ ☐ ♦ Clinical record is kept on each resident and contains the minimum:
1. Information to identify the resident;
2. Record of the resident's assessments;
3. A plan of care and services including medication administration provided by the facility;
4. Interdisciplinary progress notes;
5. Medical practitioner orders which are signed and dated;
6. Allergies;
7. Person to contact in an emergency;
8. Name of attending medical practitioner; and
9. Advanced directives if available.
☐ ☐ ♦ The record is:
1. Complete;
2. Accurately documented;
3. Readily accessible;
4. Systematically organized; and
5. Legible.
☐ ☐ ♦ Clinical records are stored to assure against loss, destruction, or unauthorized use.
☐ ☐ ♦ Confidentiality of information, regardless of the form or storage must be protected.
☐ ☐ ♦ Resident clinical records are maintained and preserved for a period of at least 5 years
1. In case of a minor, 5 years after the resident becomes of age under Nebraska law.
2. Records or documentation of the actual fact of resident medical record destruction must be permanently maintained.
☐ ☐ ♦ Facility maintains records pertaining to resident personal funds accounts as applicable, financial matters, resident possessions, and statements of resident rights and responsibilities.
☐ ☐ ♦ Resident possessions are inventoried at time of admission, updated as needed, and accounted for upon discharge from facility.
☐ ☐ ♦ The facility maintains a chronological resident register which identifies:
1. Name of resident;
2. Date of admission;
3. Date of birth;
4. Social security number;
5. Admission number;
6. Gender;
7. Names of medical practitioner and dentist; and
8. Date of discharge and destination.
☐ ☐ ♦ Facility maintains the following records:
1. Daily census record.
2. Written policies and procedures that govern all services provided by the facility. Policies and procedures must address the following:
a. Only individuals whose needs can be met by the facility or by providers of care under contract to the facility are admitted;
b. Transfer and discharge;
c. Methods to receive complaints and recommendations from residents and ensuring facility response;
d. Clinical record protection;
e. Care and services provided by facility staff and contracted services;
f. Written disaster plan;

g. Records of each orientation and inservices, other training programs, including names of staff attending, subject of training, names and qualifications of instructors, dates of training, length of training sessions and any written materials provided;
h. Current employment records for each staff person and record must include: length of service, orientation, inservice, licensure, certification, registration, or other credentials, performance, health history screening and previous work experience;
i. Contracts with outside resources; and Operation and maintenance records.

006.17 Infection Control
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ The facility has an infection control program for the prevention, control, and investigation of infections and communicable diseases and must ensure: 1. Identifying, reporting, investigating, and controlling infections and communicable diseases of residents and staff, 2. Early detection of infection that identifies trends so outbreaks are contained; 3. Monitoring of treatment of infection and changing treatment when needed; 4. Decisions on what procedures, such as isolation, must be applied; and 5. Maintenance of records to include records of facility's system of surveillance of infections, observations of unsafe and unsanitary practices, incidents, and corrective actions related to transmission of infections.
☐	☐	♦ Cross-contamination is prevented for sampled residents, between residents in provision of care, sanitation of equipment and supplies, and cleaning of resident's rooms;
☐	☐	♦ Facility prohibits employees known to be infected with any disease in communicable form from working in facility; and
☐	☐	♦Facility provides influenza and pneumoccal vaccinations between October 1 and April 1 of each year unless contraindicated or refused.
☐	☐	♦Facility provides vaccinations for diphtheria, pertussis and tetanus according to CDC recommendations unless contraindicated or refused.
☐	☐	♦ Observations affirm handwashing is done by staff after direct resident contact.

006.18 Environmental Services
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Environment is safe, clean, comfortable, and homelike and residents are allowed to use their belongings to the maximum extent possible. 1. Buildings, grounds, resident living and common areas are clean, safe, and in good repair; 2. All garbage and rubbish is disposed of to prevent attraction of rodents, flies, and etc.; 3. All areas have adequate lighting, environmental temps, and sound levels; and 4. Rodent, flies, and etc are prevented from entrance into the facility.
☐	☐	♦ Equipment, fixtures, and furnishings are clean, safe, and in good repair.
☐	☐	♦ Provide equipment adequate for meeting resident needs.
☐	☐	♦ Common areas and resident sleeping areas are furnished with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of resident needs and preferences. Furnishings may be provided by either the facility or the family,
☐	☐	♦ Facility establishes and implements a process designed for routine and preventive maintenance of equipment and furnishings to ensure that such equipment and furnishings are safe and function to meet their intended use.
☐	☐	♦ Facility provides clean bed, bath and other linens for sampled residents 1. Facility has procedures for the storage and handling of soiled and clean linens and procedure is followed. 2. Facility launders linens using water temps which exceed 140°F or sanitizes/disinfects by other acceptable methods according to manufacturer's instruction.
☐	☐	♦ A facility-owned pet does not negatively affect residents residing in the facility. Facility policies and procedures regarding pets implements: 1. Annual examination by a licensed veterinarian; 2. Current vaccinations recommended by vet including rabies for dogs, cats, and ferrets; 3. Provision of pet care to prevent acquiring and spreading of fleas, ticks, and other parasites; and

4. Responsibility for care and supervision of pet by facility staff.

☐ ☐ ♦ Facility maintains environment in a manner that minimizes accidents,

☐ ☐ ♦ Surfaces are smooth and free of sharp edges, mold or dirt, floors are free of objects and slippery or uneven surfaces.

☐ ☐ ♦ All doors, stairways, passageways, aisles, or other exits are safe and adequate means of exit.

☐ ☐ ♦ Water for bathing and handwashing are at safe/comfortable temperatures to protect residents from potential burns or scalding.

☐ ☐ ♦ Facility policies and procedures ensure:

1. Water temperatures at resident bathing and therapy fixtures do not exceed 110°F, and
2. Water at handwashing fixtures do not exceed 120°F,

☐ ☐ ♦ Facility policies and procedures ensure hazardous/poisonous materials are properly handled to prevent accidental ingestion, inhalation, or consumption by residents.

☐ ☐ ♦ Facility restricts resident access to mechanical equipment posing a danger to residents.

If any not met, list resident name and why requirement not met.

006.18F Disaster Preparedness and Management

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ Facility has established and implemented policies and procedures to ensure resident's safety during and following instances of natural disasters, disease outbreaks, or other similar situations which include plans to:

1. Move residents to points of safety in case of fire, tornado, or other natural disasters;
2. Obtain food, water, medicine, medical supplies and other necessary items;
3. Move and house residents in points of safety when the building or a portion of the building in uninhabitable; and
4. Provide comfort and safety of residents in the event of electrical or gas outage, heating, cooling or sewage services.

For any not met, list requirements not met:

007. Physical Plant Standards

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ Designed, constructed and maintained in a manner that is safe, clean, and fUnctional for the type of care and treatment to be provided.

☐ ☐ ♦ Includes support services, care and treatment areas, construction standards, building systems and waivers.

007.01A Dietary: Food preparation on site

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ There is dedicated space and equipment for the preparation of meals.

☐ ☐ ♦ Food service physical environment and equipment comply with the Food Code, except when used only for training or activity purposes.

007.01B Laundry

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ The facility provides laundry service, either through contract or on-site by the facility.

007.01B1 Contract:

☐ Met ☐ Not Met

Met Not Met

☐ ☐ ♦ If contractual services are used, areas for soiled linen pickup, and separate areas for storage and distribution of clean linen are designated.

007.01B2 On-Site Laundry Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has areas dedicated to laundry.
1. Areas for bulk processed laundry is divided into separate soiled (sort and washer areas) and clean (drying, folding, and mending areas) rooms.
2. New construction and new facilities have a separate soaking and hand washing sink and housekeeping room.
☐ ☐ ♦ If the facility provides personal laundry areas, the areas are equipped with a washer and dryer for use by residents.
☐ ☐ ♦ If new construction, there is a conveniently located sink for soaking and hand washing of laundry.
☐ ☐ ♦ Has a separate clean linen supply storage area conveniently located in each care and treatment location.

007.01C Waste Processing:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Provides areas to collect, contain, process, and dispose of medical and general waste produced in a manner to prevent the attraction of rodents, flies and all other insects and vermin, and minimize the transmission of infectious diseases.

007.01D Housekeeping Room:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has a room with a service sink and space for storage of supplies and housekeeping equipment.

007.02 Care and Treatment Areas
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Care and treatment areas have a control point, medication station and clean storage/utility room.
☐ ☐ Does not share these areas with detached structures.

007.02A1 Control Point
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Provide an area for charting and resident records, space for storage of emergency equipment and supplies, and call and alarm annunciation systems.

007.02A2 Medication Station
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has a medication station for storage and distribution of drugs and routine medications. May be done from a medicine preparation room or unit, from a self-contained medicine- dispensing unit, or by another system.
☐ ☐ ♦ The medicine preparation room or unit is under visual control of nursing staff
☐ ☐ ♦ Has a work counter, sink, refrigerator, and double locked storage for controlled substances.

007.02A3 Clean Storage/Utility Room
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Have separate areas for soiled and clean materials.
☐ ☐ ♦ Have a fixture for disposing waste and a handwashing sink.

007.02B Equipment and Supplies
☐ Met ☐ Not Met

Met Not Met
☐ ☐ Has services and space to distribute, maintain, clean and sanitize durable medical instruments, equipment and supplies required for the care and treatment provided.

007.02B1 Durable Medical Equipment
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Ensures that durable medical equipment is tested and calibrated in accordance with the manufacturer's recommendations.

007.02B2 Equipment Storage
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Has space to store equipment, stretchers, wheelchairs, supplies, and linen out of the path of normal traffic.

007.02C Rehabilitation Services
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If the facility provides rehabilitation services, at least one treatment room or cubicle provided for specialized treatment and care includes a handwashing sink(s), storage for equipment and supplies, a call system, and areas to allow for resident toileting, dressing and consultation.

007,02D Psychiatric or Mental Health
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If the facility provides a specialized areas or unit designed for psychiatric or mental health services, space and equipment allows for resident and staff safety such as:
1. Area provided for quiet activity.
2. Area provided for noisy activity.
3. Dining areas.
4. Private and group areas for specialized treatment and care.
5. Handwashing sink(s), storage for equipment and supplies, and security systems.

☐ ☐ ♦ In rooms where care and treatment is provided to abusive or suicidal residents, the rooms have:
1. Tamper-resistant air distribution devices, lighting fixtures, sprinkler heads, and safety devices;
2. Ventilation, exhaust, heating and cooling components that are inaccessible to residents;
3. Bedroom, toilet, and bathing room doors that are not lockable or capable of being obstructed from within; and
4. Electrical outlets protected by ground fault interrupting devices.

007.02E Alzheimer's, dementia, and related conditions
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ If a facility provides a specialized area/unit for Alzheimer' s, dementia, and related conditions, the area has:
1. Personalized resident bedrooms;
2. Activity areas;
3. Separate dining areas;
4. Features that support resident orientation to their surroundings;
5. Handwashing sinks; and
6. Call and security systems.

007.02F Outpatient Areas
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ For care and treatment of resident not residing in the facility, areas do not interfere with residents currently residing in the facility.
☐ ☐ ♦ Furnishings, equipment and toilet facilities are adequate to meet resident care needs.

Sufficient inside and outside space that accommodates the full range of program activities and services.

007.03 Construction
☐ Met ☐ Not Met

Met Not Met

007.03A3
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Maintains all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stress allowed in the building code for new buildings of similar structure, purpose, or location.

007.03D Floor Area:
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Floor area is the space with ceilings at least 7 feet in height and excludes enclosed storage, toilets and bathing rooms, corridors, and halls.
☐ ☐ ♦ The space beyond the first two feet of vestibules and alcoves less than fiS'e feet in width is not included in the required floor area.

007.03E Dining Area Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ Have an outside wall with windows for natural light and ventilation;
☐ ☐ ♦ Furnished with tables and chairs that accommodate or conform to resident needs;
☐ ☐ ♦ Have a floor area of 15 square feet per resident in existing facilities and 20 square feet per resident in new construction;

007.03F Activity Area Requirements
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ An outside wall with windows for natural light and ventilation;
☐ ☐ ♦ Have furnishings to accommodate group and individual activities; and
☐ ☐ ♦ Have a floor area of at least 15 square feet per resident residing in bedrooms and may be combined with dining areas;

007.03G Bathing Rooms
☐ Met ☐ Not Met

Met Not Met
☐ ☐ ♦ A bathing room consisting of a tub and/or shower adjacent to each bedroom or a central bathing room on each sleeping floor.
☐ ☐ ♦ Tubs and showers must be equipped with hand grips and other assistive devices as needed or desired by the resident.

One bathing fixture per 30 licensed beds.

007.03H1 Toilet Rooms
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Existing facilities-have a toilet and sink adjoining each bedroom or one toilet and sink per eight licensed beds as shared toilet facilities.
☐	☐	♦ Sinks are equipped with towels and soap dispenser.
☐	☐	♦ New construction has a toilet room adjoining each resident bedroom or in each apartment or dwelling, one toilet and sink per four licensed beds.

007.03I Resident Room Requirements
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Has bedrooms which allow for sleeping, afford privacy, provide access to furniture and belongings and accommodate the care and treatment provided to the resident.
☐	☐	♦ Each bedroom located on an outside wall with an operable window with a minimum glass size of eight square feet per resident. The window must provide an unobstructed view of at least ten feet.
☐	☐	♦ Each bedroom has at least 45 cubic feet of enclosed storage volume per resident in dressers, closets or wardrobe.
☐	☐	Located within 150 feet of a control point if nursing services are provided in the room.
☐	☐	♦ Allows for an accessible arrangement of furniture providing a minimum of three feet between the heads of the beds in multiple bedrooms.
☐	☐	♦ In multiple bed resident rooms, visual privacy and window curtains are provided for each resident.
☐	☐	♦ Existing or New facility floor areas: 1. Single bedrooms: 100 square feet, 2. Multiple bedrooms: 80 square feet with a maximum of 4 beds. 3. Apartment or dwellings: 110 square feet for one resident plus 100 square feet for each additional resident.
☐	☐	♦ New construction floor areas: 1. Single bedrooms: 120 square feet. 2. Multiple bedrooms: 100 square feet per bed with a maximum of 2 beds, 3. Apartments or dwellings: 120 square feet for one resident plus 110 square feet for each additional resident.
☐	☐	♦ Isolation rooms are based on infection control risk assessment of the facility and must make provisions for isolating residents with infectious diseases.
☐	☐	♦ Handwashing sinks are equipped with towel and soap dispenser in all examination, treatment, isolation, and toilet rooms.
☐	☐	♦ Examination rooms have a minimum floor area of 80 square feet and a minimum of 3 feet clear dimension around 3 sides of the examination table or chair.
☐	☐	♦ If a treatment room is provided, it has a minimum of 120 square feet and a minimum of 10 feet clear dimension
☐	☐	♦ Corridors are wide enough to allow passage and be equipped as needed for the residents to minimize injury. All stairways and ramps must have handrails.
☐	☐	♦ Doors must be wide enough to allow passage and be equipped for privacy, safety, and with assistive devices to minimize resident injury.
☐	☐	♦ Outdoor area for resident use is equipped and situated to allow for resident safety and abilities.
☐	☐	♦ Isolation rooms, clean workrooms, and food preparation areas have washable room finishes that are smooth non-absorptive and not physically affected by routine housekeeping cleaning solutions and methods. Acoustic lay-in ceilings, if used, are non-perforated.

007.03Q Emergency Telephone
☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ A non-coin operated telephone(s) with emergency numbers for use by residents are available.

007.04 Building Systems

☐ Met ☐ Not Met

Met	Not Met	
☐	☐	♦ Building systems designed, installed, and maintained to remain operational.
☐	☐	♦ An accessible, adequate, safe, and potable supply of water is available.
☐	☐	♦ Have a sanitary and functioning sewage system.
☐	☐	♦ Hot and cold water to all handwashing and bathing locations.
☐	☐	Heating and air conditioning system capable of maintaining a minimum temperature of 70°F during heating conditions and a maximum of 85°F during cooling conditions in new facilities; a minimum of 75°F during heating conditions and 80°F during cooling conditions in new construction.
☐	☐	♦ Airflow that moves from clean to soiled locations.
☐	☐	♦ Ventilation system prevents the concentrations of contaminants that impair health or cause discomfort to residents and employees.
☐	☐	♦ An electrical system that has sufficient capacity to maintain care and treatment services provided and is properly grounded.
☐	☐	♦ Average illumination levels as follows: 1. General purpose areas: 5 foot candles. 2. General corridors: 10 foot candles. 3. Personal care and dining areas: 20 foot candles. 4. Reading and activity areas: 30 foot candles. 5. Food preparation areas: 40 foot candles. 6. Hazardous work surfaces: 50 foot candles. 7. Examination task lighting: 100 foot candles. 8. Reduced night lighting provided in resident rooms where nursing services are provided and resident-use toilet and bathing rooms and corridors.
☐	☐	♦ Existing and new facilities have emergency power for essential care and treatment equipment, lighting, medical gas systems and nurse call systems.
☐	☐	♦ New construction also has emergency power for ventilation and heating.
☐	☐	♦ Facilities with electrical life support equipment have and maintain an essential power system with an on-site fuel source.
☐	☐	♦ Have a call system that is operable from resident beds and resident-used toilet and bathing areas.
☐	☐	♦ If medical gas and vacuum systems exist, the facility periodically tests and approves all medical gas piping, alarms, valves, and equipment for resident care and treatment and have documented such approvals for review and reference.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Nurse Aide Training Supplies and Equipment List

- Equipment is to be available in the testing area.
- Patient care mannequin – It is not appropriate to utilize real people for some of the skills, therefore it is requested that a patient care mannequin with male and female genitalia be available. This could be a C.P.R. mannequin (full body), a large doll, or other fabricated body.
- Training entities conducting courses are expected to have at the minimum the following listed equipment available.

Watch
Paper
Pencil or pen
Stethoscopes
Teaching stethoscope
Thermometer - Oral or
    Tympanic
Blood pressure cuff

Bed – manual or electric
3 Pillows (& cover if needed)
Over-bed table
Room chair
Call light
Trash container (with liner)

Linen:
    2 Mattress Pads
    2 sets of sheets
    3 Pillow cases
    2 Blankets
    2 Bedspreads
    Waterproof pad
    4 Bath towels
    2 Hand towels
    4 Wash cloths
    Bath blanket
    Clothing protector

Laundry bag
Soiled linen container

Resident clothing
    Undergarments
    Dress &/or shirt-pants
    Shoes
    Stockings
    Gowns
    Slippers and robe

Paper towels
Soap
Bath thermometer
Sink
Basin
Tissues
Toothpaste
Toothbrush
Mouthwash
Denture cup
Denture cleaner
Swabs or toothettes
Lotion
Brush & comb
Shampoo
Powder

Wheelchair
Walker
Cane
Gait belt

Diet cards
I/O sheet
Paper napkin
Food tray complete with table setting & empty milk carton
Drinking straws

Disposable gloves - 1 box (medium and large)
Antiseptic swabs
Scale
Tape measure
Graduated cylinder
Emesis basin
Bedpan
Urinal
Commode
Foley catheter & drainage bag
Toilet paper
Disinfectant

WORK SHEET - Facility

Name	DOH	Dates of Class	Date Pre Resident-Contact Hrs. Completed	Date 1st Worked on Floor	Skills on Floor Before Learning? (Y/N)	Dated/ Signed Skills Record? (Y/N)	# of Course Hours	Course Certificate	Notes

Effective 05-28-13

WORK SHEET Non-facility

Name	Phone #	Dates of Class	Dated / Signed Skills Record? (Y/N)	Course Hours	Written Exam Version/Grade	Skills Exam Version/Grade	Notes

WORK SHEET CEP

Name	Phone #	Date of testing/site	Verify Eligiblity	Written Exam Version/ grade	Skills Exam Version/ grade	Notes

Effective 05-28-2013

Nurse Aide Program Review

Name of Facility or School:

_____

Program Coordinator:

_____

Date of review: _____

Reviewer: _____

Exit Conference

Date: _____

Name and title of those present in Conference:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Program Manager Review (initials/date) _____

Name of College/Non-Facility:

The following items will be needed to conduct the program review. Please provide them as soon as possible. Thank You

1. List of classes for the past two years and number of nursing assistants trained. Include last known address and phone numbers.

2. Class attendance records and skills competency records for the past two years.

3. Course materials including the class instruction manual and any supplemental materials.

4. Written and skills competency evaluation examinations and testing policies.

5. Copy of course certificate.

Thank you!

Name of Nursing Home

The following items will be needed to conduct the program review. Please provide them as soon as possible. Thank You

1. List of classes for the past two years and number of nursing assistants trained, including last known address and phone numbers.

2. Class attendance records and skills competency records for the past two years.

3. Course materials including the class instruction manual and any supplemental materials.

4. Copy of course certificate.

5. Work schedules for the past year.

6. Personnel files including dates of hire for nursing assistants hired within the past year.

Thank you!

Program Review College/Non facility based

Date and time: _____

Program name: _____

Interviewing: _____

Reviewer: _____

Interview of Program Coordinator/Primary Instructor:

Interview		**Met**	**Not met**	**NA**	**Comments**
108-003.6	Program coordinator				
483.152(a)(5)(i)(ii)	Approved primary instructors.				
	Approved space for classroom acceptable.				
	The course being taught is approved: Nebraska Health Care Hartman's, or their own approved course.				
108-004.01A	Course being taught is approved by the state /federal regulations and statutes.				
108-004.02	Evidence of continued approval requirements.				
108-004.05	Course notifications are within the 5 days of the class starting.				
	The course materials besides curriculum have been approved by the department. (Movies, etc.)				
108-003.01	The break and lunch times are not counted in the 76 hours.				
108-003.03 Meeting minimal standard's	The skills packets are signed and dated by approved instructor.				

		Met	Not Met	NA	Comments
108-003.03	The testing of skills was 1:1, meeting minimal requirements.				
Meeting minimal standards	Do the students use mannequin, residents, other students, & instructor to demonstrate?				
483.152(b)(2)	All the skills were demonstrated. There were no required skills not demonstrated.				
483.152(a)(3)(4)(i)	16 hours supervised practical training before working with a resident.				
Review of Course Records.					
	How many records were reviewed?				
108-003.01 &483.152(a)(l)	Do total class hours = 75 plus one hour of NE specific training				
108-003.02C	One hour of Nebraska procedures for reporting suspected abuse or neglect.				
108-004.06	Attendance records maintained for 2 years				
483.152(a)(6)	There is evidence that classes are made up and material made up.				
108-003.07	Certificate included: Name, DOB, Date of Completion, Instructor Name and Sponsor. There is evidence it was given to the students.				
483.154(4)(i)	Room, supplies, equipment, course materials were acceptable.				
	Observation of class acceptable.				

Competency Evaluation Review	Skills exam				
		Met	Not Met	NA	Comments
108-003.4 and 483.154(b)(2), 71.6039	Clinical skills exams selected from random pool of tasks.				
483.152(b)(3)	Skills exams: hand washing, one easy/hard: basic nursing skill, personal care and restorative skills.				
483.154(4)(ii)	The person administers & evaluates clinical skills exam met standards.				
483.154(d)(2)(ii)	How long are the students given to review skills packet prior to testing? (Standardized).				
483.154(c)(4)(i)	Clinical skills exam room resembles a resident's room.				
Competency Evaluation Review	Written exam				
483.154(b)(i)	They were given a choice between written and oral exam.				
483.154(b)(l)(iv)	Students were not allowed to review test booklet after completing exam.				
483.154(b)(iii)	There were more than one exam being used and rotated. Pool of questions only a portion are being used at one time.				
	The written exams were approved by the division.				
Examination Procedures					

483.154(f)(in)	The students are allowed to know general content if they did not pass the test.				
483.154(f)(ii)	The students know they had three chances to pass the test.				
	Retesting procedures are in place when the test is failed.				
483.154(b)(1)(iv)	The skills and written exams are in a secure place.				
		Met	Not Met	NA	Comments
483.154(b)(1)(iv)	The policy and procedures of the facility/school reflect procedures to protect security and confidentiality.				
483.154(c)(ii)	The testing center has it been approved by the department.				
483.154(d)(2)(ii)	The written and clinical skills exams been graded properly including scores, dates, signature of tester and version of test used. (standardized)				

Program Review facility based

Date and time: _____

Program name: _____

Interviewing: _____

Reviewer: _____

Interview of Program Coordinator/Primary Instructor:

Interview		**Met**	**Not met**	**NA**	**Comments**
108-003.6	Program coordinator				
483.152(a)(5)(i)(ii)	Approved primary instructors.				
	Approved space for classroom acceptable.				
	The course being taught is approved: Nebraska Health Care Hartman's, or their own course.				
108-004.01A	The course is being taught as approved by the state/federal regulations.				
108-004.02	Evidence of continued approval requirements.				
108-004.05	Course notifications are within the 5 days of the class starting.				
	The course materials besides curriculum have been approved. (Movies etc.).				
108-003.01	The breaks and lunch times are not counted in the 76 hours.				
108-003.03 Meeting minimal standard's	The skills packets are signed and dated by approved instructor.				

		Met	Not Met	NA	Comments
108-003.03	The skills testing is 1:1, meeting minimal standards.				
	Do the students use mannequin, residents, other students, & instructor to demonstrate?				
483.152(b)(2)	All of the skills were demonstrated. There were no required skills not demonstrated.				
483.152(a)(3)(4)(i)	There is evidence of the 16 hours supervised practical training before working with a resident.				
Review of Course Records.					
	How many records were reviewed?				
108-003.01 &483.152(a)(l)	Total class hours = 75 plus one hour of NE specific training				
108-003.02C	Including 1 hour of Nebraska procedures for reporting suspected abuse or neglect.				
108-004.06	Attendance records maintained for 2 years				
483.152(a)(6)	There is evidence that classes are made up and material made up.				
108-003.07	Certificate includes, name, DOB, date of completion, instructor and sponsor there is evidence this was given to the students.				
483.152(b)(l)	Compare dates on the attendance records with work schedules and performance checklists.				
	NA's received the required 16 hours prior to contact?				
	Work schedules and attendance records did not conflict.				

483.152(a)(4)(i)	The facility ensured students were not assigned to tasks they had not been checked off.				
108-005.01	The training and testing had been completed in 120 days based on review of date of hire and verification.				
	Personnel Files: check for date of hire, contracts on students hired by facility requiring payment for the class, and registry verification. (work sheet)				
483.154(4)(i)	The room supplies and equipment and course material were acceptable.				
	Observation of class acceptable.				
Competency Evaluation Review	Skills exam	Met	Not met	N A	Comments
108-003.4 and 483.154(b)(2), 71.6039	Clinical skills exams were selected from random pool of tasks.				
483.152(b)(3)	Skills exams: hand washing, one easy/hard: basic nursing skill, personal care and restorative skill				
483.154(4)(ii)	The person who administers & evaluates clinical skills exam met standards.				
483.154(d)(2)(ii)	How long are the students given to review skills packet prior to testing? (Standardized).				
483.154(c)(4)(i)	Clinical skills exam room resemble a resident's room.				

Written exam		met	Not met	N A	
483.154(b)(i)	They were given a choice between written and oral				
483.154(b)(l)(iv)	Students were not allowed to review test booklet after completing exam.				
483.154(b)(iii)	There were more than one exam available being used and rotated. Pool of questions only a portion being used at one time.				
	The written exams were approved by the division.				
Examination Procedures		Met	Not met	N A	Comments
483.154(f)(i)	The students are allowed to know the general content if they did not pass the test.				
483.154(f)(ii)	The students were aware they have three chances to take the test.				
	Retesting procedures in place when the test is failed.				
483.154(b)(1)(iv)	The skills and written exams are in a secure place.				
483.154(b)(1)(iv)	The policy and procedures of facility/school reflect procedures to protect security and confidentiality.				
483.154(c)(ii)	The testing center has been approved by the department.				
483.154(d)(2)(ii)	The written and clinical skills exams have been graded properly including scores, dates, signature of tester and version of test used. (standardized)				

Nurse Aide Interview/Student Interview

Name of Nurse Aide: _____

Facility: _____

Date: _____

Reviewer: _____

Interview		Met	Not Met	NA	Comments
108-003.01	What dates did you attend class?				
108-003.01	Were Break and lunch times counted in the 76 hours? Or were they separate?				
483.152(a)(6)	Did you miss any classes?				
	Were you required to make classes up?				
	Where and when did you make them up?				
	Did you get all the information you missed?				
108-004.01A	Where was the class taught?				
	Who taught the class, methods?				
108-003.03	Did you use a mannequin, resident, other students and instructor to learn skills?				
	Were you required to demonstrate each skill or did you read through it or explain it?				
	Did you demonstrate the skills 1:1 with the instructor during testing/check off?				
	Did you have all the equipment and supplies you needed?				
483.152(b)(2)(i)	Did you learn all the skills in the manual?				

Interview							Met	Not Met	NA	Comments
108-003.03	Which the following skills did you not demonstrate?									
Meeting minimal standards	Hand Washing *		feeding		Mechanical lift					
	Applying and removing gloves		Vitals: oral temp, radial pulse, blood pressure, respiration, height and weight.		Measuring, fluid intake & output, emptying a urinary drainage bag.					
	Handling soiled equipment, wastes and linens.		Support stockings and nail care		Catheter care, urinal, bedpan-dependent & independent					
	Brushing teeth and denture cares		Baths: showering, tub bath, partial bath and bed baths		Male and female perineal cares, changing incont. briefs					
	Unconscious mouth cares.		Dressing and undressing		Turning, range of motion.					
	Abdominal thrusts		Backrub and shaving		Positioning on the side, moving up in bed one and two assist					
	Occupied bed and unoccupied beds		Cane, walker and ambulation gait belt use		Transferring bed to wheelchair, wheelchair to toilet					

Interview		Met	Not met	NA	Comments
108-003.03	What were you allowed to do for the residents while you were taking the class?				
	How much time did you work on the floor?				
	Was your instructor present while you were on the floor? Where in proximity was she?				
	Were you required to pay for your course or books?				
108-003.7	Did you receive a course certificate?				
08-005.01	What date did you start working at a facility?				
	Questions for College/Non-Facility based programs				
483.154(b)(i)	Were you offered a choice between written or oral examination?				
	How much time were you given to take the written or oral exam?				
	How were you informed whether you passed or failed the exam?				
483.154(b)(l)(iv)	Were you told your score? Did they review the test booklet or answers to questions after completing the exam?				
	Did you retest?				
483.154(f)(i)	If you retested, did they tell you what areas you did not pass?				
483.154(f)(ii)	Were you told you had 3 opportunities to take the written and skills exam?				
183.152(b)(3) &483.154(d)(2)(ii)	How much time were you given to review the skills packet before beginning?				
71-6039	How many skills were included in your test packet?				
	Describe how the skills test was conducted?				
	Who conducted the tests and were they present the entire time?				

Nursing Assistant Skills Competency Clinical Exam Information

Updated 7-17-12

The following is a list of skills performed by nurse aides. The skills are divided by categories and degree of difficulty required for the clinical skills competency examination.

Please note, the Nebraska Department of Health & Human Services, Public Health Division, Licensure Unit, is not mandating that the clinical skills competency examination be comprised of all of the listed procedures. This is only the pool from which the examination must be developed but the pool must at least include the following personal care and restorative care skills:

Bathing
Grooming, including mouth care
Dressing
Toileting
Assisting with eating and hydration
Proper feeding techniques, skin care
Transfers, positioning, and turning

Handwashing

Basic Nursing Skills

1 easy
1 hard

Please note: Each skills competency examination packet must contain HANDWASHING and at least one additional EASY skill AND one additional HARD skill from this list.

Skill	Easy	Hard
Changing an Occupied Bed		X
Changing an Unoccupied Bed	X	
Handling Wastes	X	
Handling Soiled Bed Linens	X	
Handling Soiled Equipment	X	
Handwashing	X	
Removing Disposable Gloves		X
Height and Weight	X	
Oral Temperature	X	
Radial Pulse	X	
Respirations	X	
Blood Pressure		X
Abdominal Thrusts		X
Measuring Fluid Intake	X	
Measuring Fluid Output	X	
Emptying the Urinary Drainage Bag		X

Nursing Assistant Skills Competency Clinical Exam Information

Updated 7-17-12

one easy
one hard

Personal Care Skills

Please note: Each skills examination packet must contain at least one EASY skill AND one HARD skill from this list.

Skill	Easy	Hard
Tub Bath		X
Shower		X
Bed Bath		X
Partial Bath		X
Backrub	X	
Routine Oral Care	X	
Care of Dentures	X	
Oral Care for Unresponsive Patient		X
Male Perineal Care		X
Female Perineal Care		X
Shaving with an Electric Razor		X
Nail Care	X	
Dressing	X	
Undressing	X	
Assisting the Dependent Patient with the Dining Experience		X
Use of Bedpan for Independent Patient	X	
Use of Bedpan for Dependent Patient		X
Use of a Urinal	X	
Daily Catheter Care		X
Changing Incontinent Briefs		X

Nursing Assistant Skills Competency Clinical Exam Information

Updated 7-17-12

(1) skill

Basic Restorative Services

Please note: Each skills examination packet must contain at least one skill from this list. The skill can be EITHER easy or hard.

Skills	Easy	Hard
Moving a Patient Up in Bed	X	
Moving a Dependent Patient Up in Bed	X	
Turning Patient Toward You	X	
Placing the Patient in the Lateral Position	X	
Turning Patient Away From You	X	
Turning a Patient Using a Turn Sheet	X	
Transferring from Bed to Chair or Wheelchair		X
Transferring from Wheelchair to Toilet or Chair		X
Assisting to Ambulate	X	
Assisting a Resident to Ambulate with a Walker	X	
Assisting a Resident to Ambulate with a Cane	X	
Application of Support Stockings	X	
Range of Motion		X

SURVEYORS REPORT FOR APPROVAL OF NURSING PROGRAMS IN NEBRASKA

NURSING PROGRAM:

DATE OF SURVEY:

SURVEY COMPLETED BY:

PROGRAM ADDRESS:

CHAIR, DIVISION OF NURSING:
SITES VISITED

Clinical Resource:

Classrooms Observed:

Program Representatives:
NCLEX-RN Pass Rates:

RULE	MET	UNMET	COMMENTS
004 ACCREDITATION OF CONTROLLING INSTITUTION 004.01 A university or college offering an associate degree and/or basic baccalaureate degree program in nursing shall be accredited by an accrediting body that is recognized as an accrediting body by the United States Secretary of Education.			
004.02 A hospital which offers a diploma program in nursing shall be general acute-care in type, licensed by the Department, and accredited by the Joint Commission on Accreditation of Healthcare Organizations.			
004.03 Community colleges and other educational agencies offering a program in practical nursing or associate degree registered nursing must be accredited by an accrediting body that is recognized as an accrediting body by the United States Secretary of Education.			
005 ADMINISTRATION AND ORGANIZATION The administrative control for the program shall be vested in the governing body of the controlling institution. The governing body of the controlling institution shall: 005.01 Provide an organizational chart showing the relationship of the nursing program to the controlling institution, to other departments, institutions, and agencies and the channels of authority and communication;			
005.02 Provide an organizational chart showing relationships of individuals or groups within the nursing program.			
005.03 Appoint a qualified person to administer the nursing program as set forth in 172 NAC 97-007			
005.04 Provide for an adequate number of qualified faculty as set forth in 007 of these rules.			
005.05 Provide for adequate educational facilities and clinical resources as set forth in 172 NAC 97-010 and 011.			
005.06 Provide for written agreements with all cooperating agencies that delineate the methods of communication and areas of responsibilities of each party.			

005.07 Provide for a financial base that is sufficient to ensure adequate financial resources to maintain a qualified faculty and adequate facilities including classrooms and laboratories to be able to provide students with adequate education from admission to completion.			
005.08 Provide in writing the conditions of employment and the policies for faculty			
005.09 Provide in writing the educational philosophy of the controlling institution.			
006 PHILOSOPHY, OBJECTIVES/OUTCOMES The program must have in writing a clearly defined statement of philosophy, organizing framework and program objectives/outcomes which serve as a basis for the development of the total nursing education program. 006.01 The statement of philosophy shall include the beliefs of the faculty about human being, nursing, education, nursing education, and health and shall be in accord with those of the controlling institution.			•
006.02 The organizing framework must reflect the concepts or theories that serve as the foundation of the curriculum.			
006.03 Program objectives/outcomes of the program shall reflect stated philosophy and must be based on the concept of preparing a practitioner who gives safe and competent care and who functions within the legally defined scope of practice of the registered or licensed practical nurse.			
006.04 The program objectives/outcomes must be measurable and attainable within the timeframe of the program of instruction.			
006.05 The philosophy, program objectives, and outcomes must be defined and approved by the faculty and shared with the students.			
007 FACULTY 007.01 The Director of the nursing education program must be a registered nurse, currently licensed in this state, with the additional education and experience necessary to direct the program preparing graduates for the safe and effective practice of nursing. The Director is accountable for the administration, planning, implementation, and evaluation of the nursing education program.			

007.01A Any person appointed after the effective date of these regulations must have:			
007.01A1 In a program preparing for practical nurse licensure:			
007.01A1a A minimum of a graduate degree in nursing			
007.01A1b Three (3) years of clinical experience; and			
007.01A1c Three (3) years of education experience.			
007.01A2 In a program preparing for registered nurse licensure:			
007.01A2a A minimum of a graduate degree in nursing;			
007.01A2b Three (3) years of clinical experience; and			
007.01A2c Three (3) years of education experience.			
007.02 There must be sufficient faculty with educational preparation and nursing expertise to meet the objectives and purposes of the nursing education program. Factors which determine the number and qualifications of faculty include the type and length of program, number of students enrolled, number of students assigned to a clinical area, frequency of admissions, total responsibilities of the faculty, and number and location of clinical facilities.			
007.02A There must be a sufficient core of full-time faculty to assure consistent presentation of the curriculum, consistent application of policies, and consistent supervision of the clinical experiences.			
007.02B. There must be no more than ten students per faculty member (a 1:10 faculty-to-student ratio) in the clinical area. The clinical facility may require a lower number of students per faculty. A 1:8 (one to eight) faculty-to-student ratio is preferred			
007.03 There must be written position descriptions of all faculty members, their qualifications, and their responsibility in the educational program.			
007.03A Qualifications:			
007.03A1 Nursing faculty who teach in a program leading to licensure as a Practical Nurse must:			
007.03A1a Be currently licensed as a Registered Nurse in this state;			

007.03A1b Have a minimum of a baccalaureate or higher degree in nursing. Faculty appointed after the effective date of these regulations, except for adjunct clinical faculty, have a minimum of a graduate degree in nursing or be making annual progress toward a graduate degree in nursing and complete it within six years of employment; and			
007.03A1c Have three (3) years of clinical experience relevant to areas of responsibility.			
007.03A2 Nursing faculty who teach in programs leading to licensure as a Registered Nurse must:			
007.03A2a Be currently licensed as a Registered Nurse in this state; and			
007.03A2b Have a minimum of a graduate degree in nursing or make annual progress toward a graduate degree in nursing. There must be a graduate degree nursing-prepared registered nurse instructor giving direct instruction in each of the primary curriculum areas of Medical-Surgical Nursing, Psychiatric-Mental Health Nursing, and Maternal-Child Nursing. Baccalaureate programs must also have a graduate degree in nursing-prepared registered nurse instructor giving direct instruction in Community Health Nursing. There must be a minimum of three graduate degree in nursing –prepared registered nurse instructors in each program (four for baccalaureate programs). Each registered nurse faculty must complete the required graduate degree within six years of being appointed to the faculty; and			
007.03A2c Have one (1) year of clinical experience relevant to areas of responsibility.			
007.03A2d For faculty who instruct in the clinical area, have a minimum of one year of clinical experience in that clinical specialty; and			
007.03A2e For faculty assigned to teach in the clinical area, be academically and clinically prepared in that clinical specialty.			
007.03A3 Non-nurse faculty members teaching in a nursing program must have or be working toward a minimum of a master's degree in their field of teaching or function.			
007.03A4 If for any temporary emergency reason a program employs a faculty member on a temporary basis who does not meet the requirements, the program must request a waiver of faculty			

qualifications for that specific situation. The waiver request must include the reason for the request, the time frame for the request, and what steps were taken to prevent the need for the waiver			
007.03A4a The board will consider the waiver request at its next regularly scheduled meeting and either approve or disapprove the request.			
007.04 The principle responsibilities and functions of the administrator and faculty are to:			
007.04A Develop, implement, evaluate, and update the purpose, philosophy, organizational framework and program objectives/outcomes.			
007.04B Design, implement, and evaluate the curriculum using a written plan;			
007.04C Develop, evaluate, and revise student admission, progression retention, and graduation policies within the policies of the institution;			
007.04D Participate in academic advising and guidance of students;			
007.04E Provide theoretical instruction and clinical or practicum experiences;			
007.04F Supervise the instruction provided by preceptors;			
007.04G Assure that observational experiences comprise no more than 20% of the clinical experiences of any course.			
007.04H Evaluate student achievement of curricular objectives/ outcomes related to nursing knowledge and practice;			
007.04I Provide for student evaluation of teaching effectiveness;			
007.04J Provide an orientation for new faculty; and			
007.04I Participate in activities which facilitate maintaining the faculty members' own nursing competence and professional expertise in the area of teaching responsibility and maintaining clinical competence through clinical experience, workshops, and in-service education.			
007.05 Faculty policies and procedures must be available in writing and must include qualifications, rights and responsibilities of faculty members, the criteria for evaluation of performance, and promotion and tenure policies.			
007.06 Written records of faculty decisions and committee reports shall be maintained and available to all faculty.			
007.07 The program must have clerical staff and other resources sufficient to meet the needs of the faculty and administration.			

008 USE OF PRECEPTORS The program may use preceptors in direct supervision of student learning experiences in the clinical agency where the preceptor is employed. These guidelines apply when a faculty member has delegated responsibility for direct supervision of student clinical learning experiences to a preceptor (at the preceptor's employing agency), and when the faculty member may not be physically present within the clinical agency or clinical setting. 008.01 Preceptor supervision is not appropriate for the beginning student. Clinical preceptors may be used to enhance clinical learning experiences, after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after students have received clinical and didactic instruction in all basic areas for that course or specific learning experience.			
008.02 While learning with the preceptor, the student role expectations must not exceed the level of practice for which the student is being prepared.			
008.03 Direct supervision by a preceptor means that the preceptor is present in the clinical setting and available to the student at all times.			
008.04 Preceptors may be responsible for no more than one student at a time			
008.05 Qualifications for a clinical preceptor include:			
008.05A Completion of an approved registered nursing education program with a B.S.N. preferred;			
008.05B At least 24 months in the practice of registered nursing and either current specialty certification or demonstrated expertise in the area of practice related to the responsibilities of the appointed position.			
008.05C Current, active, unencumbered license as a registered nurse in Nebraska or in the jurisdiction where practice occurs.			
008.05D Competence as a clinician with an ability to apply nursing theory to practice;			
008.05E Effective communication with clients, students, peers and other members of the health care team; and			
008.05F Interest and ability to facilitate learning by students and staff.			
008.06 Preceptor Orientation--The faculty must clarify with the preceptor:			
008.06A An overview of the roles and responsibilities of preceptors, faculty, and students within the course;			

008.06B Specific preceptor responsibilities;			
008.06C Methods of clinical evaluation of students by faculty and preceptors;			
008.06D Goals and objectives for the clinical experience; and			
008.06E Process of resolution of potential/actual problems.			
008.07 The functions and responsibilities of the preceptor must be clearly delineated in a written agreement between the clinical agency, the preceptor, and the nursing education program. The responsibilities of preceptors are two-fold: 1) to facilitate the student's learning within the agency; and 2) to assist faculty with the evaluation of student performance in the clinical area by:			
008.07A To facilitate the student's learning within the agency by:			
008.07A1 Assessing and suggesting learning experiences available to the student within course objectives/outcomes;			
008.087A2 Selecting client care assignments and arranging other learning experiences within course objectives; and			
008.087A3 Directly assisting student learning experiences when needed; and			
008.07B To assist faculty with the evaluation of student performance in the clinical area by:			
008.07B1 Identifying areas where the student may need additional assistance from faculty;			
008.07B2 Providing periodic feedback about the student's clinical performance; and			
008.07B3 Discussing questions and problems with faculty that may arise with the student during the preceptor experience.			
008.08 The faculty member must retain responsibility for the student's learning experiences. The responsibilities of the faculty regarding preceptors include:			
008.08A Orienting the preceptor to the overall course purposes and objectives of the nursing education program;			
008.08B Clarifying any questions about the course, the level, or the curriculum;			
008.08C Facilitating, monitoring, and evaluating the student's learning through periodic conferences with the student and preceptor;			
008.08D Assisting the student with application of core content in clinical experiences;			

008.08E Serving as a resource person for the student and preceptor;			
008.08F Providing appropriate orientation materials, forms, and evaluation tools to the preceptor.			
008.09 The responsibility for student learning rests with the faculty member, preceptor, and student.			
008.9A The faculty member primarily coordinates the learning experience of the student, provides direction for the preceptor and student, and evaluates the student's achievement of the course objectives.			
008.9B The preceptor retains his/her nursing staff responsibility for client care while considering the individual student's capabilities in making assignments.			
008.9C The student should be directed to accept only those responsibilities which the preceptor believes can be safely managed. Students are expected to maintain practice within the safe limits which have previously been taught. Recognizing their own strengths and limitations, students are required to request help and supervision as needed.			
009 CURRICULUM The program must have a curriculum that enables the student to develop the nursing knowledge, skills, and competencies necessary for the level of licensure. 009.01 The stated philosophy and objectives/outcomes of the nursing program must be used to develop, organize, implement, and evaluate the curriculum.			
009.02 An organized pattern, developed by the nurse faculty for the continuity and sequence of courses and related concurrent clinical instruction must provide for progression of knowledge, skills, abilities, and attitudes of the nursing students.			
009.03 Instruction must be provided in the following areas with the courses in the biological, physical, social, and behavioral sciences providing a foundation for safe and effective nursing practice:			
009.03A Biological and physical sciences. Content from these sciences must include Anatomy and Physiology, Chemistry, Microbiology, Nutrition, and Pharmacology. Courses may be developed separately or as integral parts of other courses.			
009.03B Behavioral sciences. Content from these sciences must			

include Sociology, Psychology, Growth and Development, and Communication Skills. Courses may be developed separately or as integral parts of other courses.			
009.03C Nursing. Didactic content and supervised clinical experience in the prevention of illness and promotion, restoration, and maintenance of health in patients/clients across the life span and in a variety of clinical settings to include:			
009.03C1 Using informatics to communicate, manage knowledge, mitigate error and support decision making;			
009.03C2 Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care;			
009.03C3 Providing client-centered culturally competent care by			
009.03C3a Respecting client differences, values, preferences and expressed needs;			
009.03C3b Involving clients in decision-making and care management;			
009.03C3c Coordinating and managing continuous client care; and			
009.03C3d Promoting healthy lifestyles for clients and populations			
009.03C4 Working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate client care and health promotion; and			
009.03C5 Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.			
009.04 In addition, the curriculum shall include:			
009.04A Content regarding legal and ethical issues, history and trends in nursing, professional responsibilities, and scope of nursing practice;			
009.04B Experiences which promote the development of leadership and management skills and professional socialization consistent with the level of licensure;			
009.04C Learning experiences, methods of instruction, and evaluation of student accomplishment consistent with the program curriculum plan;			
009.04D Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to			

meet the goals, competencies and objectives of the educational program and standards of the Board.			
009.05 The curriculum must provide for learning experiences that prepare the student to identify and intervene in actual or potential health problems of individuals, families, or groups, which actions are directed toward maintaining health status, preventing illness, injury, or infirmity, improving health status, and providing care supportive to or restorative of life and well-being through nursing assessment and through the execution of nursing care and of diagnostic or therapeutic regimens prescribed by any person lawfully authorized to prescribe. The curriculum must:			
009.05A Be planned, implemented, and evaluated by the faculty with provisions for student input;			
009.05B Reflect the organizing framework and objectives of the nursing education program;			
009.05C Be organized logically and sequenced appropriately;			
009.05D Provide supervised clinical experience to prepare the student for the safe practice of nursing;			
009.05E Be comprised of sufficient hours to meet these standards, be supervised by educationally and clinically qualified faculty, and ensure students' ability to practice at an entry level; and			
009.05F In addition to clinical experience provided under direct faculty supervision, experiences may include student observation or experience supervised by adjunct faculty or preceptors.			
009.06 Current syllabi must be available at the educational institution			
009.07 Programs permitting students to challenge selected courses for credit must have written policies governing the challenge procedure.			

009.08 Nursing electives must be approved in the same manner as all nursing courses.			
009.09 Curriculum Revisions 009.09A Consultation from the Board is available when curriculum revisions are being considered. Plans for major curriculum revisions must be submitted to the Board for approval three (3) months before they are implemented. Major curriculum changes include:			
009.09A1 Major changes in program objectives/outcomes which alter the present curriculum;			

009.09A2 Changes in the length of the program;			
009.09A3 Changes in the number of hours of didactic instruction or clinical instruction;			
009.09A4 Reorganization of the entire curriculum;			
009.09A5 Additions, deletions, and substitutions of support courses; and			
009.09A6 Additions, deletions, and substitutions of nursing elective courses.			
009.09B A request for curriculum change must include the rationale and indicate the present plan as well as the proposed change and expected outcome.			
010 CLINICAL RESOURCES There must be clinical resources available and adequate for the number of students and faculty and the objectives/outcomes of the program.			
010.01Clinical Facilities Clinical facilities shall be available with a sufficient number and variety of clients to provide learning experiences essential to achievement of the stated objectives of the curriculum and for the number of students enrolled.			
010.02 Approval The program must identify on the annual report all clinical facilities utilized by the program.			
011 EDUCATIONAL FACILITIES Adequate classrooms, offices, laboratories, conference rooms, and a library to meet the objectives of the program and to provide the needs of the students and faculty must be available.			

012 STUDENTS Students must be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective nursing practice.			
012.01 All policies relevant to applicants and students must be available in writing.			
012.02 Written policies must be developed by faculty for selection, admission, readmission, progression, graduation, transfer, dismissal and/or withdrawal of nursing students.			
012.03 Student responsibilities and due process rights must be			

available in writing.			
012.04 Requirements for graduation must be stated in the program brochure/catalog.			
012.05 The date of completion of the nursing program must be specified on the transcript.			
012.06 Students must be required to meet the health standards and criminal background checks as required by the clinical agencies and the nursing program.			
012.07 Students must be accountable for the integrity of their work.			
013 STUDENT SERVICES Policies for student services must be available in writing.			
014 RECORDS The controlling institution must maintain a record system with provision for the protection of records against loss, destruction, and unauthorized use.			
014.01 Student records shall be available to the faculty.			
014.02 No part of the student's record may be released without the written consent of the student.			
014.03 Official records must be maintained for current students enrolled, including admission data, transcripts, and evaluations.			
014.04 Transcripts for students who have withdrawn or graduated must be kept on file.			
014.05 Records for transfer students, at the time of admission into a nursing program, must include a transcript of the previous nursing or college program and a written program of studies required to be completed by the transfer student prior to graduation.			
014.06 Faculty records demonstrating educational and experiential qualifications must be maintained, including official educational transcripts			
014.07 General program records, contracts, minutes of faculty and committee meetings, reports to the administration, nursing program budgets, curriculum plan, current course syllabi, and program brochure/catalog must be maintained.			

015 REPORTS TO THE BOARD 015.01 An annual report and other reports as requested, must be submitted to the board.			
015.02 The Board must be notified in writing of administrative changes relating to and affecting the program			
015.03 The program must cooperate in submitting data to the Board for purposes of research and/or planning activities.			
016 BROCHURE/CATALOG The program brochure/catalog must be current and give an accurate description of the program.			
017 EVALUATION The faculty must develop a systematic evaluation plan for the total program and provide for periodic evaluation of all aspects of the program including: Philosophy and Objectives/Outcomes, Organization and Administration, Faculty, Curriculum, Students, Facilities, Follow-up Study of Graduates, Records, and Reports and demonstrate how the evaluation data are used for program improvement.			

Department of Health & Human Services
DHHS
NEBRASKA

AINF #

ASBESTOS PROGRAM INSPECTION FORM
DIVISION OF PUBLIC HEALTH – OFFICE OF ENVIRONMENTAL HEALTH HAZARDS & INDOOR AIR

Inspection Report # **Project #** **Specialist Assigned**

Building Name & Address: _____

_____

Contractor: _____ **Contact Person:** _____

_____ **Contact Phone:** _____

Building Owner: _____ **Contact Person:** _____

_____ **Contact Phone:** _____

INSPECTION TYPE: ☐ **Annual** ☐ **Re-inspection** ☐ **Complaint** ☐ **Routine** ☐ **Records** ☐ **Requested** ☐ **Special**

TYPE OF PROJECT: ☐ **Emergency** ☐ **Renovation** ☐ **Demolition** ☐ **Exterior** ☐ **Interior** ☐ **Removal** ☐ **Tunnel** ☐ **Survey** ☐ **Training**

Notice: The DHHS-Office of Environmental Health Hazards & Indoor Air has directed that an inspection of your work site be conducted. This inspection is authorized in accordance with the State of Nebraska Asbestos Control Program Regulations, Title 178 Chapter 22, Sections 006.02, 006.03, and 006.04. The inspection is being conducted to determine your compliance with the provisions as outlined in the Nebraska Asbestos Control Act and Title 178 Chapter 22. You are to permit access to your building/worksite for the expressed purpose of our Department's inspector to conduct an on-site inspection. At the conclusion of the inspection, the inspector may contact you with their initial findings. A determination of potential penalties will not be made at this time.

Arrival Time Departure Time

Directed by: Doug Gillespie, Health Program Manager II
Office of Environmental Health Hazards & Indoor Air
402-471-0386

Signature of Contractor or Representative Date Signature of Owner or Representative Date

Signature of Inspector Date

Notes:

INSPECTION ACTIVITY SUMMARY

A) Contractor on Site: Yes _____ No_____ N/A_____

B) Project Status: Not Started _____ Preparation _____
Active Removal _____ Recess in Activity _____
Remove Containment_____ Project Complete _____

C. Checklist Attached: Yes_____ No _____N/A_____

D. Contractor Follow-up: Yes_____ No_____ N/A_____

Rev. 12/14

Nebraska HHS R &L Asbestos Inspection Checklist (402)471-0386

Note: Inspector will check items of non-compliance

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005 Asbesos Project Notification Requirements

___ 005.01 Written Project notification submitted
___ 005.01A DOH 5 submitted 10 work days in advance of project
___ 005.01A1b Owner information
___ 005.01A1C Project site address
___ 005.01A1D Location of ACM project
___ 005.01A1E Type of ACM
___ 005.01A1F Project start/ finish date.
___ 005.01A1G Work schedule – 005.01D
___ 005.01A1H Amount of ACM
___ 005.01A3 $200 fee submitted for project > 160/ 260 (009.04)
___ 005.01B1 A separate project notification for each structure.
___ 005.01C Emergency Project – sudden event
___ 005.01C2 Emergency Project exclusion NA to buildings not previously inspected prior to renovation or Demo.
___ 005.01D Project Notification changes.
___ 005.01D1 New start date
___ 005.01D2 New work schedule.
___ 005.01D3 Typos or clerical errors
___ 005.01D4 Project size increases
___ 005.01D4A $200 fee submitted for project >160/ 260 (009.04)
___ 005.01E Work Practice waiver (011-020)
___ 005.01F 10 day waiver (005.01A1)
___ 005.01G Waiver to deviate from Licensee's SOPs and Employee safety plans in License application (003.03A3b).
___ 005.01H Project Designer & Monitor requirements if selected by structure owner:
___ 005.01H1 PD shall prepare plans & specs.
___ 005.01H2 PD shall have inspector inspection.
___ 005.01H3 PD or PM – independent of contractor.
___ 005.01H4 In-house work can be done by the employer's own certified employees.
___ 005.01H5 PD or PM shall ensure that business entity performing project complies with Neb. Asbestos Regs & Act. & ensure waste disposal.

006 Records & Inspections (also see 020.02)

___ 006.01 Business Entities doing asbestos projects shall maintain records:
___ 006.01A1 Name & Address where ACM generated.
___ 006.01A2 Activity description/ summary.
___ 006.01A3 Start & stop dates
dates of ACM transport
___ 006.01A4 Name, address, & certificate # of all employees, agents, transporters, and transport escorts on project
___ 006.01A5 Type & amount of ACM waste
___ 006.01A6 Clearance air sample results & analysis.
___ 006.01A7 Location of ACM disposal
___ 006.01B Separate record for each project
___ 006.01C Records maintained 30 years
___ 006.03 Business Entity shall pay re-inspection fee in accord. –009.05
___ 006.03A On-site inspection reveals necessity for re-inspection for violation.
___ 006.03B Initial inspection unable to be performed:
___ 006.03B1 Inadequate project address
___ 006.03B2 Incorrect work schedule
___ 006.03B3 Licensee prevented Dept. from collecting samples & photos.
___ 006.03B4 Licensee actions prevented Dept. from conducting inspection
___ 006.04 Business Entity whom have submitted notification may request in writing:
___ 006.04A Department pre-project inspection;
___ 006.04B Department close-out inspection;
___ 006.04C Cost of pre or close-out inspection set out in 009.05 & 009.08 with no limitations.

011 General Security & Management Work Practices:

___ 011 Licensee or Certified Individual
___ 011.01 Site Preparation
___ 011.01A Demarcate Project Perimeter
___ 011.01A1 25 foot if possible
___ 011.01A2 Containment area
___ 011.01B Warning signs posted
___ 011.01C Ventilation system isolated
___ 011.02 Project Requirements
___ 011.02A Certified Supervisor onsite
___ 011.02B Limit project access
___ 011.02B1 Everyone certified
___ 011.02B1A Proof of training onsite
___ 011.02B2 Access limited
___ 011.02B3 Sign-in-sheet
___ 011.02C Work Safety requirements
___ 011.02D Respirator fit test current
___ Using Respirator
___ Appropriate protective clothing
___ 011.02E Remove or clean outer clothing before leaving work area
___ 011.03 Restoring Project Site
___ 011.03A Seal or clean tools & equipment
___ 011.03B Project site cleaned
___ Cleaning requirement waived by Dept. for demolition project
___ 011.03C ACM & contaminated material disposed

012 Establish & Manage Containment Areas

___ 012 Licensee or Certified Individual
___ 012.01 Prepare work area
___ 012.01A Items pre-cleaned & removed
___ 012.01A2 Contaminated items re-cleaned & returned
___ 012.01B Work area isolated
___ 012.01B1 Shut & lockout heat, vent & electrical
___ 012.01B1a1 Ventilation system isolated
___ 012.01B1a2 Ground fault interrupters used
___ 012.01B2 Primary barriers are airtight
___ 012.01B2a Plastic sheeting, 6 mil
___ 012.01B2b Wall sheeting to interior
___ 01201B3 Control curtain installed
___ 012.01C1 Work area pre-cleaned
___ 012.01C2a Primary barrier installed
___ 012.01C2b Fire retardant sheeting used if req'd
___ 012.01C3 Two layers of plastic sheeting on floors extend up the walls 1-foot
___ 012.01C4 Plastic sheeting securely fastened
___ 012.01C4a Wall sheeting over floor sheeting
___ 012.01C4b Wall sheeting extend onto floor
___ 012.01C5 Cover non-abated walls and floors
___ 012.01C6 Repair tears immediately
___ 012.01D HEPA ventilation fans exhaust from work area
___ 012.01D1 Exhaust one air change every 15 min.
___ 012.01D2 Air discharged through a duct
___ 012.01D2a Airtight seal between duct & barrier
___ 012.01D2b Exhaust air discharged outside
___ 012.01D3 Air flow into work area
___ 012.01D3a Proper airflow demonstrated
___ 012.01D3b Airflow recorded each day
___ 012.01D4 Ventilation fans operated continuous.
___ 012.02 Decontamination Facility:
___ 012.02A Decon areas connected to each other and work area
___ 012.02B Decon completely sealed
___ 012.02C Control curtains installed
___ 012.02D Construct & operate equipment room
___ 012.02D1 Enter equipment room to pass through shower
___ 012.02D2 Equipment room constructed like work area.
___ 012.02D3 Clothing removed in equipment room
___ 012.02D4 Store tools & equipment in equipment room
___ 12.02E1 Enter shower to pass to the clean room
___ 012.02E2 Shower leak-proof & washable or disposable
___ 012.02E3 Hot & cold water showers
___ 012.02E3a Shower supplies (towels, soap)

Comments

Nebraska HHS R &L Asbestos Inspection Checklist (402)471-0386

Note: Inspector will check items of non-compliance

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___ 012.02E4 Showering required
___ 012.02E5 Water filtered, 5 microns
___ 012.02E5a Air gap on discharge hose
___ 012.02E6 Respirator filters disposed of
___ 012.02F1 Enter clean room to exit work area
___ 012.02F2 Clean room for removing or donning clothes & equipment
___ 012.02F3 Rest & eating area
___ 012.02F4 No Smoking in clean room
___ 012.03 First Cleaning step:
___ 012.03A Clean (HEPA vac or wet-cleaning)
___ 012.03B One layer of plastic removed from floor
___ One layer of plastic sheeting removed from wall, if two are used
___ 012.03C Remove liquid between layers
___ 012.03E Examine work area re-clean if necessary
___ 012.03F Colored tinted sealing material
___ 012.03F1 Ensure surfaces clean before application of sealant
___ 012.03F2 Visual examine surface after dry
___ 012.03F3 Apply sufficient amount of sealant
___ 012.03F4 After sealant dry proceed to 2nd cleaning
___ 012.04 Second cleaning
___ 012.04A Remove plastic sheeting to primary barriers
___ 012.04B Clean (HEPA vac or wet-cleaning)
___ 012.05 Final air test after second cleaning & dry (022 for projects > 160/ 260)
___ 012.06 Maintain HEPA ventilation until clearance air sampling (0.01 f/cc or 70 s/mm²)
___ 012.07 Remove containment and visible debris
___ 012.08 Dispose of plastic sheeting and debris

013.Keep ACM Wet Work Practices

___ 013.01 Saturate ACM:
___ 013.01A Low pressure spray
___ 013.01B Wetting effective
___ 013.02 Removed ACM saturated
___ Debris accumulated
___ 013.03 Dry removal:
___ 013.03A Approval for dry removal obtained
___ 013.03B Type C respirators

014 Removal Project Work Practices

___ 014.01 **Indoor Project**:
___ 014.01A General security & management -011
___ 014.01B Containment-012
___ 014.01C ACM wet-013
___ 014.01D Coat cleaned surfaces with colored sealant
___ 014.02 **Outdoor Project**:
___ 014.02A General security & mgmt. - 011
___ 014.02B Cover Openings within 25 feet of work area
___ 014.02C ACM wet-013
___ 014.02D Colored sealant
___ 014.03 **Glovebag Project**
___ 014.03A General Security & mgmt. - 011
___ 014.03B 6 mil glovebag used in accord. with manufacturer's instructions
___ 014.03C Glovebag used once
___ 014.03D Damage to other ACM avoided
___ 014.03E glovebag forms airtight seal
___ 014.03E1 Seal maintained
___ 014.03F ACM removed wet
___ 014.03F1 ACM maintained wet
___ 014.03G If ACM contamination, Glovebag work stopped
___ 014.03G1 Clean contaminated area
___ 014.03G2 Department notified of accident
___ 014.04H Glove bagged surfaces clean
___ 014.03I Surfaces sealed – colored sealant
___ 014.03J Bag sealed
Bags disposed-020
___ 014.03K Enclose rough edges of ACM that remain.

015 Enclosure Project Work Practices:

___ 015 Licensee or Certified Individual
___ 015.01 Gen. Security & Management - 011
___ 015.02 Preclean
___ 015.03 Enclosure airtight
___ 015.04 Minimize ACM disturbance
___ 015.05 Label enclosed ACM

016 Encapsulation Project Work Practices:

___ 016 Licensee or Certified Individual
___ 016.01 Gen. Security & Management - 011
___ 016.01A Appropriate respiratory protection
___ 016.02 Containment - 012
___ 016.03 Encapsulant use subject to:
___ 016.03A Poor adhesion to surface
___ 016.03B Surface subject to abrasion
___ 016.03C Flame retardant encapsulant
___ 016.03D Demonstrate Adhesion/ Penetrating characteristics of Encapsulant
___ 016.03D1 Random testing
___ 016.03D2 Encapsulant applied correctly
___ 016.03D3 Core sample examined
___ 016.03D4 Core holes repaired
___ 016.03D5 Document results of sampling
___ 016.03E Repair damaged substrate with non- ACM
___ 016.03F Apply encapsulant per manufacturer's recommendations
___ Minimize ACM release
___ 016.03G Minimize release when fixtures reinstalled
___ 016.03G1 Clean up dislodged ACM
___ 016.03H Label encapsulated ACM

017 Dismantling Project Work Practices:

___ 017 Licensee or Certified Individual
___ Structural or Equipment items covered with ACM moved
___ 017.01 Work area established
___ 017.02 Gen. Security & Management - 011
___ 017.03 Removed ACM wet - 013
___ 017.04 Enclose exposed ACM
___ 017.04A Dismantle as intact sections if possible
___ 017.04B Lower enclosed item carefully
___ 017.05 Remove ACM from dismantled items in accord with – 014 if reused
___ Dispose of dismantled item – 020
___ 017.06 Before reuse or sale of dismantled item – clean & color tint sealant

018 Demolition Projects Work Practices

___ 018 Licensee or Certified Individual
___ Structure contains friable ACM
___ Structure contains ACM which may become friable
___ 018.01 Gen. Security & Management - 011
___ 018.02 Reoccupied areas sealed airtight
___ 018.02A Plastic securely fastened – 6 mil
___ 018.04 Continuous operation of HEPA Ventilation fans in accord – 012.01D if project ≥ 260 Lf or 160 Sf. or Lf.
___ 018.05 Decontamination construction:
___ 018.05A Change room in accord – 012.02D
___ 018.05B Shower in accord – 012.02E
___ 018.05C Clean room in accord – 012.02F
___ 018.05D Tools must be cleaned or sealed before removal from work area – 011.03A
___ 018.06 ACM wet – 013
___ 018.07 Non-essential structural items or equipment to be salvaged or sold, which is not part of ACM project.
___ Clean prior to removal from work area.
___ 018.08 Non-essential structural items or equipment to be salvaged or sold, which is part of ACM project.
___ Clean & coat with color tinted sealant prior to removal from work area.
___ 018.09 Essential structural items to be salvaged or sold.
___ Remove only after final inspection in accord – 018.11
___ 018.10 With control curtains & airtight seals in place clean all visible ACM debris & residue.

Comments_____

Nebraska HHS R &L Asbestos Inspection Checklist (402)471-0386

Note: Inspector will check items of non-compliance

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___ 018.11 Licensee or certified person shall have certified third party perform inspection at conclusion of project.
___ Examination determined whether ACM debris has been removed.
___ 018.11A Examiner shall submit a written report to Contractor and Dept.
___ Report provided prior to Demolition.
___ Report states whether ACM debris has been removed
___ Name, address, and certificate number of Examiner.

019 Tunnels and Crawl Space Project Work Practices

___ 019 Licensee or Certified Individual
___ 019.01 Gen. Security & Management - 011
___ 019.02 Containment – 012 (excluding plastic wall & floor covering as required by 012.01B and 012.01C).
___ Plastic drop cloths used in active removal areas
___ 012.05 - final clearance not required
___ 019.02A Pre-clean floor by wet means – immediately place debris in ACM waste disposal bag in accord with – 020 before starting removal.
___ 019.03 Removed ACM wet – 013
___ 019.03A Place all ACM, debris and residue removed from surfaces directly in ACM waste Disposal bag in accord with – 020.
___ 019.04 Licensee or certified person shall have certified third party perform inspection at conclusion of project.
___ Examination determined whether ACM debris has been removed.
___ 019.04A Examiner shall submit a written report to Contractor and Dept.
___ Report submitted within 7 days
___ Report states Examiner's findings
___ Name, Address, and certificate number of Examiner.

020 Waste Disposal

___ 020 Licensee or Certified Individual
___ ACM waste handled in accord. 129 NAC 23 (NDEQ) Standards:
___ 020.01 Licensee or Certified Individual
___ 02.01A ACM wet and sealed in containers.
___ 020.01A1 Clear plastic bags – 6 mil
___ 020.01A2 Where applicable use fiber or metal containers lined with 6 mil plastic bags.
___ 020.01A3 Where applicable double wrap dismantled items with 6 mil plastic sheeting.
___ 020.01B Disposal of ACM wastewater & liquid
___ 020.01B1 Mix liquid with ACM & place in sealed containers – 02.01A1 or A2.
___ 020.01B2 Filter liquid to 5.0 microns.
___ 020.01B3 Other wastewater disposal methods need NDEQ & Dept. approval.
___ 020.01C Exterior surface of waste container clean before removal from work area.
___ 020.01C1 Asbestos Danger label on container before removal from work area.
___ 020.01D Waste containers carefully handled
___ 020.01D1 If waste container cannot hold the waste immediately re-containerize – 020.01A
___ 020.01D1A Immediately saturate escape debris & re-containerize.
___ 020.01D1B Clean contaminated areas.
___ 020.01E Store ACM waste in secure facility.
___ 020.01F Certified transportation escort for ACM waste.
___ 020.01F1 Enclosed cargo area when transporting ACM waste.
___ 020.01F2 Immediately clean cargo area after disposal or
___ 020.01F3 Cleaning not required if cargo area has been lined with plastic liner & cargo area clean after disposal of liner.
___ 020.01F4 Plastic, waste, and debris disposed as ACM.
___ 020.01G Handling responsibility for ACM waste retained until a written receipt is received from a NDEQ approved landfill.
___ Written receipt is then part of project file.
___ 020.02 Business Entity Records – 006
___ 020.02A The name & address of the following:
___ 020.02A1 Premises ACM was generated from;
___ 020.02A2 Building owner;
___ 020.02A3 Business Entity performing asbestos project;
___ 020.02A4 Each employee or agent that transported ACM waste; and
___ 020.02A5 Each approved waste disposal site.
___ 020.02B A record of the amount of ACM designated for disposal.
___ 020.02C A record of the time period ACM waste was transported.

021 Waiver of Prescribed Work Practices & Approval of Alternate Work Practices.

___ 021 Work Practice waiver – 011- 020 & 022

022 Final Clearance Air Sampling

___ 022.01 Persons doing final clearance air sampling need to wear protective clothing & be certified.
___ Independent of Contractor & selected by owner or operator.
___ 022.02 Final sampling not undertaken until 012.04 cleaning step complete & area dry.
___ 022.03 Final clearance procedures:
___ 022.03A Person performing final air clearance shall visually inspect work area – 012.03E
___ 022.03B After passing a visual inspection, the person performing final air sampling shall aggressively agitate the air with a leaf blower directed at all surfaces.
___ 022.03C Final clearance air sampling:
___ 022.03C1 TEM, 1,199 liters of air through 25 millimeter cassettes with pumps operated at 1-10 liters per minute.
___ PCM, NIOSH 7400 method
___ 022.03C2 5 interior containment samples
___ 022.03C3 Cassettes uniformly distributed throughout work area, 5-6 feet above floor, & orientated at a 45 degree angle downward.
___ 022..03D TEM analysis - AHERA
___ PCM analysis – NIOSH 7400 and analyst shall be NIOSH 582 or 582E trained.
___ 022.03E Final Clearance results provided within 30 days to Dept. by person performing sampling. Also,
___ 022.03E1 Statement that visual inspection performed prior to final air clearance & area free of ACM, dust and debris from the material intended to be removed.;
___ 022.03E2 Statement that sampling performed according to regulations; and
___ 022.03E3 Statement that PCM air samples were analyzed by NIOSH 582 or 582E trained person. Also, include the name and address of person or Lab that performed analysis.

Comments _____

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF ENVIRONMENTAL HEALTH HAZARDS & INDOOR AIR
301 CENTENNIAL MALL SO., LINCOLN, NE 68509

LEAD ABATEMENT PROJECT INSPECTION REPORT

Arrival Time:	Codes:
Departure Time:	**X** = Non-compliance **N.O.**= Not Observed **N.A.**= Not Applicable
Date:	* = Discussed Requirements ✓ = Complies

Project #	Project Address	City	Zip	County

Firm	License #
Abatement Supervisor / Cert #	☐ On-Site ☐ 1 Hour Away

Abatement Strategies used: ☐ Removal ☐ Replacement ☐ Enclosure ☐ Encapsulation

Residents: ☐ Present during working hours ☐ Absent during working hours ☐ Relocated

An abatement inspection has been made on the above date. Any non-compliances are marked below with an X.

A Lead Abatement: Notification	
1. Notification received. Date:	
2. Emergency Notification:	
3. Project Start Date:	
4. Estimated Completion Date:	
5. Occupant Protection Plan submitted.	
6. Fee submitted to DHHS.	

B Prohibited Work Practices	
1. Open flame burning or torching, machine sanding or grinding w/o HEPA filter, dry scraping, heat gun >1100F, hydro blasting or pressure washing w/o containment, methylene chloride strippers, solvents w/ flashpoints <140F, enclosure/ encapsulation strategies not warranted by manufacturer for at least 20 yrs.	

C Lead Abatement: All methods	
1. Regulated area established, using tape or fencing etc. at least 20' from work areas	
2. Signs properly worded and posted at all entrances to regulated area.	
3. Heating & cooling systems shut down and vents sealed with 6-mil poly in regulated area.	
4. Items in regulated area cleaned then removed or covered with 6-mil poly and sealed w/ duct tape.	
5. Lead Abatement Supervisor: A. On-site during work site prep B. On-site during post-abatement clean-up	
6. Access to regulated area given only to certified or authorized personnel.	

D Lead Abatement: Replacement	
1. At least 2 layers 6-mil poly placed on floor at base of component and extended at least 10' beyond perimeter of component.	
2. Components and area adjacent to components wetted down before removing, to reduce airborne dust.	
3. After removal, surface behind component thoroughly wetted down.	
4. Component wrapped or bagged in 6-mil poly and sealed with duct tape.	
5. Area cleaned with HEPA vac before new component installed.	

Notes:

E Lead Abatement: Enclosure	
1. At least 1-layer 6-mil poly placed on floor at base of component and extended at least 10' beyond perimeter of component.	
2. Surface behind enclosure shall be labeled horizontally and vertically approximately every 2 feet w/ warning: DANGER LEAD BASED PAINT, in permanent ink.	
3. Enclosure applied directly onto painted surface or wood or metal frame, using nails, staples or screws. Glue may be used in conjunction with, but not alone.	
4. Barrier material, used for enclosure, shall be solid and rigid enough to provide adequate protection. Wallpaper, contact paper, films, etc are not to be used.	
5. Enclosure shall be designed to last at least 20 years.	
6. Substrate and building structure shall be structurally sufficient to support enclosure barrier for at least 20 years.	
7. Preformed steel, aluminum, vinyl, or other construction material may be used for window frames, exterior siding, trim casings, column enclosures, etc, if they can be sealed.	
8. Stair enclosure material equivalent to 1/4-inch rubber or vinyl.	
9. Seams, edges, and fastener holes shall be sealed with caulk or other sealant, providing a dust-tight system.	
10. Equipment in regulated area thoroughly cleaned before removing from regulated area.	
11. All enclosure systems shall meet all applicable building codes, as well as fire, health, safety, and environmental regulations.	

F Lead Abatement: Encapsulation	
1. Encapsulation not used on: friction surfaces, deteriorated components, impact surfaces, deteriorated surface coatings, incompatible coatings.	
2. Encapsulant shall be a low Volatile Organic Compound and warranted by manufacturer for at least 20 years.	
3. Surfaces shall have sound structural integrity and be able to be prepared according to manufacturer's recommendations.	
4. At least 2 layers of poly placed at base of component and extended at least 10' beyond perimeter.	
5. Patch test of encapsulant conducted to determine adhesive and cohesive properties.	
6. Areas encapsulated inspected by Lead Abatement Supervisor or Project Designer. Unacceptable areas evaluated to determine failure of system or if system can be patched or repaired.	
7. Equipment in regulated area thoroughly cleaned before removing from regulated area.	

Notes:

Project #	Project Address	City	Zip	County
Firm			License #	

G Lead Abatement: Removal		Sect #	Observations
1. Acceptable removal strategies: manual wet scraping or sanding, mechanical w/ HEPA-shrouded or locally exhausted, chemical			
2. Soil abatement A. Removed Soil – replaced w/ < 100 ppm Lead content B. Tilling soil – child accessible area tilled to depth to result in <400 ppm homogenized soil. Not child accessible <2000 ppm homogenized soil.			
C. Permanent soil coverings: solid material – pavement or concrete			
D. Soil abatement - prevent contaminated soil from blowing or being carried off from runoff or through percolation to groundwater			
3. Interior Removal			
A. All windows below and within regulated area closed.			
B. Critical Barrier constructed.			
C. At least 2 layers of 6-mil poly placed at base of component and extended at least 10' beyond perimeter.			
D. Equipment in regulated area thoroughly cleaned before removing from regulated area.			
E. At the end of each shift:			
1. Top layer poly removed and duct taped shut			
2. 2nd layer HEPA vac and left in place 3. When work resumes – place another layer poly on top.			
4. Exterior Removal: A. Movable items moved at least 20' from working surfaces. Those not moved covered with poly and taped.			
B. At least 1 layer poly placed on ground and extended at least 10' from abated surface. Plus 5' for each 10' in surface height over 20'. Poly should:			
1. Be securely attached to side of building with cover to ground plants & shrubs in regulated area. 2. Be protected from tearing or perforating.			
3. Contain any water that may accumulate.			
4. Be weighted down to prevent disruption from wind gusts.			
5. Windows in regulated area, below, and within 20' of abated surfaces shall be closed.			
6. Work shall stop if constant wind speeds of >10 mph.			
7. Work shall stop if rain begins.			
8. Equipment in regulated area thoroughly cleaned before removing from regulated area.			
9. End of each workday, area shall be HEPA vac and cleaned of paint chips, poly and other debris generated. Debris shall be kept in secure area until final disposal.			

Abatement Worker	Cert #

Certification of Inspection:
The above abatement project has been inspected by the NE DHHS Office of Environmental Health Hazards & Indoor Air Lead-Based Paint Program. If violations were found, they were reviewed by you (Supervisor) and the DHHS compliance officer at the conclusion of the inspection.

Signature of Lead Abatement Supervisor:	Date:
Signature of DHHS Compliance Officer:	Date:

Department of Health & Human Services
DHHS
NEBRASKA

LINF #

LEAD-BASED PAINT PROGRAM INSPECTION FORM
DIVISION OF PUBLIC HEALTH - OFFICE OF ENVIRONMENTAL HEALTH HAZARDS & INDOOR AIR

Inspection Report # **Project #** **Specialist Assigned**

Building Name & Address: _____

_____

Contractor: _____ **Contact Person:** _____

_____ **Contact Phone:** _____

Building Owner: _____ **Contact Person:** _____

_____ **Contact Phone:** _____

INSPECTION TYPE: ☐ **Annual** ☐ **Re-inspection** ☐ **Complaint** ☐ **Routine** ☐ **Records** ☐ **Requested** ☐ **Special**

TYPE OF PROJECT: ☐ **Emergency** ☐ **Renovation** ☐ **Exterior** ☐ **Interior** ☐ **Removal** ☐ **Encapsulation** ☐ **Survey** ☐ **Training**

Notice: The DHHS-Division of Public Health, Office of Environmental Health Hazards & Indoor Air has directed that an inspection of your work site be accomplished. This inspection is authorized in accordance with the State of Nebraska Lead-Based Paint Program Regulations under Title 178 Chapter 23, Section 008.02, and is being accomplished to determine your compliance with the provisions of the Nebraska Residential Lead-Based Paint Professions Certification Act and Title 178 Chapter 23. You are to permit access to your building/worksite by the Department's inspector for the expressed purpose of conducting a Lead-Based Paint Program inspection. At the conclusion of the inspection, the inspector may call and notify you of their initial observations. Determination of penalties will not be made at this time.

Directed by: Doug Gillespie, Health Program Manager II
Office of Environmental Health Hazards & Indoor Air
402-471-0386

Arrival Time Departure Time

Signature of Contractor or Representative Date Signature of Owner or Representative Date

Signature of Inspector Date

Notes:

INSPECTION ACTIVITY SUMMARY

A) Contractor on Site: Yes _____ No_____ N/A_____

B) Project Status: Not Started _____ Preparation _____
Active Removal _____ Recess in Activity _____
Remove Containment_____ Project Complete _____

C. Checklist Attached: Yes_____ No _____N/A_____

D. Contractor Follow-up: Yes_____ No_____ N/A_____

Department of Health & Human Services

DHHS

NEBRASKA

Lead-Based Paint Program Inspection Checklist - Title 178 Chapter 23

Inspector to check items of non-compliance | Questions? Contact 402-471-0386 | Revised 02/2013

23-007.08 Abatement

___ 007.08A Abatement conducted only by certified individuals

___ 007.08B Certified supervisor onsite during prep and cleanup of work areas. All other times onsite or available by telephone, pager, or answering service; present at work site in no more than two hours.

___ 007.08C Certified supervisor and employing firm must ensure compliance according to Federal, State and local requirements

___ 007.08D Notification given to Department prior to commencement of abatement activities in residence or child-occupied facility

___ 007.08E *Written occupant protection plan developed for all abatement projects and prepared according to:*

___ 007.08E1 Unique to residential dwelling/child-occupied facility, developed prior to abatement, describe measures and management procedures taken to protect building occupants from exposure

___ 007.08E2 Certified supervisor or project designer must prepare occupant protection plan

___ 007.08E3 Plan made available to occupants; occupants notified of its availability

___ 007.08F *Work practices listed below must be restricted during abatement as follows:*

___ 007.08F1 Open-flame burning/torching is prohibited

___ 007.08F2 Machine sanding, grinding, abrasive blasting, or sandblasting is prohibited unless used with HEPA exhaust control

___ 007.08F3 Dry scraping permitted only in conjunction with heat guns, around electrical outlets, or treating defective paint spots totaling no more than 2 sq. ft. in any room, 20 sq. ft. on exterior surfaces

___ 007.08F4 Operating heat gun permitted only at temperatures only below 1100° Fahrenheit

___ 007.08G *If conducted, soil abatement must be conducted in one of the following ways:*

___ 007.08G1a If removed, soil must be replaced with lead concentration as close to local background as possible, not greater than 400 ppm

___ 007.08G1b Soil removed must not be used as top soil at another residential property or child-occupied facility

___ 007.08G2 If soil is not removed, it must be permanently covered

___ 007.08H *The following post-abatement clearance procedures must be performed only by a certified inspector or risk assessor:*

___ 007.08H1 Visual inspection must be performed to determine if deteriorated painted surfaces and/or visible amounts of dust, debris or residue are still present; if present, conditions must be eliminated prior to continuation of clearance procedures

___ 007.08H2 Following visual inspection and any post-abatement cleanup required by 007.08G1, clearance sampling for lead in dust must be conducted

___ 007.08H3 Dust samples for clearance purposes must be taken using procedures contained in HUD Guidelines

___ 007.08H4 Dust samples for clearance purposes must be taken a minimum of one hour after completion of cleanup activities

___ 007.08H5 *The following post-abatement clearance activities must be conducted as appropriate based upon the extent or manner of abatement activities conducted in or to residential dwelling/child-occupied facility:*

___ 007.08H5a After abatement with a containment between abated and unabated areas, one dust sample must be taken from one interior window sill, one window trough (if present), and from floor of no less than four rooms, hallways or stairwells in containment. One must be taken from the floor outside the containment area. If less than four rooms, all must be sampled.

___ 007.08H5b After an abatement with no containment, two dust samples must be taken from no less than four rooms, hallways or stairwells in residential dwelling/child-occupied facility. One sample must be taken from one window (if available), and floor of each room, hallway or stairwell selected. If less than four, all must be sampled.

___ 007.08H5c Following exterior paint abatement, a visible inspection must be conducted. Horizontal surfaces in outdoor living area must be cleaned of visible dust/debris. Visual must be conducted to determine presence of paint chips on dripline or next to foundation below any exterior surface abated. If chips are present, must be removed and disposed of.

___ 007.08H6 Rooms, hallways or stairwells sampled must be selected according to documented methodologies

___ 007.08H7 Certified inspector or risk assessor must compare residual lead levels determined by lab analysis from each single surface dust sample with levels in 007.08H for dust on floors, interior window sills, window troughs, or from composite dust sample with applicable levels for lead dust on floors, interior window sills, and window troughs divided by half the number of subsamples from composite sample. If levels...

___ 007.08H8 Clearance levels for lead in dust are 40 ug/ft^2 floors, 250 ug/ft^2 interior window sills, and 400 ug/ft^2 troughs.

___ 007.08I *In a multi-family dwelling with similarly constructed and maintained residential dwellings, random sampling for the purposes of clearance may be conducted provided:*

___ 007.08I1 Certified individuals who abate or clean dwellings don't know which dwelling will be selected for the random sample.

___ 007.08I2 Sufficient number of residential dwellings selected for dust sampling to provide 95% level of confidence no more than 5% or 50 of dwellings (whichever smaller) in randomly sampled population exceed appropriate clearance levels.

___ 007.08I3 Randomly selected residential dwellings must be sampled and evaluated for clearance according to procedures found in 007.08H

23-008.01 Notification of a Project

___ 008.01A Written project notification submitted to DHHS

___ 008.01B Certified firm must notify at least ten days prior to project start date

___ 008.01B1 Certified firm information

___ 008.01B2 Owner information

___ 008.01B3 Project site address

___ 008.01B4 Locations of lead abatement project

___ 008.01B5 Type of lead abatement project

___ 008.01B6 Dates when certified firm will start/finish work

___ 008.01B7 Names and ages of all occupants

___ 008.01B8 Volume or sq. footage of lead to be abated

___ 008.01B9 Notification properly signed

23-008.01C Notification of Changes

___ 008.01C1a New start date

___ 008.01C1b New work schedule

___ 008.01C1c Typos or clerical errors

___ 008.01C1d Project size increases

___ 008.01C2 Project size increases requiring project review fee

___ 008.01D $200 project review fee submitted for projects equal to or greater than 100 sq. ft.

23-008.02 Inspections of Lead Abatement Projects

___ 008.02B3 On-site inspections other than the initial may be assessed an administrative fee of $150

23-008.02C Re-inspections

___ 008.02C1 *A re-inspection may be conducted and a $150 fee assessed if:*

___ 008.02C1a Any on-site inspection reveals the need for re-inspection for any violations

___ 008.02C1b *On-site inspection could not be accomplished because:*

___ 008.02C1b1 Inadequate address or directions

___ 008.02C1b2 Project not being performed as times indicated on notification

___ 008.02C1b3 Actions of certified firm prevented inspector(s) from taking photos or collecting samples in work area

___ 008.02C1b4 Actions of certified firm prevented inspector(s) access to work area

23-008.03 Record Keeping Requirements

___ 008.03 *Certified firm or individual must keep records as follows:*

___ 008.031a Name and address where lead abatement, inspection, screen or risk assessment occurred; owner name and address

___ 008.031b Description of activity and summary of procedures used to comply with regulations

___ 008.031c Start and completion dates

___ 008.031d Name, address, and certificate number of each certified individual participating in any capacity of project activity

___ 008.031e Where and what manner lead waste was disposed of

___ 008.03 2 Separate records kept for each activity, project, inspection, screen or risk assessment; owner name and address

___ 008.03 3 All documents maintained for at least three years

___ 008.03 4 Keep Department informed of location of records

Comments:

Department of Health & Human Services
DHHS
NEBRASKA

RADON MEASUREMENT BUSINESS AUDIT FORM

DIVISION OF PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH HAZARDS & INDOOR AIR

AUDIT TYPE: ☐ Annual ☐ Follow-up ☐ Special

Date	Arrival Time	Departure Time	Auditor Assigned

Licensee Name: _____

Licensee Address: _____

License Number: _____

☐ Monthly reporting **(11-010.01)**

☐ Continuing education requirements **(11-008)**

☐ Device inventory (attach listing if necessary, describe any changes)

☐ Implementation of quality control requirements **(11-004.01 [5f])**

- ☐ Annual device calibration **(11-004.01 [5c])**
- ☐ Implementation of duplicate samples **(11-004.01 [5a])**
- ☐ Implementation of cross-check samples **(11-004.01 [5a])**

☐ Records retention and availability **(11-004.02 [3])**

Notes:

_____

_____

_____

_____

Signature of Licensee or Representative	Date	Signature of Auditor	Date

Notice: The DHHS-Division of Public Health, Office of Environmental Health Hazards & Indoor Air has directed that an audit of your work be accomplished. This audit is authorized in accordance with the State of Nebraska Radon Program Regulations under Title 180 NAC 11, Section 11-004.01 (4) and is being accomplished to determine your compliance with the provisions of the Nebraska Radiation Control Act and Title 180 NAC 11. At the conclusion of the audit, the auditor will notify you of their initial observations. Determination of penalties will not be made at this time.

Office of Environmental Health Hazards & Indoor Air
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509
402-471-1005
dhhs.ne.gov/radon

Device Inventory attached: Yes_____ No____ N/A_____
Device Calibration attached: Yes_____ No____ N/A_____
Duplicate log attached: Yes_____ No____ N/A_____
Copies of C.E. attached: Yes_____ No____ N/A_____

Licensee Follow-up: Yes____ No___ N/A____

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Radon Mitigation System Inspection Record

Property Inspected:			City/Zip Code:
Mitigation Business (Installer):			Date of Installation:
Date of Inspection:	Start time:	End time:	Inspector: Mark Versch
Occupant:			Occupant's Telephone Number:

Is this the individual who gave permission?
◯ Yes ◯ No

Critical Elements Inspected

◉ Yes ◯ No	1. Ventilation piping was installed to ensure drainage back to the suction point.
◉ Yes ◯ No	2. Ventilation piping was adequately supported. (Horizontal & Vertical supports).
◉ Yes ◯ No	3. Ventilation piping is properly sealed at all joints.
◉ Yes ◯ No	4. The ventilation pipe is properly sealed within the suction point or sump lid.
◉ Yes ◯ No	5. The ventilation piping does not block windows or doors.
◉ Yes ◯ No	6. The discharge outlet is ten feet above ground.
◉ Yes ◯ No	7. The discharge outlet is ten feet from a neighboring building.
◉ Yes ◯ No	8. The discharge outlet is above the eave of the roof.
◉ Yes ◯ No	9. The discharge outlet is two feet above any window or door within ten feet.
◉ Yes ◯ No	10. The fan is located outside the house or in the attic or in another unoccupied area.
◉ Yes ◯ No	11. The system had an easily readable "performance indicator".
◉ Yes ◯ No	12. The system contains a Mitigator identification label with telephone number.
◉ Yes ◯ No	13. The all ventilation pipe sections (on all floors) are properly labeled.
◉ Yes ◯ No	14. The circuit breaker in the electrical panel box is labeled "Radon System".
◉ Yes ◯ No	15. Is the ventilation piping attached to the structure of the building?
◉ Yes ◯ No	If a firewall was penetrated, was a UL listed fire collar or acceptable material used.

Notes regarding items marked "No" above:

Other deficiencies noted:

◉ Yes ◯ No The occupant was aware of the follow-up test result.

◉ Yes ◯ No Findings were discussed with the occupant.

Inspector's Signature:	**Nebraska Radon Program** **1 (800) 334-9491** **www.dhhs.ne.gov/radon**

CRITERIA FOR USING CHILD CARE LICENSING SHORT CHECKLIST

1. Prior to using a shortened checklist a Child Care Licensing Specialist must be fully trained and have been on the job for six months, unless approved to use the short checklist by his/her supervisor.

2. The licensee must, at the time of the inspection, be in compliance with ratio and not exceed capacity. If the licensee is not in compliance, CCIS must use the full checklist.

3. The licensee must not be on a disciplinary action.

4. The licensee must have at least one full checklist completed under the "new" regulations and all corrections made.

5. The licensee must have an operational license.

6. The shortened checklist may be used twice and then a full check list is required.

7. A minimum of three child's records must be reviewed.

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

Child Care Center Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

	In Compliance	Not In Compliance	Not Applicable	Not Observed
3-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
3-004.06 Notification of Changes: Change: pg. 14				
Of location, building, or building usage reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to Department five working days before date of change	☐	☐	☐	☐
Change in Director reported to Department within two working days	☐	☐	☐	☐
3-004.06 Notification of Changes: If located in a private residence change in household members: pg. 14				
13 and older is reported to Department five working days before date of change	☐	☐	☐	☐
12 or younger is reported to Department within two working days	☐	☐	☐	☐
3-006.01 Licensee Requirements: Licensee ensures: pg. 18				
Center is administered/managed appropriately	☐	☐	☐	☐
Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
Center has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
3-006.02 Director Requirements: Director: pg. 18-19				
Is responsible for day-to-day operations of the Center	☐	☐	☐	☐
Is responsible for compliance with rules and regulations				
Is on site a sufficient time period to attend to the management of Center	☐	☐	☐	☐
When absent from Center, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available				
Has written personnel policies available which are specific to position qualifications/skills/ knowledge/abilities/physical demands	☐	☐	☐	☐
Assesses own ability/staff ability to provide care for children with special needs				
Provides orientation for new staff including training on Child Care Center regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, concerns, monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops/implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the Center	☐	☐	☐	☐
Immediately reports suspected child abuse, neglect, or sexual abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own child	☐	☐	☐	☐

Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff/child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐
Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
3-006.03A Criminal History Record Checks: Licensee: pg. 19-20				
Must complete pre-employment criminal history record checks on him/herself, each staff member or volunteer age 19 or older, and on each househould member age 19 or older (if the Center is located in a private residence)	☐	☐	☐	☐
3-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if Center is located in a private residence), are not listed as a perpetrator on: pg. 22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
3-006.03C Report of Law Enforcement Contact: Licensee: pg. 22-23				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves and update annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and update annually	☐	☐	☐	☐
3-006.03D Notification of Law Enforcement Contact: pg. 23				
As soon as licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
3-006.03E Investigations and Repeat Registry Checks: pg. 23				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
3-006.03F Health Information Report: pg. 23				
Licensee/Director obtains completed Health Information Report within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
3-006.04 Director Qualifications: pg. 24				
If the Director is qualified under a Department approved plan, the requirements of the plan have been met	☐	☐	☐	☐
3-006.05B Non-Certificated Teachers: Teacher hired: pg. 24-25				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma/GED and meets qualifications or has a Department approved written plan in place and is completed within six months	☐	☐	☐	☐
3-006.06 Substitute, Support Staff, Volunteer, and Parent Helper Qualifications: pg. 25				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and are counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteer/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
3-006.07 Parents Participating in Parent Training/Education: Parents: pg. 25				
Are not counted in staff-to-child ratio	☐	☐	☐	☐

Are not left alone with children other than own children	☐	☐	☐	☐
Are supervised by Director or teacher at all times	☐	☐	☐	☐
3-006.08 Director Orientation and Training: pg. 25				
Director completed approved Director orientation within 30 days of starting employment	☐	☐	☐	☐
3-006.08A Safety Training-Directors: pg. 26				
Centers licensed before May 20, 2013, Director must complete by May 20, 2016, or 3 years from date of hire, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20 ,2013, Director must complete within 3 years of provisional license date/date of hire and every 5 years	☐	☐	☐	☐
3-006.08B Child Care Management Training-Directors: pg. 26				
Centers licensed before May 20, 2013, Director must complete by May 20, 2018 or 5 years from hire date	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director mus complete within 5 years of hire date	☐	☐	☐	☐
3-006.04C Nebraska's Early Learning Guidelines Training Directors: pg. 26				
Centers licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or 4 years from hire date, and one domain annually until complete	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete one domain within 4 years of hire date and one domain annually until complete	☐	☐	☐	☐
3-006.09A Safety Training-Teachers: pg. 27				
By May 20, 2016, 50% of all teachers must have completed	☐	☐	☐	☐
3-006.09B Nebraska's Early Learning Guidelines Training-Teachers: pg. 27				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
3-006.09C Evidence of Teacher Training: pg. 27				
Director maintains all teacher's training records of orientation, safety training, ELG, annual training, and CPR/First Aid	☐	☐	☐	☐
3-006.10A Orientation: Orientation includes: pg. 27-28				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for the care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse, neglect of children and reporting requirements	☐	☐	☐	☐
Child Care Center regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
Center's method of interaction with children	☐	☐	☐	☐
Center's discipline policies for children	☐	☐	☐	☐
3-006.10B Nutrition and Food Safety Training: Documentation of: pg. 28				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐

4 clock hours of food training for all food personnel each year, effective May 20, 2013	☐	☐	☐	☐
3-006.10C Transportation Training: pg. 28				
Driver hired on/after 5/20/13 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required transportation training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
3-006.10D Annual Training of Direct Care Staff: Staff who work: pg. 28				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or fewer hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
3-006.10E CPR and First Aid Training: pg. 29				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
3-006.11 Employee Records Requirements: Employee records are: pg. 29				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐
Maintained for one year after employee separation	☐	☐	☐	☐
3-006.11A Staff Records: Records include: pg. 29-30				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services Registry checks conducted prior to hire with no adverse finding in the record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
3-006.11B Substitute Records: Records include: pg. 30				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Documentation that staff has read and understands regulations	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
3-006.11C Volunteer Records: Records include: pg. 30				
Name, address, and telephone number	☐	☐	☐	☐

Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry Check	☐	☐	☐	☐
3-006.12 Child's Record: Child's record: pg. 30-31				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013, and is kept current	☐	☐	☐	☐
Includes child's name, birthdate, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's home address/telephone number	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes name of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐
Has current health status, allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐
3-006.13 Parent Information Brochure: pg. 31				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
3-006.14 Description of Center Services and Policies: Receipts signed by: pg. 31				
Parent(s) of enrolled children of Description of Services, Center Policies (except personnel policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, Center Policies and Personnel Policies are available for Department review	☐	☐	☐	☐
3-006.14A Description of Services: pg. 31				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), parent training/education (if provided), expectation of parents, and name/address/telephone number of Center's owner/authorized representative	☐	☐	☐	☐
3-006.14B Center Policies: pg. 31-32				
Center policies available for Department review and includes; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, staff discipline procedure, staff immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
3-006.15A Licensed Capacity: pg. 32				
Licensed capacity is not exceeded	☐	☐	☐	☐
If non-compliance Center exceeded licensed capacity by ___ children.				
3-006.15B Staffing Requirements: pg. 32				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Each room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐

During nap time at least one teacher is in the room where children are napping and the staff/child ratio is maintained on the Center premises	☐	☐	☐	☐
Required number of staff is on premises at all times	☐	☐	☐	☐
3-006.15C Staff-to-Child Ratio (Center wide): pg. 32				
Center in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				
3-006.15C Staff-to-Child Ratio: Center maintains accurate: pg. 32				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
3-006.16A Notification to Parents: pg. 33				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
3-006.16B Confidentiality: pg. 33				
Licensee does not release names of ill child(ren) without permission	☐	☐	☐	☐
3-006.16C Health Authority: pg. 33				
Licensee follows health authority's directives	☐	☐	☐	☐
3-006.17 Children Excluded Due to Illness: Center: pg. 3				
Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
3-006.18 Immunizations: pg 33-34				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up-to-date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
3-006.19 Supervision of Children: Staff: pg. 34				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove child(ren) from harm	☐	☐	☐	☐
3-006.19A Permission for Off-Premises Supervision: pg. 34				
Parents are informed when child(ren) are taken outside premises of Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off Center premises is available	☐	☐	☐	☐
3-006.19B Permission for Child to Leave Premises: pg. 34				
Documentation of written parental permission for child to leave the Center premises to participate in activities not provided by the Center which includes parent understands licensee is not responsible for supervision	☐	☐	☐	☐
3-006.20 Discipline: pg. 34				
Only licensee, Director, or designated substitutes discipline children in care	☐	☐	☐	☐
3-006.20A Prohibited Forms of Discipline: Children are not disciplined by: pg. 34-35				

Spanking, slapping, pinching, punching, shaking, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food Items				
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
3-006.20B Child Behavior That Cannot Be Disciplined: pg. 35				
Children are not disciplined for toilet accidents, refusal to take medication or refusal to eat	☐	☐	☐	☐
3-006.20C Use of Time Out: pg. 3				
Child's time out is in a safe/lighted/well-ventilated area within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
3-006.20D Use of Physical Hold: Physical hold: pg. 35				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐
Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
3-006.20D1 Notification and Documentation: pg. 35-36				
Parents of children notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
3-006.20E Use of Restraints: pg. 36				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident, and name of staff involved	☐	☐	☐	☐
3-006.21 Prohibited Language, Materials, and Actions: pg. 36				
Children are not exposed to profanity, sexually explicit material, acts of violence, or acts of racism	☐	☐	☐	☐
3-006.22 Child Development Program: pg. 36				
Written Child Development Program available for review by parent/Department and includes; indoor play, outdoor play, napping/rest periods, individual/group playtimes, fostering language and social development by talking, interacting, modeling appropriate language and behavior reading/exploring books, and daily reading with children of age-appropriate literature	☐	☐	☐	☐
3-006.22A Toys, Equipment, and Materials: pg. 37				
Center has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) under 3 years do not have access to items that are a choking hazard	☐	☐	☐	☐
3-006.22B Beds, Cribs, and Sleeping Surfaces: (toddlers, pre-school, and school-age): pg. 37				
Center provides acceptable beds/cots/cribs/playpens/sofas/sleeping bags/waterproof mats at least one inch thick and 45 inches long	☐	☐	☐	☐
Cribs/Play Pens do not contain soft objects/bumper pads/toys/loose bedding	☐	☐	☐	☐
Blankets (if used) are secured under the mattress and reach no higher than the child's chest	☐	☐	☐	☐
Cribs/Play Pens/Cots/Mats are separated by 3 feet of space	☐	☐	☐	☐

Cribs/Play Pens/Cots/Mats are disinfected daily or marked for individual use and disinfected weekly and as needed	☐	☐	☐	☐
Top level of bunk beds are not used for child 5 years or younger	☐	☐	☐	☐
Waterbeds are not used for child 3 years of age or younger	☐	☐	☐	☐

Infant Care:

☐ **CENTER DOES NOT PROVIDE INFANT CARE TO CHILDREN UNDER 18 MONTHS OF AGE. THE FOLLOWING REGULATIONS RELATED TO INFANT CARE ARE NOT APPLICABLE.**

3-006.22B Beds, Cribs, and Sleeping Surfaces: (infants under 18 months): pg. 37				
Cribs or Play Pens are used for infants under 12 months of age for sleeping	☐	☐	☐	☐
Center does not use cots, cushions, futons, mats, or pillows for infant 12 months and under	☐	☐	☐	☐
Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
Play Pen mattresses are designed for that play pen and covered with fitted sheet	☐	☐	☐	☐
Cribs/Play Pens do not contain soft objects/bumper pad/toys/loose bedding	☐	☐	☐	☐
Cribs/Play Pens are clean, in good repair, and do not contain lead-based paint	☐	☐	☐	☐
3-006.23 Infant Care: pg. 38				
Specific Center staff are assigned to all infants in writing	☐	☐	☐	☐
Emotional and physical needs of infants are met consistently/promptly	☐	☐	☐	☐
Infant cries are investigated immediately	☐	☐	☐	☐
Infants are held, talked to and engaged in daily play	☐	☐	☐	☐
Infants under 6 months are held while being fed	☐	☐	☐	☐
Infants not able to hold bottle are held while being fed	☐	☐	☐	☐
Infant bottles are not propped or left with a sleeping infant	☐	☐	☐	☐
High chairs are equipped with three-point safety straps	☐	☐	☐	☐
Signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
Infants are placed on back for sleeping or medical note indicating another infant sleeping position is available for review	☐	☐	☐	☐
3-006.23A Infant Care Rooms: Infant care room: pg. 38				
Is limited to 12 or fewer children	☐	☐	☐	☐
With 1 – 4 infants has at least 1 staff	☐	☐	☐	☐
With 5 – 8 infants has at least 2 staff	☐	☐	☐	☐
With 9 – 12 infants has at least 3 staff	☐	☐	☐	☐
Contains sufficient equipment to remove infants during emergencies if needed	☐	☐	☐	☐

3-006.23B Diapering and Toileting: pg. 38-39				
Diapering procedures are established and followed by all staff	☐	☐	☐	☐
Wet/soiled diapers are changed immediately	☐	☐	☐	☐
Diapers are checked on frequent/regular basis	☐	☐	☐	☐
Individual washcloths/towelettes are used	☐	☐	☐	☐
Wet/soiled diapers are stored/disposed of properly	☐	☐	☐	☐
Diaper changing surfaces are sanitized or changed after each use	☐	☐	☐	☐
Diaper changing surfaces with disposable sheeting are disinfected daily	☐	☐	☐	☐

Toilet training is conducted in agreement with parent	☐	☐	☐	☐
Potty chairs are not in play or eating areas	☐	☐	☐	☐
Staff properly wash hands after helping each child with toileting	☐	☐	☐	☐
Children properly wash hands after toileting	☐	☐	☐	☐

Overnight Care:

☐ **CENTER DOES NOT PROVIDE CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE**

3-006.24 Overnight Care: pg. 39				
Center staff follow parent guide for bathing child	☐	☐	☐	☐
Center staff are awake and alert to the needs of children through the night	☐	☐	☐	☐
Mattresses are waterproof	☐	☐	☐	☐

Wading and Swimming:

☐ **CENTER DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.25 Wading and Swimming Activities: pg. 39				
Children are accompanied, adequately supervised and kept safe during wading/swimming while in care	☐	☐	☐	☐
3-006.25A Prohibited Water Sources: pg. 39				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
3-006.25B Wading: pg. 39				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
3-006.25C Permission for Non-Center-Supervised Activities Off the Premises: pg. 39				
Written/signed statement from parents available that allows child(ren) to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
3-006.25D Permission for Center-Supervised Activities Off the Premises: pg. 39				
Written/signed/dated statement from parent available giving permission to take child(ren) swimming off the premises which includes location of pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
3-006.25E Licensure of Swimming Pools: pg. 40				
Center only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
3-006.25F Water Safety: pg. 40				
An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐

If non-compliance: _____children in care;_____staff needed;_____staff present.

Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.25G Pool on the Premises Not Used by Children in Care: pg. 40				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐

Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
3-006.25H Pool on the Premises Used by Children in Care: pg. 40				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				
Transportation:				
☐ **CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.26 Transportation: pg. 41				
Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				
Children younger than school-age are not transported in bus without required restraint system	☐	☐	☐	☐
3-006.26 Transportation: If transportation is provided the transportation policy: pg. 41				
Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/vehicle breaks down/ involved in an accident/or other emergencies	☐	☐	☐	☐
Medications:				
☐ **CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.27A Giving or Applying Medication: Staff give/apply: pg. 41-42				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, at the right time	☐	☐	☐	☐
3-006.27B Competence to Give or Apply Medication: pg. 42				
Parents or any licensed health care professional are responsible for determining if Center staff are competent to give/apply medication	☐	☐	☐	☐
Director assesses the ability of staff to give/apply medication	☐	☐	☐	☐

3-006.27C Confidentiality: pg. 42				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
Center advises parents in writing of use of private method to inform Center of medication needs	☐	☐	☐	☐
3-006.27D Written Permission and Instructions: Staff: pg. 42				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to child(ren) and return/destroy it	☐	☐	☐	☐
3-006.27E Unusual Circumstances: Medication given or applied: pg. 42				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
3-006.27F Hand Washing: pg. 43				
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medications	☐	☐	☐	☐
3-006.27G Storage: pg. 43				
All prescription/non-prescription medications, including emergency medications, are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
3-006.27H Record-Keeping: pg. 43				
Written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
3-006.28 Food Service: Meals and snacks: pg. 43				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses children's allergies/food intolerances	☐	☐	☐	☐
Meets USDA requirements and a weekly menu is provided upon request	☐	☐	☐	☐
If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If a child's diet is not required to meet USDA guidelines a physician's statement is available for review	☐	☐	☐	☐
3-006.28A Meals and Snacks: pg. 43				
Center offers required number of meals/snacks	☐	☐	☐	☐
3-006.29 Food Safety: Center ensures: pg. 43				
Food Code is followed when food is prepared or served	☐	☐	☐	☐
Food Code is followed when food is prepared at another location	☐	☐	☐	☐
Center ensures that formula prepared on site is from commercially prepared products	☐	☐	☐	☐
3-006.29A Storage of Breast Milk and Formula: pg. 44				

All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen	☐	☐	☐	☐
Unfrozen breast milk is discarded after 48 hours and frozen breast milk is kept in freezer for no more than three months	☐	☐	☐	☐
Formula provided by the licensee is made from commercially prepared products and unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐
3-006.30A Telephone: pg. 44				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
3-006.30B Fire and Tornado Drills: pg. 44				
Written documentation of fire drills conducted with children each month	☐	☐	☐	☐
At least one fire drill per year is completed during naptime	☐	☐	☐	☐
Written documentation of tornado drills conducted 4 times March through September	☐	☐	☐	☐
At least one tornado drill per year is completed during naptime	☐	☐	☐	☐
3-006.30C Fire and Tornado Safety Diagrams: pg. 44				
Fire and tornado safety diagrams include layout of child care area and are prominently posted/visible	☐	☐	☐	☐
Fire and Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
3-006.30D Disaster Preparedness: pg. 44				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, and notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
3-006.30E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 45				
A death of child or accident/injury to a child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
3-006.30F First Aid Kit: First Aid Kit: pg. 45				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
3-006.31 Environmental Services: pg. 45				
Every area and building on the entire Child Care premises complies with regulations	☐	☐	☐	☐
Child care is provided in a safe, clean and comfortable environment	☐	☐	☐	☐
3-006.31A Housekeeping and Maintenance: pg. 45-46				
Center and grounds are clean, safe, in good repair, and free of exposed lead-based paint surfaces	☐	☐	☐	☐
Rooms, walls, floors, and ceilings are kept clean, dry, in good repair, and free of odor from sewage/ mold/mildew, or other unsanitary conditions	☐	☐	☐	☐
Heating/ventilation/lighting are adequate to protect health of children	☐	☐	☐	☐
Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/ insects/vermin	☐	☐	☐	☐

Doors opening to the outside are self-closing and ventilation windows screened	☐	☐	☐	☐
Garbage/rubbish is disposed of to minimize odor, transmission of disease, and prevent attraction of rodents, insects, flies, and vermin	☐	☐	☐	☐
Indoor and outdoor garbage containers are water-tight, have tight fitting covers, and are fly/rodent proof	☐	☐	☐	☐
Garbage is not burned on premises	☐	☐	☐	☐
Carpeting in bathroom(s) is removable, washable, and non-shag	☐	☐	☐	☐
Carpeting is not in food preparation area	☐	☐	☐	☐
Walls and ceilings in food preparation/storage rooms are smooth, cleanable, and light color	☐	☐	☐	☐
Walls subject to splash are smooth and washable	☐	☐	☐	☐
3-006.31B Maintenance of Equipment, Fixtures, Furnishings, and Toys: pg. 46				
Equipment, fixtures, furnishings, and toys are clean, safe, and in good repair	☐	☐	☐	☐
Equipment, fixtures, furnishings, and toys do not have sharp edges, rust, or loose parts	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
Process in place for routine and preventive maintenance of equipment, fixtures, furnishings, and toys	☐	☐	☐	☐
3-006.32 Environmental Safety: pg. 46				
Environment is safe and hazard-free	☐	☐	☐	☐
3-006.32A Smoking: pg. 46				
Smoking does not occur indoors in the Child Care Center	☐	☐	☐	☐
3-006.32A Smoking: If located in a private residence: pg. 46				
Smoking does not occur in Center during hours of operation when one or more children who are not occupants of the residence are present	☐	☐	☐	☐
Prior to enrollment parents of enrolled child(ren) are informed that smoking occurs in the Center	☐	☐	☐	☐
3-006.32B Alcohol and Controlled Substances: pg. 47				
Alcohol is not present in any area used for child care while children in care are present	☐	☐	☐	☐
Use/possession of unlawful controlled substances not allowed on Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed not on Center premises	☐	☐	☐	☐
Animals and Pets:				
☐ **CENTER DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APLICABLE**				
3-006.32C Animals/Pets: pg. 47				
Animals in Center do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
Have provisions to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
During food preparation/serving, pets are not allowed in food preparation/serving/food storage areas	☐	☐	☐	☐
Licensee complies with local pet ordinances	☐	☐	☐	☐
3-006.32D Prohibited Animals: pg. 47				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during hours of operation	☐	☐	☐	☐

3-006.32E Other Environmental Safety Requirements: pg. 47-48				
Surfaces are smooth, free of sharp edges, mold, dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while children are in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Electrical outlets within reach of children under the age of 6 are covered with safety caps/ground fault interrupters or have safety outlets installed	☐	☐	☐	☐
Disposable towelettes/drinking containers/personal care items/towels and washcloths are not shared by children	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
Covered and waterproof containers for soiled or wet clothing are available	☐	☐	☐	☐
Deep freezers that cannot be opened from the inside are locked or stored in locked room	☐	☐	☐	☐
Firearms/potentially hazardous weapons/weapon accessories/ammunition are not on Center premises	☐	☐	☐	☐
3-006.32E Other Environmental Safety Requirements (If Center located in a private residence): pg. 47-48				
Firearms/potentially hazardous weapons/weapon accessories/ammunition are stored in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and separately from ammunition	☐	☐	☐	☐
3-007.01 Activity Space: pg. 48				
Activity space has furnishings to accommodate all activities/age-appropriate needs of all children/ is available for all children, and contains at least 35 square feet of space per child	☐	☐	☐	☐
3-007.02B Water Supply: pg. 49				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐
Non-PublicWater & Non-Public Sewage System:				
☐ **CENTER HAS A PUBLIC WATER AND /OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE**				
3-007.02B Water Supply: Non-Public Water: pg. 49				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
3-007.02C Sewer Requirements: Non-Public Sewage System: pg. 49-50				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐

3-007.03 Fenced Outdoor Play Areas: Outdoor Play Area: pg. 50				
Directly adjoins the facility	☐	☐	☐	☐
Accommodates 25% of license capacity with 50 square feet per child	☐	☐	☐	☐
Is clean, safe, contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
Is free of barnyard animals or fowl	☐	☐	☐	☐

Is free of animal waste	☐	☐	☐	☐
3-007.03A Fenced Outdoor Play Area: pg. 50				
Fence, toys, or equipment is free of rust, and sharp/hazardous edges	☐	☐	☐	☐
3-007.03B Non-adjacent Outdoor Play Area: pg. 50				
Department approved plan for non-adjacent outdoor play area in place	☐	☐	☐	☐
3-007.03C Outdoor Play Equipment: pg. 50				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
3-007.03D Playground Surfaces: pg. 50-51				
Playground surface under climbing equipment is resilient material	☐	☐	☐	☐
3-007.04 Toilets and Sinks: pg. 51				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐
Toilet rooms fully enclosed	☐	☐	☐	☐
Sinks readily available to each toilet and diapering area	☐	☐	☐	☐
Sanitary dispensing and disposal units for paper towels are available and at heights convenient for children's use	☐	☐	☐	☐
Toilets/sinks are conveniently located, clean, operable and in good repair	☐	☐	☐	☐
Toilets/sinks are designed for children with special needs, (if applicable)	☐	☐	☐	☐
Toilets/sinks are of suitable height or safe stepstools are provided	☐	☐	☐	☐
3-007.04A Toilets and Sinks: pg. 51				
Doors opening directly to a food service area are self-closing and tight-fitting	☐	☐	☐	☐
3-007.04B Toilets and Sinks: pg. 51				
Adults and children properly wash hands prior to resuming work or play	☐	☐	☐	☐
3-007.05 Fire Safety: pg. 51				
Licensee maintains fire safety approval	☐	☐	☐	☐
3-007.06 Sanitation:				
Licensee maintains sanitation approval	☐	☐	☐	☐
Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH I Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number:	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number _____ **License Capacity** _____

Ages of Children Served _____ **to** _____ **Hours of Operation** _____ **to** _____

Days of Operation _____

If Provisional inspection, date of compliance _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection:

☐ Provisional ☐ Provisional to Operating ☐ Annual

☐ Amendment (Describe) _____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH I Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
1-004.02 Posting of License and Availability of License Record Information: pg. 10				
License, status or amendment displayed in a prominent place	☐	☐	☐	☐
Inspection reports are available upon request	☐	☐	☐	☐
1-004.04 Notification of Changes - Licensee notifies the Department: pg. 11/12				
1-004.04A Before making the following program changes: 1. building or building usage 2. age of children 3. hours or days 4. address or location 5. staff, volunteers, or household members age 13 or older	☐	☐	☐	☐
1-004.04B Within 2 working days for these changes 1. name of licensee 2. household member(s) age 12 or younger	☐	☐	☐	☐
1-006.01 Licensee Qualifications & Requirements: Licensee: pg. 15/16				
4. Is responsible for day to day operation	☐	☐	☐	☐
5. Has read, understands and is familiar with regulations	☐	☐	☐	☐
6. Makes inspections reports dated May 20, 2013 or after available upon request	☐	☐	☐	☐
7. Is in compliance with all regulations whenever any child(ren) in care	☐	☐	☐	☐
8. Assesses own ability and staff's ability to provide care for children with special needs while meeting needs of other children	☐	☐	☐	☐
9. Does not engage in employment that interferes with care of children	☐	☐	☐	☐
10. During hours of operation, is not under the influence or allow any staff, volunteer, or household member to be under the influence of alcohol, controlled substances that have not been lawfully prescribed or any other type of substance that would affect their ability to care for children	☐	☐	☐	☐
11. Allows parents immediate and unlimited access to their child(ren)	☐	☐	☐	☐
12. Allows access to the premises by agent or employee of Department in conduct of official duty	☐	☐	☐	☐
13. Allows announced and unannounced inspections by state or local inspectors, investigators, law enforcement officers in conduct of official business	☐	☐	☐	☐
14. Does not knowingly allow an individual to be on the premises that has been convicted of, admitted to, or there was substantial evidence of, crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude	☐	☐	☐	☐
15. Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her child	☐	☐	☐	☐
16. Does not engage in or have a history of behavior injurious to or which may endanger the health or morals of children	☐	☐	☐	☐
17. Immediately reports suspected child abuse/neglect or sexual abuse of a child	☐	☐	☐	☐
1-006.02C Reports of Law Enforcement Contact: pg. 19				
Licensee updates Report of Law Enforcement Contact annually	☐	☐	☐	☐
Report of Law Enforcement Contact on self, volunteers or household member(s) ages 19 or older when arrested, issued a citation (other than minor traffic violation) or charged with/convicted of any felony/misdemeanor infraction	☐	☐	☐	☐
1-006.02D Notification of Law Enforcement Contact - Licensee reports law enforcement contact if applicable: pg. 20				
Self	☐	☐	☐	☐

Household member	☐	☐	☐	☐
Staff and volunteers	☐	☐	☐	☐
1-006.02E Investigations and Repeat Registry Checks: pg. 20				
1. Licensee reports staff or volunteer being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult, if applicable	☐	☐	☐	☐
2. No individual under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult is left alone with child(ren)	☐	☐	☐	☐
1-006.02F Health Information Report: pg. 20				
Licensee updates Health Information Report annually	☐	☐	☐	☐

Staff, Substitutes, or Volunteers:

☐ **LICENSEE DOES NOT USE STAFF, SUBSTITUTES, OR VOLUNTEERS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.03A Staff and Substitutes - Staff/Substitutes: pg. 20				
1. Are at least 16 years of age and are of good moral character	☐	☐	☐	☐
2. Do not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
3. Have no criminal history that disqualifies him/her from working in child care - 1-006.02: pgs 16-19	☐	☐	☐	☐
1-006.03B Volunteers: pg. 20				
1. Are of good moral character	☐	☐	☐	☐
2. Do not engage in or have a history of behavior injurious to or which may endanger health/morals of children	☐	☐	☐	☐
3. Are not left alone with children other than his/her own, have no criminal history that disqualifies him/her from working in child care	☐	☐	☐	☐

1-006.03C Household Members: pg. 21				
1. Household members 19 years of age or older complete Report of Law Enforcement Contact and update annually	☐	☐	☐	☐
2. Licensee has Criminal History Record Check on new household members age 19 or older after May 20, 2013	☐	☐	☐	☐
3. Licensee does not allow household members that engage in behavior injurious to or which may endanger health or morals of children to provide care or be on the premises	☐	☐	☐	☐
1-006.04B Safety Training: pg.21				
Programs licensed before May 20, 2013, provider must complete by May 20, 2016 and every 5 years	☐	☐	☐	☐
Programs liscensed on or after May 20, 2013, provider must complete within 3 years of provisional license date and every 5 years	☐	☐	☐	☐
1-006.04C Business Management Training: pg. 21				
Programs licensed before May 20, 2013, provider must complete by May 20, 2018	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 5 years of provisional license date	☐	☐	☐	☐
1-006.04D Nebraska's Early Learning Guidelines Training: pg. 22				
Programs licensed before May 20, 2013, provider must complete one domain by May 20, 2017 and one domain annually until complete	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete one domain within 4 years of provisional license date and one domain annually until complete	☐	☐	☐	☐

1-006.04E Annual Training - Licensee and Staff working: pg. 22				
More than 20 hours each week obtain 12 clock hours of documented approved in-service training in the previous year	☐	☐	☐	☐
20 hours or less each week obtain 6 clock hours of documented approved in-service training in the previous year	☐	☐	☐	☐
1-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training: pg. 23				
1. CPR training is obtained from an approved entity and is current	☐	☐	☐	☐
2. First Aid training is current	☐	☐	☐	☐
3. Documentation of CPR and First Aid certification available for review	☐	☐	☐	☐
1-006.05 Employee Records Requirements: pg. 23				
Licensee ensures records are maintained, updated as needed, and made available to the Department upon request	☐	☐	☐	☐
1-006.05A Staff - Staff records include (except substitutes and volunteers): pg. 23				
1. Name 2. Address/telephone number 3. Social Security number 4. hire/termination date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
7. Health Information Report (if works more than 20 hours/wk.) updated annually	☐	☐	☐	☐
8. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
9. Documentation of required amount of training	☐	☐	☐	☐
10. Documentation that staff has read and understands these regulations	☐	☐	☐	☐
1-006.05B Substitutes and Volunteers - Records include: pg. 23/24				
1. Name 2. Address/telephone number 3. Social Security number 4. Start date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
7. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
8. Written schedule for a volunteer includes hours and day(s) of the week	☐	☐	☐	☐
1-006.06 Child's Record - Child's Record: pg. 24				
Is completed before enrollment, kept current, and available for review	☐	☐	☐	☐
Includes child's 1. name 2. birthdate 3. enrollment date and 4. date care ceased if applicable	☐	☐	☐	☐
Includes 5. parent/guardian's home address/telephone number 6. employment address/ telephone number	☐	☐	☐	☐
Includes name of 7. individuals to whom the child can be released	☐	☐	☐	☐
Includes name of 8. individuals who will be responsible for the child in an emergency if parent/ guardian cannot be reached	☐	☐	☐	☐
Includes 9. consent to contact a physician in emergency	☐	☐	☐	☐
Includes 10. current health status of the child	☐	☐	☐	☐
Includes 11. allergies or intolerances and clear instructions in event of exposure to allergies/ intolerances	☐	☐	☐	☐
1-006.07 Parent Information Brochure: pg. 24				
Parent Information Brochure receipt signed, dated and available for review	☐	☐	☐	☐
1-006.08A Licensed Capacity: pg. 24				
Licensee does not exceed license capacity; or	☐	☐	☐	☐

Provider exceeded licensed capacity by ____ child(ren)	☐	☐	☐	☐
1-006.08B Staff-to-Child Ratio: pg. 25				
Licensee in compliance with staff-to-child ratio; or	☐	☐	☐	☐
Based on the numbers and ages of children in care, ____ staff needed; ____ staff present	☐	☐	☐	☐
1-006.09A Notification to Parents (In the event of an outbreak of a reportable disease): pg. 26				
1. / 2. Notifies parents of ALL enrolled children on the same day licensee is informed of or observes the illness	☐	☐	☐	☐
3. Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
1-006.09B Confidentiality: pg. 26				
Licensee does not release names of ill child(ren) without permission	☐	☐	☐	☐
1-006.09C Health Authority: pg. 26				
Licensee follows health authority's directives in event of a communicable disease outbreak	☐	☐	☐	☐
1-006.10 Children Excluded Due to Illness: pg. 26				
Licensee has written policy for exclusion of care due to illness available to parents/Department and is enforced	☐	☐	☐	☐
1-006.11 Immunizations: pg. 26				
Immunization record obtained within 30 days of enrollment and available for review	☐	☐	☐	☐
4. Age appropriate immunization record is updated each time child receives additional immunizations	☐	☐	☐	☐
2. Certification by medical personnel that immunization is not appropriate for child or	☐	☐	☐	☐
3. Written statement by parent/guardian with reason for not immunizing child(ren), if no immunization record	☐	☐	☐	☐
1-006.12 Supervision of Children - Licensee: pg. 27				
1. Knows whereabouts and is within sight or sound of all children at all times (1-002 Definitions: pg 2)	☐	☐	☐	☐
2. Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
3. Protects or removes children from harm	☐	☐	☐	☐
1-006.12A Supervision in the Absence of the Licensee - Substitute: pg. 27				
Knows whereabouts and is within sight or sound of all children at all times	☐	☐	☐	☐
Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protects or removes children from harm	☐	☐	☐	☐
If used, parents are notified in advance except in an emergency situation	☐	☐	☐	☐
1-006.12B Permission for Off-Premises Supervision: pg. 27				
Written permission for off-premises supervision available for review	☐	☐	☐	☐
1-006.12C Permission for Child to Leave Premises: pg. 27				
1. Written permission from parent for child to leave the premises, which includes, 2. Licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
1-006.12D1 Supervision During Outdoor Play with Fenced Play Area: pg. 27				
In fenced area children under 2 years of age are accompanied and supervised and children 2 years of age or older are supervised	☐	☐	☐	☐
1-006.12D2 Supervision During Outdoor Play with Unfenced Play Area: pg. 27				
In unfenced area children under 4 years of age are accompanied and supervised and children 4 years of age or older are supervised at all times	☐	☐	☐	☐

1-006.13 Discipline: pg. 27/28				
Only parent, licensee or substitutes discipline children in care	☐	☐	☐	☐
1-006.13A Prohibited Forms of Discipline - Children are not disciplined by: pg. 28				
1. spanking 2. slapping 3. punching 4. pinching 5. shaking 6. striking with an object 9. handling roughly 10. biting	☐	☐	☐	☐
7. Use of soap, hot sauce, or unpleasant food/non-food items	☐	☐	☐	☐
8. Placement in locked/closed room/closet	☐	☐	☐	☐
11. Denial of food or 12. forced napping	☐	☐	☐	☐
13. Use of derogatory remarks 14. abusive/profane language 15. yelling/screaming, or 16. threat of physical punishment	☐	☐	☐	☐
17. Use of mechanical restraints	☐	☐	☐	☐
1-006.13B Child Behavior That Cannot Be Disciplined: pg. 28				
Child(ren) not disciplined for 1. toilet accident 2. refusal to take medication or 3. refusal to eat	☐	☐	☐	☐
1-006.13C Use of Time Out: pg. 28				
1. Child's time out is conducted in a 1. safe, lighted, well-ventilated area and 2. within hearing distance of staff	☐	☐	☐	☐
3. Time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
1-006.13D Use of Physical Hold - Physical Hold: pgs. 28/29				
1. Used only for child hurting self, others, or property	☐	☐	☐	☐
2. Does not prevent child from breathing or speaking, and 3. ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
1-006.13D1 Notification and Documentation: pg. 29				
Parents of children notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes 1. name of child 2. date of incident 3. description of incident and 4. name(s) of staff involved	☐	☐	☐	☐
1-006.13E Use of Restraints: pg. 29				
Staff trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes 1. child's name 2. date of incident 3. description of incident and 4. name(s) of staff involved	☐	☐	☐	☐
1-006.14 Prohibited Language, Materials, and Actions: pg. 29				
Child(ren) not exposed to 1. profanity 2. sexually explicit material 3. acts of violence or 4. acts of racism	☐	☐	☐	☐
1-006.15 Child Development Program: pgs. 29/30				
Written Child Development Program available for review by parent/Department and includes; 1. indoor play 2. outdoor play 3. napping/rest periods 4. individual/group playtimes 5. reading/exploring books 6. daily reading with children of age-appropriate literature and 7. fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
1-006.15A Toys, Equipment and Materials: pg. 30				
Licensee has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) less than 3 years of age does not have access to choking hazard without direct supervision	☐	☐	☐	☐

1-006.15B Beds, Cribs, and Sleeping Surfaces: pg. 30

1. Licensee provides acceptable sleeping surfaces for each child (a-g) bed/cot/crib/playpen/ sofa/sleeping bag/waterproof mat	☐	☐	☐	☐
2. Cribs or playpens are used for infants 12 months of age or under for sleeping	☐	☐	☐	☐
a. Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
b. Playpen mattresses are designed for that playpen, covered with fitted sheet	☐	☐	☐	☐
c. Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding	☐	☐	☐	☐
If used, blankets are secured under mattress of crib or playpen, and reaches no higher than chest of infant(s)	☐	☐	☐	☐
d. Cribs/playpens are clean, in good repair, and do not have lead-based paint	☐	☐	☐	☐
3. a. Top level of bunk bed, if used, is used only for children 6 years or older	☐	☐	☐	☐
b. Licensee does not use stackable cribs	☐	☐	☐	☐
c. Waterbed, if used, is used only for children 4 years of age or older	☐	☐	☐	☐
d. Licensee does not use cots, cushions, futons, mats, or pillows for infants 12 months and under	☐	☐	☐	☐

1-006.16 Infant/Toddler Care: pg. 31

1. Infant cries investigated immediately	☐	☐	☐	☐
2. Infants are held, talked to, and are engaged in play every day	☐	☐	☐	☐
3. Infants under 6 months of age or those not yet able to hold their own bottles are held when fed	☐	☐	☐	☐
Infant bottles are not propped and are removed from sleeping infants	☐	☐	☐	☐
4. High chair equipped with three-point safety straps	☐	☐	☐	☐
5. Signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
6. Infants are placed on back for sleeping or medical note by physician, physician's assistant or nurse practitioner indicating another sleeping position is available for review	☐	☐	☐	☐

1-006.16A Diapering and Toileting: pg. 31

1. Diapering procedures established and followed	☐	☐	☐	☐
a. Wet/soiled diapers changed immediately	☐	☐	☐	☐
b. Diapers checked on frequent/regular basis	☐	☐	☐	☐
c. Individual washcloths/towelettes used	☐	☐	☐	☐
d. Wet/soiled diapers stored/disposed of properly	☐	☐	☐	☐
e. Diaper changing surface cleaned or changed after use	☐	☐	☐	☐
f. Hands properly washed after changing diaper	☐	☐	☐	☐
2. Toilet training done in agreement with parent	☐	☐	☐	☐
a. Potty chairs are not in play or eating area	☐	☐	☐	☐
b. Licensee properly washes after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly washes hands after toileting	☐	☐	☐	☐

Overnight Child Care:

☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.17 Overnight Care: pgs. 31/32

1. Licensee follows parent guidelines for bathing child	☐	☐	☐	☐

2. a. Licensee is awake until all children are asleep, and b) sleeps on same level as children	☐	☐	☐	☐
c. Adequate smoke detection in sleeping room(s)	☐	☐	☐	☐
d. Portable fire extinguisher with minimum rating 2A10BC located in licensee/staff sleeping room	☐	☐	☐	☐
e. Licensee knows how to use extinguisher	☐	☐	☐	☐
f. Documentation of yearly maintenance of fire extinguisher by certified fire inspection company	☐	☐	☐	☐

Children Engage in Wading/Swimming Activities:

☐ LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.

1-006.18A Prohibited Water Sources: pg. 32				
Child(ren) not allowed to use 1. Natural body of water 2. Hot tub, spa, sauna 3. Livestock tank 4. Decorative pond for wading or swimming activities	☐	☐	☐	☐
1-006.18B Wading: pg. 32				
1. Children are accompanied/directly supervised during wading and water play	☐	☐	☐	☐
2. Wading pool drained and sanitized daily and inaccessible when not in use	☐	☐	☐	☐
1-006.18C Permission for Non-Licensee-Supervised Activities Off the Premises: pg. 32				
Written and signed permission to swim off premises available for review	☐	☐	☐	☐
Parent acknowledged that licensee is not responsible for supervision when swimming off premises	☐	☐	☐	☐
1-006.18D Permission for Licensee-Supervised Activities Off the Premises: pg. 32				
1. Written permission for swimming is signed, dated, updated annually 2. includes location of pool, is available for review, and	☐	☐	☐	☐
3. Includes whether child can be in water over his/her head	☐	☐	☐	☐
1-006.18E Licensure of Swimming Pools: pg. 33				
Children taken only to licensed pool	☐	☐	☐	☐
1-006.18F Water Safety - When depth of the water is over four feet: pg. 33				
Individual on duty at all times who satisfactorily completed swimming water safety course	☐	☐	☐	☐

Above-Ground Pool or In-ground Swimming Pool on Premises:

☐ NO ABOVE-GROUND OR IN-GROUND SWIMMING POOL ON THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.

1-006.18G Pool on the Premises Not Used by Children in Care: pg. 33				
1. Pool enclosed by fence that is 4 feet high and flush with the ground	☐	☐	☐	☐
2. Above ground pool has non-climbable walls	☐	☐	☐	☐
3. If covered, licensee uses manufacturer's recommended cover	☐	☐	☐	☐
4. Rescue equipment readily available	☐	☐	☐	☐
5. Children accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
1-006.18H Pool on the Premises Used by Children in Care: pg. 33				
Meets the requirement of 1-006.18G and	☐	☐	☐	☐
1. Pool has a permit issued by the Department	☐	☐	☐	☐
2. If water is 4 ft. or over, a person who has completed a water safety course must be on duty at all times	☐	☐	☐	☐
3. Staff ratio per this regulation must be maintained (I 1-1/T2-1/P 4-1/S 6-1)	☐	☐	☐	☐

Transportation Services:

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.19 Transportation: pg. 33/34

1. Children not left alone in vehicle	☐	☐	☐	☐
2. No smoking in vehicle when children are transported	☐	☐	☐	☐
3. Vehicle doors locked when in motion	☐	☐	☐	☐
4. Driver has current and valid driver's license for type of vehicle used to transport	☐	☐	☐	☐
5. Vehicle properly registered, has first aid kit, has parent contact information for each child transported	☐	☐	☐	☐
6. Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
7. Child properly restrained in vehicle	☐	☐	☐	☐
8. Car seat federally approved and correct for child's age or developmental level	☐	☐	☐	☐
9. Permission to transport from parent available for review	☐	☐	☐	☐
10. Child transported with knowledge of parent	☐	☐	☐	☐
11. Child not transported to avoid violation of capacity or violation of staff-to-child ratio	☐	☐	☐	☐

Medications:

☐ **FCCH I LICENSEE DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.20A Giving or Applying Medication - Licensee/Staff: pg. 34

Who give/apply medications know the five rights	☐	☐	☐	☐
Give/apply the 1. RIght drug 2. To the right child 3. In the right dose 4. By the right route 5. At the right time	☐	☐	☐	☐

1-006.20B Competence To Give or Apply Medication: pg. 34

Parents or a licensed health care professional have determined licensee or staff is competent to give or apply medication	☐	☐	☐	☐

1-006.20C Confidentiality: pg. 34

Licensee/staff do not disclose information about children's medication, physical, or mental health condition unless needed to protect the health of other children or staff	☐	☐	☐	☐
Advises parent(s) in writing of private method to inform FCCH I of child's medication needs	☐	☐	☐	☐

1-006.20D Written Permission and Instructions - Licensee/Staff: pg. 35

Only gives or applies medication with prior written permission from a parent	☐	☐	☐	☐
Complies with parent instructions	☐	☐	☐	☐
Informs parent the medication will not be given or applied	☐	☐	☐	☐
1. Informs parents of errors in the giving or applying of medication	☐	☐	☐	☐
2. Does not exceed dosage printed on the label	☐	☐	☐	☐
3. Does not give/apply and returns or destroys expired medication	☐	☐	☐	☐

1-006.20E Unusual Circumstances - Medication given/applied: pg. 35

1. As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for prescription medication to be given/applied	☐	☐	☐	☐
2. By a route other than oral, topical, inhalant, or instillation has a written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐

1-006.20F Hand Washing - Staff properly wash hands: pg. 35

Before giving/applying medication	☐	☐	☐	☐
After giving/applying medications if handling of bodily fluids is involved	☐	☐	☐	☐
1-006.20G Storage: pg. 35				
1. All prescription/nonprescription medications are kept in locked storage at all times children in care	☐	☐	☐	☐
2. Refrigerated medications are in separate locked storage	☐	☐	☐	☐
3. Medication is kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
4. Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
1-006.20H Record-Keeping: pg. 35				
Licensee/Staff maintains record of time and amount of medication given or applied	☐	☐	☐	☐

☐ **LICENSEE PARTICIPATES IN CHILD CARE FOOD PROGRAM:**

Sponsoring Agency _____

1-006.21 Food Service - Meal/Snack: pg. 35/36				
Is served to all children in attendance and a weekly menu is provided upon request	☐	☐	☐	☐
1. Is appropriate to age or development of child	☐	☐	☐	☐
2. Addresses children's allergies/food intolerances	☐	☐	☐	☐
3. Meets USDA requirements	☐	☐	☐	☐
If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If dietary concern a Dr.'s statement is on file stating it is acceptable to not meet USDA guidelines	☐	☐	☐	☐
1-006.21A Meals and Snacks: pg. 36				
Licensee provides required number of meals/snacks (2.5 – 4 hrs=1 S/4-8 hrs=1S+1M/8-10 hrs=2S+1M/10 or more hour = 2S+2M)	☐	☐	☐	☐
1-006.22 Food Safety: pg. 36				
1. All perishable foods stored in covered container in operating refrigerator at a maximum temperature of 40 degrees	☐	☐	☐	☐
2. Individuals handling food properly wash their hands before and after handling food	☐	☐	☐	☐
3. All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen, if applicable	☐	☐	☐	☐
a. Unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐
b. Unfrozen breast milk is discarded after 48 hours	☐	☐	☐	☐
c. Frozen breast milk is kept in a freezer for no more than three months	☐	☐	☐	☐
4. Formula provided by the licensee is made from commercially prepared products	☐	☐	☐	☐
5. Children are served pasteurized grade A milk and milk products	☐	☐	☐	☐
Dry milk and milk products are made from pasteurized milk and milk products	☐	☐	☐	☐
6. All fresh or raw fruits and vegetables are thoroughly washed with water before use	☐	☐	☐	☐
7. Home-canned foods are not served to children in care	☐	☐	☐	☐
8. All food preparation areas are easily cleanable and in good repair	☐	☐	☐	☐
9. Any deep freezer that cannot be opened from the inside is locked or stored in a locked room	☐	☐	☐	☐
10. All utensils, equipment, and food storage areas are clean and in good repair	☐	☐	☐	☐
11. All dishes and utensils are properly washed, rinsed, sanitized, and air dried	☐	☐	☐	☐
1-006.23A Telephone: pg. 37				
Working telephone available on the premises at all times	☐	☐	☐	☐

Emergency numbers prominently posted	☐	☐	☐	☐
1-006.23B Fire and Tornado Drills - Written documentation of: pg. 37				
1. Fire drills conducted with children each month	☐	☐	☐	☐
2. Tornado drills conducted with children four times March through September	☐	☐	☐	☐
1-006.23C Fire and Tornado Safety Diagrams: pg. 37				
1. Fire and tornado safety diagrams have layout of child care area	☐	☐	☐	☐
2. Fire and tornado safety diagrams prominently posted/visible	☐	☐	☐	☐
3. Fire safety/tornado safety diagram explains the evacuation of children with special needs	☐	☐	☐	☐
4. Fire safety diagram includes evacuation routes	☐	☐	☐	☐
5. Tornado safety diagram has safe locations identified	☐	☐	☐	☐
1-006.23D Disaster Preparedness: pg. 37				
Written Disaster Preparedness Plan available for review and includes:				
1. Evacuation/moving children to safe location 2. notification of parents of emergency 3. Reunification of child/parent after evacuation and 4. safety and reunification of children with special needs	☐	☐	☐	☐
1-006.23E Notification of Emergencies - Licensee notifies Department within 24 hours or the next business day of: pg. 37/38				
1. A death of any child 2. Any accident/injury to a child which requires hospitalization/treatment at medical facility	☐	☐	☐	☐
3. Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
4. Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
1-006.23F First Aid Kit: pg. 38				
Is available on premises and stored inaccessible to children	☐	☐	☐	☐
If contains poisons/medications is in locked storage	☐	☐	☐	☐
Contains fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
1-006.24 Environmental Services: pg. 38				
Every area and building, including accessible outbuildings, on the premises is in compliance with regulations	☐	☐	☐	☐
Childcare is provided in safe, clean and comfortable environment	☐	☐	☐	☐
1-006.24A Housekeeping and Maintenance: pg. 38				
1. Child care home/grounds are kept clean/safe/in good repair, and free of exposed lead-based paint surfaces that are flaking, peeling or chipped	☐	☐	☐	☐
2. Rooms/walls/floors/ceilings kept clean, in good repair, kept free of odor from sewage/mold/mildew, other environmental or biohazard or unsanitary conditions	☐	☐	☐	☐
3. Heating/ventilation/lighting adequate to protect health of children	☐	☐	☐	☐
4. Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/insects/vermin	☐	☐	☐	☐
Doors opening to the outside self-close and ventilation windows screened	☐	☐	☐	☐
5. Garbage/rubbish disposed of in proper manner to minimize odor/diseases	☐	☐	☐	☐
1-006.24B Maintenance of Equipment, Fixtures, Furnishings, and Toys: pg. 38/39				
1. Equipment, fixtures, toys kept clean, safe, and in good repair	☐	☐	☐	☐
2. Furniture/equipment do not interfere/block exits	☐	☐	☐	☐

1-006.25 Environmental Safety: pg. 39

Environment is safe and hazard-free	☐	☐	☐	☐

1-006.25A Smoking: pg. 39

Smoking does not occur indoors in child care home during hours of operation when non-resident child is present	☐	☐	☐	☐
Parent(s) notified that licensee or household member smokes prior to enrollment	☐	☐	☐	☐

1-006.25B Alcohol and Controlled Substances: pg. 39

1. Alcohol not consumed in area used for child care when children are in care	☐	☐	☐	☐
2. No evidence of controlled substance not legally prescribed on premises	☐	☐	☐	☐

Animals and Pets:

☐ **FCCH I LICENSEE DOES NOT HAVE ANIMALS/PETS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.25C Animals/Pets: pg. 39

Any animal in the home does not negatively affect child(ren)	☐	☐	☐	☐
1. Pet(s) examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
2. Documentation of all recommended vaccinations is available	☐	☐	☐	☐
3. Provisions available to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
4. During food preparation/serving, pet not allowed in food preparation/serving/food storage areas	☐	☐	☐	☐
5. Licensee complies with local pet ordinances	☐	☐	☐	☐

1-006.25D Prohibited Animals: pg. 39

Exotic/unusual animal not on premises during hours of operation	☐	☐	☐	☐
Animal that has bitten or attacked someone without provocation or determined to be dangerous by Health Authority, not on premises during hours of operation	☐	☐	☐	☐

1-006.25E Other Environmental Safety Requirements: pg. 39/40

1. Surfaces are smooth, free of sharp edges/mold/dirt/or other conditions that may pose a potential risk	☐	☐	☐	☐
2. Cleaning agents and poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription, kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for refrigerated medications	☐	☐	☐	☐
3. Firearms, weapon accessories and ammunition are kept in locked storage	☐	☐	☐	☐
Firearms stored unloaded and ammunition stored separate from firearms	☐	☐	☐	☐
4. Electrical outlets within the reach of children are covered with safety caps, ground-fault interrupters or have safety outlets installed	☐	☐	☐	☐
5. a.-d. Disposable towelettes/drinking containers/cups/glasses not shared between children	☐	☐	☐	☐
Personal care items/towels/washcloths/hairbrushes/toothbrushes not shared between children	☐	☐	☐	☐
6. Waterproof storage provided for soiled/wet clothing and inaccessible to children	☐	☐	☐	☐

1-007 Physical Plant Standards: pg. 40

Home is safe, clean, and functional	☐	☐	☐	☐

1-007.01 Activity Space: pg. 40

1. Activity space has furnishings to accommodate all activities/age-appropriate needs of all children 2. Is available for all children 3. And contains at least 35 square feet of space per child not counting rooms not used for childcare	☐	☐	☐	☐

1-007.02A Water Supply: pg. 40

Accessible, adequate, and safe supply of water	☐	☐	☐	☐
2. Drinking water provided by sanitary drinking fountain/ individual or disposable cups, 3. Hot and cold water available at all washing/bathing stations	☐	☐	☐	☐
Soap available at hand washing sink	☐	☐	☐	☐
Hot water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐

Non-Public Water and Non-Public Sewage System:

☐ **LICENSEE HAS PUBLIC WATER AND PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-007.02A Water Supply - Non-Public Water: pg. 40/41

1. a. Water tested annually and results available for review	☐	☐	☐	☐
b. Department approved or commercial source	☐	☐	☐	☐

1-007.02B Sewer Requirements:

No evidence of open sewage discharge on premises	☐	☐	☐	☐
Functioning and sanitary sewage system	☐	☐	☐	☐

1-007.03 Outdoor Play Areas - Outdoor play area: pg. 41

1. Has at least 50 square feet per child of age appropriate space	☐	☐	☐	☐
2. Is clean, safe, and contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
3. Is free of animal waste	☐	☐	☐	☐
4. Is free of barnyard animals or fowl	☐	☐	☐	☐

1-007.04 Fencing: pg. 3/41

Hazardous conditions required a fence	☐	☐	☐	☐
Fence is continuous barrier with no gaps/36 inches in height/ is flush to the ground	☐	☐	☐	☐

1-007.05 Playground Surfaces: pg. 41/42

Playground surface under equipment has sand, dirt, grass, rubber matting, rubber mulch, wood chips, or small-to-medium size gravel and is resilient	☐	☐	☐	☐

1-007.06 Toilets and Sinks - Toilets and sinks are: pg. 42

1. Conveniently located 2. Clean and in good repair	☐	☐	☐	☐
3. Designed for child with special needs, if applicable	☐	☐	☐	☐
4. Of suitable height or has safe stepstool	☐	☐	☐	☐

1-007.07 Fire Safety - Maintain Fire Approval: pg. 42

1. Facility has two unblocked exits approved by the State Fire Marshal	☐	☐	☐	☐
2. Furnaces, wood burning stoves, and heaters are inaccessible to children when used	☐	☐	☐	☐
3. Candles/incense 4. open flames are not used while children in care	☐	☐	☐	☐
5. All storage areas are free of excessively combustible or highly flammable materials	☐	☐	☐	☐
6. Bathroom/closet doors can be unlocked from the outside	☐	☐	☐	☐
7. Smoke detectors properly mounted and operable as required by Fire Marshal	☐	☐	☐	☐
8. When overnight care is provided a fire extinguisher with (1.006.17)2A10BC rating (pg. 32)	☐	☐	☐	☐

Neb. Rev. Statute §§ 71-1911.03 Proof of Child Care Liability Insurance:

The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH II Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number:	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number _____ **License Capacity** _____

Ages of Children Served _____ **to** _____ **Hours of Operation** _____ **to** _____

Days of Operation _____

If Provisional inspection, date of compliance _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection:

☐ Provisional ☐ Provisional to Operating ☐ Annual

☐ Amendment (Describe) _____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

FCCH II Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
2-004.02 Posting of License and Availability of License Record Information: pg. 11				
License, status or amendment displayed in a prominent place	☐	☐	☐	☐
Inspection reports are available upon request	☐	☐	☐	☐
2-004.05 Notification of Changes: Licensee notifies the Department: pg. 12/13				
2-004.05A Before making the following program changes: 1. Location 2. Building or building usage	☐	☐	☐	☐
2-004.05B 1. / 2. hours or days; 3. Ages of children 4. Household member(s) age 13 or older if in a private residence	☐	☐	☐	☐
2-004.05C Within 2 working days for these changes 1. Name of licensee 2. Household member(s) age 12 or younger if in a private residence	☐	☐	☐	☐
2-006.01 Licensee Qualifications & Requirements: pg. 17				
4. Is responsible for day to day operation	☐	☐	☐	☐
5. Has read, understands and is familiar with regulations	☐	☐	☐	☐
6. Makes inspections reports dated May 20, 2013 or after available upon request	☐	☐	☐	☐
7. Is in compliance with all regulations whenever any child(ren) in care	☐	☐	☐	☐
8. Assesses own ability and staff's ability to provide care for children with special needs while meeting needs of other children	☐	☐	☐	☐
9. Does not engage in employment that interferes with care of children	☐	☐	☐	☐
10. During hours of operation, is not under the influence or allow any staff, volunteer, or any household member to be under the influence of alcohol, controlled substances that have not been lawfully prescribed or any other type of substance that would affect their ability to care for children	☐	☐	☐	☐
11. Allows parents immediate and unlimited access to their child(ren)	☐	☐	☐	☐
12. Allows access to the premises by agent or employee of Department in conduct of official duty	☐	☐	☐	☐
13. Allows announced and unannounced inspections by state or local inspectors, investigators, law enforcement officers in conduct of official business	☐	☐	☐	☐
14. Does not knowingly allow an individual to be on the premises that has been convicted of, admitted to, or there was substantial evidence of, crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude	☐	☐	☐	☐
15. Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her child	☐	☐	☐	☐
16. Does not engage in or have a history of behavior injurious to or which may endanger the health or morals of children	☐	☐	☐	☐
17. Immediately reports suspected child abuse/neglect or sexual abuse of a child	☐	☐	☐	☐
2-006.02C Reports of Law Enforcement Contact: pg. 20				
Annual Report of Law Enforcement Contact updated by licensee on self and/or household members, staff and volunteer ages 19 years or older	☐	☐	☐	☐
Report of Law Enforcement Contact of self, volunteers or household member(s)ages 19 or older when arrested, issued a citation (other than minor traffic violation) or charged with/convicted of any felony/misdemeanor infraction	☐	☐	☐	☐

2-006.02D Notification of Law Enforcement Contact: Licensee reports law enforcement contact on: pg. 21				
Self, if applicable	☐	☐	☐	☐
Household member, staff and volunteers, if applicable	☐	☐	☐	☐
2-006.02E Investigations and Repeat Registry Checks: pg. 21				
1. Licensee reports staff or volunteer being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult, if applicable	☐	☐	☐	☐
2. No individual under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult is left alone with child(ren)	☐	☐	☐	☐
2-006.02F Health Information Report: pg. 21				
Licensee updates Health Information Report annually	☐	☐	☐	☐
2-006.03A Primary Provider: pg. 22				
1. Is at least 19 years of age 2. Is of good moral character	☐	☐	☐	☐
3. Does not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
4. Is on the child care premises sufficient hours to permit adequate attention to the management of the program	☐	☐	☐	☐
6. Has read, understands, and is familiar with the regulations	☐	☐	☐	☐
STAFF, SUBSTITUTES, OR VOLUNTEERS:				
☐ **LICENSEE DOES NOT USE STAFF, SUBSTITUTES, OR VOLUNTEERS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
2-006.03B Staff and Substitutes: pg. 22				
1. Are at least 16 years of age	☐	☐	☐	☐
2. Are of good moral character	☐	☐	☐	☐
3. Does not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
Have no criminal history that disqualifies him/her from working in child care	☐	☐	☐	☐
2-006.03C Volunteers: pg. 22				
1. Are of good moral character	☐	☐	☐	☐
2. Do not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
3. Are not left alone with children other than his/her own	☐	☐	☐	☐
Have no criminal history that disqualifies him/her from working in child care	☐	☐	☐	☐
2-006.03D Household Members: If in a private residence: pg. 22				
1. Household members 19 years of age or older complete Report of Law Enforcement Contact and update annually	☐	☐	☐	☐
2. Licensee has Criminal History Record Check on new household members age 19 or older after May 20, 2013	☐	☐	☐	☐
3. Licensee does not allow household members that engage in behavior injurious to or which may endanger health or morals of children to provide care or be on the premises	☐	☐	☐	☐
2-006.04B Safety Training: pg. 23				
Programs licensed before May 20, 2013, provider must complete by May 20, 2016 and every 5 years	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 3 years of provisional license date and every 5 years	☐	☐	☐	☐

2-006.04C Business Management Training: pg. 23				
Programs licensed before May 20, 2013, provider must complete by May 20, 2018	☐	☐	☐	☐
Programs licensed on or after May 20, 3013, provider must complete within 5 years of provisional license date	☐	☐	☐	☐
2-006.04D Nebraska's Early Learning Guidelines Training: pg. 23				
Programs licensed before May 20, 2013, provider must complete one domain by May 20, 2017 and one domain annually until complete	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete one domain within 4 years of provisional license date and one domain annually until complete	☐	☐	☐	☐
2-006.04E Annual Training: pg. 24				
Primary Provider obtains 12 clock hours of in-service training in previous calendar year and documentation is available	☐	☐	☐	☐
Each staff working more than 20 hours each week obtain 12 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
Each staff working 20 hours or less each week obtain 6 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
2-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training: pg. 24/25				
1. Primary Provider's CPR training is obtained from an approved entity and is current	☐	☐	☐	☐
2. Primary Provider's First Aid training is current	☐	☐	☐	☐
3. Documentation of CPR and First Aid certification available for review	☐	☐	☐	☐
2-006.05 Employee Records Requirements: pg. 25				
Licensee ensures records are maintained, updated as needed, and made available to the Department upon request	☐	☐	☐	☐
2-006.05A Primary Provider and Staff: Records include, except substitutes and volunteers: pg. 25				
1. Name 2. Address/telephone number 3. Social Security number 4. Hire/termination date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
7. Health Information Report (if works more than 20 hours/wk)	☐	☐	☐	☐
8. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
9. Documentation of required training	☐	☐	☐	☐
10. Documentation that staff has read and understands these regulations	☐	☐	☐	☐
2-006.05B Substitutes and Volunteers: Records include: pg. 25				
1. Name 2. Address/telephone number 3. Social Security number 4. Start date	☐	☐	☐	☐
5. Complete Report of Law Enforcement Contact	☐	☐	☐	☐
6. Criminal History Record Check (who started May 20, 2013 or after)	☐	☐	☐	☐
7. Documentation of Nebraska registry checks with no adverse findings	☐	☐	☐	☐
8. Written schedule for a volunteer includes hours and day of the week	☐	☐	☐	☐
2-006.06 Child's Record: pg. 25/26				
Is completed before enrollment, kept current, and available for review and includes:	☐	☐	☐	☐
1. Child's name 2. Birthdate 3. Enrollment date 4. Date care ceased, if applicable	☐	☐	☐	☐
5. Parent/guardian's home address/telephone number 6. Employment address/telephone number	☐	☐	☐	☐
7. Name of individuals to whom the child can be released	☐	☐	☐	☐

1. Name of individuals who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
2. Consent to contact a physician in emergency	☐	☐	☐	☐
3. Current health status of the child	☐	☐	☐	☐
4. Allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐
2-006.07 Parent Information Brochure: pg. 26				
Parent Information Brochure receipt signed, dated and available for review	☐	☐	☐	☐
2-006.08A Licensed Capacity: pg. 26				
Licensee does not exceed license capacity or;	☐	☐	☐	☐
Provider exceeded licensed capacity by _____ child(ren)	☐	☐	☐	☐
2-006.08B Staff-to-Child Ratio: pg. 26/27				
Licensee in compliance with staff-to-child ratio or;	☐	☐	☐	☐
Based on the numbers and ages of children in care, _____ staff needed; _____ staff present	☐	☐	☐	☐
2-006.09A Notification to Parents: In the event of an outbreak of a reportable disease: pg. 27				
1. / 2. Notifies parents of ALL enrolled children on the same day licensee is informed of or observes the illness	☐	☐	☐	☐
3. Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
2-006.09B Confidentiality: pg. 27				
Licensee does not release names of ill child(ren) without permission	☐	☐	☐	☐
2-006.09C Health Authority: pg. 28				
Licensee follows health authority's directives in event of a communicable disease outbreak	☐	☐	☐	☐
2-006.10 Children Excluded Due to Illness: pg. 28				
Licensee has written policy for exclusion of care due to illness available to parents/Department and is enforced	☐	☐	☐	☐
2-006.11 Immunizations: pg. 28				
Immunization record obtained within 30 days of enrollment and available for review	☐	☐	☐	☐
1. Age appropriate immunization record is updated each time child receives additional immunizations or;	☐	☐	☐	☐
2. Certification by medical personnel that immunization is not appropriate for child or; 3. Written statement by parent/guardian with reason for not immunizing child(ren), if no immunization record	☐	☐	☐	☐
2-006.12 Supervision of Children: Licensee: pg. 28				
1. Knows whereabouts and is within sight or sound of all children at all times (2-002 Definitions, pg. 2/3)	☐	☐	☐	☐
2. Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
3. Protects or removes children from harm	☐	☐	☐	☐
2-006.12A Supervision in the Absence of the Primary Provider: Substitute: pg. 28				
Know whereabouts and is within sight or sound of all children at all times	☐	☐	☐	☐
Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protects or removes children from harm	☐	☐	☐	☐
If a substitute is used, parents are notified in advance except in an emergency situation	☐	☐	☐	☐
2-006.12B Permission for Off-Premises Supervision: pg. 28				

Written permission for off-premises supervision available for review	☐	☐	☐	☐
2-006.12C Permission for Child to Leave Premises: pg. 29				
1. Written permission from parent for child to leave the premises, which includes	☐	☐	☐	☐
2. Licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
2-006.12D1 Supervision During Outdoor Play with Fenced Play Area: pg. 29				
In fenced area children under 2 years are accompanied and supervised and children 2 years of age or older are supervised at all times	☐	☐	☐	☐
2-006.12D2 Supervision During Outdoor Play with Unfenced Play Area: pg. 29				
In unfenced area children under 4 years are accompanied and supervised and children 4 years of age or older are supervised at all times	☐	☐	☐	☐
2-006.13 Discipline: pg. 29				
Only parent, licensee or substitutes discipline children in care	☐	☐	☐	☐
2-006.13A Prohibited Forms of Discipline: Children are not disciplined by: pg. 29				
1. Spanking 2. Slapping 3. Punching 4. Pinching 5. Shaking 6. Striking with an object 9. Handling roughly 10. Biting	☐	☐	☐	☐
7. Use of soap, hot sauce, or unpleasant food/non-food items	☐	☐	☐	☐
8. Placement in locked/closed room/closet	☐	☐	☐	☐
11. Denial of food 12. Forced napping	☐	☐	☐	☐
13. Subjecting to derogatory remarks 14. Abusive/profane language 15. Yelling/screaming 16. Threat of physical punishment	☐	☐	☐	☐
17. Use of mechanical restraints	☐	☐	☐	☐
2-006.13B Child Behavior That Cannot Be Disciplined: pg. 30				
Child(ren) not disciplined for: 1. Toileting accident 2. Refusal to take medication 3. Refusal to eat	☐	☐	☐	☐
2-006.13C Use of Time Out: pg. 30				
Child's time out is conducted in a:				
1. Safe, lighted, well-ventilated area 2. Within hearing distance of staff	☐	☐	☐	☐
3. Time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
2-006.13D Use of Physical Hold: Physical Hold: pg. 30				
1. Used only for child hurting self, others, or property	☐	☐	☐	☐
2. Does not prevent child from breathing or speaking and; 3. Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
2-006.13D1 Notification and Documentation: pg. 30				
Parents of children notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes: 1. Name of child 2. Date of incident 3. Description of incident 4. Names of staff involved	☐	☐	☐	☐
2-006.13E Use of Restraints: pg. 30/31				
Staff trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes: 1. Child's name 3. Date of incident 4. Description of incident 5. Name of staff involved	☐	☐	☐	☐
2-006.14 Prohibited Language, Materials, and Actions: pg. 31				

Child(ren) not exposed to: 1. Profanity 2. Sexually explicit material 3. Acts of violence 4. Acts of racism	☐	☐	☐	☐
2-006.15 Child Development Program: pg. 31				
Written Child Development Program available for review by parent/Department and includes: 1. Indoor play 2. Outdoor play 3. Napping and rest periods 4. Individual/group playtimes 5. Reading/exploring books 6. Daily reading with children of age-appropriate literature 7. Fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
2-006.15A Toys, Equipment and Materials: pg. 31				
Licensee has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) under 3 years do not have access to choking hazard unless directly supervised	☐	☐	☐	☐
2-006.15B Beds, Cribs, and Sleeping Surfaces: pg. 31/32				
1. Licensee provides acceptable sleeping surfaces for each child (a-g) bed/cot/crib/playpen/ sofa/sleeping bag/waterproof mat	☐	☐	☐	☐
2. Cribs or playpens are used for infants 12 months of age and under for sleeping	☐	☐	☐	☐
a. Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
b. Playpen mattresses are designed for that playpen, covered with fitted sheet	☐	☐	☐	☐
c. Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding	☐	☐	☐	☐
If used, blankets are secured under mattress of crib or playpen, and reaches no higher than chest of infant(s)	☐	☐	☐	☐
d. Cribs/playpens are clean, in good repair, and do not have lead-based paint	☐	☐	☐	☐
3. a. Top level of bunk bed, if used, is used only for children 6 years or older	☐	☐	☐	☐
b. Licensee does not use stackable cribs	☐	☐	☐	☐
c. Waterbed, if used, is used only for children 4 years of age or older	☐	☐	☐	☐
d. Licensee does not use cots, cushions, futons, mats, or pillows for infants 12 months and under	☐	☐	☐	☐
2-006.16 Infant/Toddler Care: pg. 32				
1. Infant cries investigated immediately	☐	☐	☐	☐
2. Infants are held, talked to, and are engaged in play every day	☐	☐	☐	☐
3. Infants under 6 months of age or those not yet able to hold their own bottles are held when fed	☐	☐	☐	☐
Infant bottles are not propped and are removed from sleeping infants	☐	☐	☐	☐
4. High chair equipped with three-point safety straps	☐	☐	☐	☐
5. Signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
6. Infants are placed on back for sleeping or medical note by physician, physician's assistant or nurse practioner indicating another sleeping position is available for review	☐	☐	☐	☐
2-006.16A Diapering and Toileting: pg. 32/33				
1. Diapering procedures established and followed	☐	☐	☐	☐
a. Wet/soiled diapers changed immediately	☐	☐	☐	☐
b. Diapers checked on frequent/regular basis	☐	☐	☐	☐
c. Individual washcloths/towelettes used	☐	☐	☐	☐
d. Wet/soiled diapers stored/disposed of properly	☐	☐	☐	☐
e. Diaper changing surface cleaned or changed after use	☐	☐	☐	☐

a. Hands properly washed after changing diaper	☐	☐	☐	☐
2. Toilet training done in agreement with parent	☐	☐	☐	☐
a. Potty chairs are not in play or eating areas	☐	☐	☐	☐
b. Licensee properly washes after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly wash hands after toileting	☐	☐	☐	☐

Overnight Child Care:

☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.17 Overnight Care: pg. 33				
1. Licensee follows parent guidelines for bathing child	☐	☐	☐	☐
2. a. Licensee is awake until all children are asleep and b. sleeps on same level as children	☐	☐	☐	☐
c. Adequate smoke detection in sleeping room(s)	☐	☐	☐	☐
d. Portable fire extinguisher with minimum rating 2A10BC located in licensee/staff sleeping room	☐	☐	☐	☐
e. Licensee knows how to use extinguisher	☐	☐	☐	☐
f. Documentation of yearly maintenance of fire extinguisher by certified fire inspection company	☐	☐	☐	☐

Children Engage in Wading/Swimming Activities:

☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.18A Prohibited Water Sources: pg. 33				
Child(ren) not allowed to use a: 1. Natural body of water 2. Hot tub, spa, sauna 3. Livestock tank 4. Decorative pond for wading or swimming activities	☐	☐	☐	☐
2-006.18B Wading: pg. 34				
1. Children are accompanied/directly supervised during wading and water play	☐	☐	☐	☐
2. Wading pool drained and sanitized daily and inaccessible when not in use	☐	☐	☐	☐
2-006.18C Permission for Non-Licensee-Supervised Activities Off the Premises: pg. 34				
Written and signed permission to swim off premises available for review	☐	☐	☐	☐
Parent acknowledged that licensee is not responsible for supervision when swimming off premises	☐	☐	☐	☐
2-006.18D Permission for Licensee-Supervised Activities Off the Premises: pg. 34				
1. Written permission	☐	☐	☐	☐
2. For swimming is signed, dated, updated annually and includes location of pool, is available for review	☐	☐	☐	☐
3. Includes whether child can be in water over his/her head	☐	☐	☐	☐
2-006.18E Licensure of Swimming Pools: pg. 34				
Children taken only to licensed pool	☐	☐	☐	☐
2-006.18F Water Safety: When depth of the water is over four feet: pg. 34				
Individual on duty at all times who satisfactorily completed swimming water safety course	☐	☐	☐	☐

Above-Ground Pool or In-ground Swimming Pool on Premises:

☐ **NO ABOVE-GROUND OR IN-GROUND SWIMMING POOL ON THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.18G Pool on the Premises Not Used by Children in Care: pg. 34/35

1. Pool enclosed by fence that is 4 feet high and flush with the ground	☐	☐	☐	☐
2. Above ground pool has non-climbable walls	☐	☐	☐	☐
3. If covered, licensee uses manufacturer's recommended cover	☐	☐	☐	☐
4. Rescue equipment readily available	☐	☐	☐	☐
5. Children accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
2-006.18H Pool on the Premises Used by Children in Care: pg. 35				
1. Pool has a permit issued by the Department	☐	☐	☐	☐
2. If water is over 4 ft. a person who has completed a water safety course must be on duty at all times	☐	☐	☐	☐
3. Staff ratio per this regulation must be maintained	☐	☐	☐	☐

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Transportation Services:

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.19 Transportation: pg. 35				
1. Children not left alone in vehicle	☐	☐	☐	☐
2. No smoking in vehicle when children are transported	☐	☐	☐	☐
3. Vehicle doors locked when in motion	☐	☐	☐	☐
4. Driver has current and valid driver's license for type of vehicle used to transport	☐	☐	☐	☐
5. Vehicle properly registered, has first aid kit, has parent contact information for each child transported	☐	☐	☐	☐
6. Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
7. Child properly restrained in vehicle	☐	☐	☐	☐
8. Car seat federally approved and correct for child's age or developmental level	☐	☐	☐	☐
9. Permission to transport from parent available for review	☐	☐	☐	☐
10. Child transported with knowledge of parent	☐	☐	☐	☐
11. Child not transported to avoid violation of capacity or violation of staff-to-child ratio	☐	☐	☐	☐

Medications:

☐ **FCCH II LICENSEE DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

2-006.20A Giving or Applying Medication: Licensee/Staff: pg. 36				
Who give/apply medications know the five rights	☐	☐	☐	☐
Give/apply the: 1. Right drug 2. To the right child 3. In the right dose 4. By the right route 5. At the right time	☐	☐	☐	☐
2-006.20B Competence To Give or Apply Medication: pg. 36				
Parents or a licensed health care professional have determined licensee is competent to give or apply medication	☐	☐	☐	☐
2-006.20C Confidentiality: pg. 36				
Licensee/staff do not disclose information about children's medication, physical, or mental health condition unless needed to protect the health of other children or staff	☐	☐	☐	☐
Advises parents in writing of private method to inform FCCH II of child's medication needs	☐	☐	☐	☐
2-006.20D Written Permission and Instructions: Licensee/Staff: pg. 36				
Only gives or applies medication with prior written permission from a parent	☐	☐	☐	☐

Complies with parent instructions	☐	☐	☐	☐
Complies with parent instructions or informs parent the medication will not be given or applied	☐	☐	☐	☐
1. Informs parents of errors in the giving or applying of medication	☐	☐	☐	☐
2. Does not exceed dosage printed on the label				
3. Does not give/apply and returns or destroys expired medication	☐	☐	☐	☐
2-006.20E Unusual Circumstances: Prescription Medication given/applied: pg. 36/37				
1. As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for prescription medication to be given/applied	☐	☐	☐	☐
2. By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
2-006.20F Hand Washing: Staff properly wash hands: pg. 37				
Before giving/applying medication	☐	☐	☐	☐
Before and after giving/applying medications if handling of bodily fluids is involved	☐	☐	☐	☐
2-006.20G Storage: pg. 37				
1. All prescription/nonprescription medications are kept in locked storage at all times children in care	☐	☐	☐	☐
2. Refrigerated medications are in separate locked storage	☐	☐	☐	☐
3. Medication is kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
4. Over the counter, non-toxic topical ointment is kept out of reach of children such as lip balm, petroleum jelly, sun block, diaper ointment	☐	☐	☐	☐
2-006.20H Record-Keeping: pg. 37				
Licensee/Staff maintains record of time and amount of medication given or applied	☐	☐	☐	☐

☐ **LICENSEE PARTICIPATES IN CHILD CARE FOOD PROGRAM:**
Sponsoring Agency _____

2-006.21 Food Service: Meal/Snack: pg. 37				
Is served to all children in attendance and a weekly menu is provided upon request	☐	☐	☐	☐
1. Is appropriate to age or development of child	☐	☐	☐	☐
2. Addresses children's allergies/food intolerances	☐	☐	☐	☐
3. Meets USDA requirements	☐	☐	☐	☐
If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If dietary concerns Dr.'s statement on file stating it is acceptable to not meet USDA guidelines	☐	☐	☐	☐
2-006.21A Meals and Snacks: pg. 37				
Licensee provides required number of meals/snacks	☐	☐	☐	☐
2.5 – 4 hrs=1 S/4-8 hrs=1S+1M/8-10 hrs=2S+1M/10 or more hour = 2S+2M				
2-006.22 Food Safety: pg. 38				
1. All perishable foods stored in covered container in operating refrigerator at a maximum temperature of 40 degrees	☐	☐	☐	☐
2. Individuals handling food properly wash their hands before and after handling food	☐	☐	☐	☐
3. All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen, if applicable	☐	☐	☐	☐
a. Unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐

a. Unfrozen breast milk is discarded after 48 hours	☐	☐	☐	☐
b. Frozen breast milk is kept in a freezer for no more than three months	☐	☐	☐	☐
4. Formula provided by the licensee is made from commercially prepared products	☐	☐	☐	☐
5. Children are served pasteurized grade A milk and milk products	☐	☐	☐	☐
Dry milk and milk products are made from pasteurized milk and milk products	☐	☐	☐	☐
6. All fresh or raw fruits and vegetables are thoroughly washed with water before use	☐	☐	☐	☐
7. Home-canned foods are not served to children in care	☐	☐	☐	☐
8. All food preparation areas are easily cleanable and in good repair	☐	☐	☐	☐
9. Any deep freezer that cannot be opened from the inside is locked or stored in a locked room	☐	☐	☐	☐
10. All utensils, equipment, and food storage areas are clean and in good repair	☐	☐	☐	☐
11. All dishes and utensils are properly washed, rinsed, sanitized, and air dried	☐	☐	☐	☐
2-006.23A Telephone: pg. 38				
Working telephone available on the premises at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
2-006.23B Fire and Tornado Drills: Written documentation of - pg. 38/39				
1. Fire drills conducted with children each month	☐	☐	☐	☐
2. Tornado drills conducted with children four times March through September	☐	☐	☐	☐
2-006.23C Fire and Tornado Safety Diagrams: pg. 39				
1. Fire and tornado safety diagrams have layout of child care area	☐	☐	☐	☐
2. Fire and tornado safety diagrams prominently posted/visible	☐	☐	☐	☐
3. Fire safety/Tornado safety diagram explains the evacuation of children with special needs	☐	☐	☐	☐
4. Fire safety diagram includes evacuation routes	☐	☐	☐	☐
5. Tornado safety diagram has safe locations identified	☐	☐	☐	☐
2-006.23D Disaster Preparedness: pg. 39				
Written Disaster Preparedness Plan available for review and includes:				
1. Evacuation/moving children to safe location, 2. notification of parents of emergency 3. Reunification of child/parent after evacuation, and 4. safety and reunification of children with special needs	☐	☐	☐	☐
2-006.23E Notification of Emergencies: Licensee notifies Department within 24 hours or the next business day of: pg. 39				
1. A death of any child 2. Any accident/injury to a child which requires hospitalization/treatment at medical facility	☐	☐	☐	☐
3. Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
4. Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
2-006.23F First Aid Kit: First Aid Kit: pg. 39				
Is available on premises and stored inaccessible to children	☐	☐	☐	☐
If contains poisons/medications is in locked storage	☐	☐	☐	☐
Contains fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
2-006.24 Environmental Services: pg. 40				
Every area and building, including accessible outbuildings, on the premises is in compliance with regulations	☐	☐	☐	☐

Childcare is provided in safe, clean and comfortable environment	☐	☐	☐	☐
2-006.24A Housekeeping and Maintenance: pg. 40				
1. Child care home/grounds are kept clean/safe/in good repair, and free of exposed lead-based paint surfaces that are flaking, peeling or chipped	☐	☐	☐	☐
2. Rooms/walls/floors/ceilings kept clean, in good repair, kept free of odor from sewage/mold/ mildew, other environmental or biohazard or unsanitary conditions	☐	☐	☐	☐
3. Heating/ventilation/lighting adequate to protect health of children	☐	☐	☐	☐
4. Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/ flies/insects/vermin	☐	☐	☐	☐
Doors opening to the outside self-close and ventilation windows screened	☐	☐	☐	☐
5. Garbage/rubbish disposed of in proper manner to minimize odor/diseases	☐	☐	☐	☐
2-006.24B Maintenance of Equipment, Fixtures, Furnishings, and Toys: pg. 40				
1. Equipment, fixtures, toys kept clean, safe, and in good repair	☐	☐	☐	☐
2. Furniture/equipment do not interfere/block exits	☐	☐	☐	☐
2-006.25 Environmental Safety: pg. 40				
Environment is safe and hazard-free	☐	☐	☐	☐
2-006.25A Smoking: pg. 40				
1. Smoking does not occur indoors in child care home during hours of operation when non-resident child is present	☐	☐	☐	☐
2. If not the residence of the Licensee, smoking does not occur indoors at any time	☐	☐	☐	☐
3. Parent(s) notified that licensee or household member smokes prior to enrollment	☐	☐	☐	☐
2-006.25B Alcohol and Controlled Substances: pg. 41				
1. Alcohol not consumed in area used for child care when children are in care	☐	☐	☐	☐
2. If not a private residence alcohol not present in area used for childcare when child(ren) are in care	☐	☐	☐	☐
3. No evidence of controlled substance not legally prescribed on premises	☐	☐	☐	☐
Animals and Pets:				
☐ **FCCH II LICENSEE DOES NOT HAVE ANIMALS/PETS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
2-006.25C Animals/Pets: pg. 41				
Any animal in the home does not negatively affect child(ren)	☐	☐	☐	☐
1. Pet(s) examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
2. Documentation of all recommended vaccinations is available	☐	☐	☐	☐
3. Provisions available to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
4. During food preparation/serving, pet not allowed in food preparation/serving/food storage areas	☐	☐	☐	☐
5. Licensee complies with local pet ordinances	☐	☐	☐	☐
2-006.25D Prohibited Animals: pg. 41				
Exotic/unusual animal not on premises during hours of operation	☐	☐	☐	☐
Animal that has bitten or attacked someone without provocation or determined to be dangerous by Health Authority, not on premises during hours of operation	☐	☐	☐	☐
2-006.25E Other Environmental Safety Requirements: pg. 41				

1. Surfaces are smooth, free of sharp edges/mold/dirt/or other conditions that may pose a potential risk	☐	☐	☐	☐
2. Cleaning agents and poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription, kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for refrigerated medications	☐	☐	☐	☐
3. Firearms, weapon accessories and ammunition are kept in locked storage	☐	☐	☐	☐
Firearms stored unloaded and ammunition stored separate from firearms	☐	☐	☐	☐
4. Electrical outlets within the reach of children are covered with safety caps, ground-fault interrupters or have safety outlets installed	☐	☐	☐	☐
5. a.-d. Disposable towelettes/drinking containers/cups/glasses not shared between children	☐	☐	☐	☐
Personal care items/towels/washcloths/hairbrushes/toothbrushes not shared between children	☐	☐	☐	☐
6. Waterproof storage provided for soiled/wet clothing and inaccessible to children	☐	☐	☐	☐
2-007 Physical Plant Standards: pg. 42				
Home is safe, clean, and functional	☐	☐	☐	☐
2-007.01 Activity Space: pg. 42				
1. Activity space has furnishings to accommodate all activities/age-appropriate needs of all children 2. Is available for all children 3. And contains at least 35 square feet of space per child not counting rooms not used for childcare	☐	☐	☐	☐
2-007.02A Water Supply: pg. 42				
Accessible, adequate, and safe supply of water	☐	☐	☐	☐
2. Drinking water provided by sanitary drinking fountain/ individual or disposable cups	☐	☐	☐	☐
3. Hot and cold water available at all washing/bathing stations	☐	☐	☐	☐
Soap available at hand washing sink	☐	☐	☐	☐
Hot water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Non-Public Water and Non-Public Sewage System:				
☐ **LICENSEE HAS PUBLIC WATER AND PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
2-007.02A Water Supply: Non-Public Water: pg. 42/43				
1. a. Water tested annually and results available for review	☐	☐	☐	☐
b. Department approved or commercial source	☐	☐	☐	☐
2-007.02B Sewer Requirements: pg. 43				
No evidence of open sewage discharge on premises	☐	☐	☐	☐
Functioning and sanitary sewage system	☐	☐	☐	☐
2-007.03 Outdoor Play Areas: Outdoor play area: pg. 43				
1. Has at least 50 square feet per child of age appropriate space	☐	☐	☐	☐
2. Is clean, safe, and contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
3. Is free of animal waste	☐	☐	☐	☐
4. Is free of barnyard animals or fowl	☐	☐	☐	☐
2-007.04 Fencing: pg. 3/43				
Hazardous conditions required a fence: (2-002) Fence is continuous barrier with no gaps/36 inches in height/ is flush to the ground	☐	☐	☐	☐

2-007.05 Playground Surfaces: pg. 43				
Playground surface under equipment has sand, dirt, grass, rubber matting, rubber mulch, wood chips, or small-to-medium size gravel and is resilient	☐	☐	☐	☐
2-007.06 Toilets and Sinks: Toilets and sinks are: pg. 43/44				
1. Conveniently located 2. Clean and in good repair	☐	☐	☐	☐
3. Designed for child with special needs, if applicable	☐	☐	☐	☐
4. Of suitable height or has safe stepstool	☐	☐	☐	☐
2-007.07 Fire Safety: Maintain Fire Approval: pg. 44				
1. Facility has two unblocked exits approved by the State Fire Marshal	☐	☐	☐	☐
2. Furnaces, wood burning stoves, and heaters are inaccessible to children when used	☐	☐	☐	☐
3. Candles/incense	☐	☐	☐	☐
4. Open flames are not used while children in care	☐	☐	☐	☐
5. All storage areas are free of excessively combustible or highly flammable materials	☐	☐	☐	☐
6. Bathroom/closet doors can be unlocked from the outside	☐	☐	☐	☐
7. Smoke detectors properly mounted and operable	☐	☐	☐	☐
8. When overnight care is provided a fire extinguisher with (2.006.17)2A10BC rating (pg. 33)	☐	☐	☐	☐
Neb. Rev. Stat. §§ 71-1911.03 Proof of Child Care Liability Insurance:				
The Licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

Name of Approved / Accredited School: _____

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ to _____ **Hours of Operation:** _____ to _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
4-004.06 Notification of Changes: Change: pg. 13				
Of location, building, [redacted] reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to Department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4-006.01 Licensee Requirements: Licensee ensures: pg. 18				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
SAO Center has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
4-006.02 Director Requirements: Director: pg. 18				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
When absent from SAO Center, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available	☐	☐	☐	☐
Has written personnel policies available which were specific to position qualifications/skills/ knowledge/abilities/physical demands	☐	☐	☐	☐
Assess own ability/staff ability to provide care for children with special needs	☐	☐	☐	☐
Provides orientation to new staff including training on SAO Center regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, and concerns,and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops/implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO Center	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐

Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
4-006.03A Criminal History Record Checks: Licensee: pg. 19-20				
Must complete a pre-employment criminal history records check on him/herself, each staff member or volunteer age 19 or older, [redacted]	☐	☐	☐	☐
4-006.03B Registry Checks: Applicant/licensee, staff, volunteers, [redacted] are not listed as a perpetrator on: pg. 22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: Licensee: pg. 22				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves and updated annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and update annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact: pg. 23				
As soon as licensee/director is aware of occurrence of law enforcement contact on self, staff, volunteers, [redacted] a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks: pg. 23				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
4-006.03F Health Information Report: pg. 23				
Licensee/Director obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
4-006.04 Director Qualifications: pg. 23				
If the director is qualified under a Department approved plan, the requirements of the plan have been met	☐	☐	☐	☐
4-006.05B Non-Certificated Teachers: Teacher hired: pg. 24				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma/GED and meets qualifications or has a Department approved written plan in place and is completed within six months	☐	☐	☐	☐
4-006.06 Substitute, Support Staff, Volunteer, and Parent Helper Qualifications: pg. 24				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and are counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteers/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
4-006.07 Director Orientation and Training: pg. 25				
Director completed approved Director training within 30 days of starting employment	☐	☐	☐	☐
4-006.07A Safety Training-Directors: pg. 25				

Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006-08A Safety Training-Teachers: pg. 25				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.08B Evidence of Teacher Training: pg. 25				
Director maintains all teacher's training record of orientation, annual training, and CPR/First Aid	☐	☐	☐	☐
4-006.09A Orientation: pg. 26				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect children and reporting requirements	☐	☐	☐	☐
SAO Center regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
SAO Center's Discipline policies for children	☐	☐	☐	☐
4006.09B Nutrition and Food Safety Training (when meals are served): Documentation of: pg. 26				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2013	☐	☐	☐	☐
4-006.9C Transportation Training: pg. 26				
Driver hired on/after 5/20/13 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required transportation training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09D Annual Training of Direct Care Staff: Staff who work: pg. 26-27				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or less hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
May 2016: 50% of staff have completed Safety Training	☐	☐	☐	☐
4-006.09E CPR and First Aid Training: pg. 27				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10 Employee Records Requirements: Employee records are: pg. 27				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐
Maintained for one year after employee separation	☐	☐	☐	☐
4-006.10A Staff Records: Records include: pg. 28				

Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding in record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10B Substitute Records: Records include: pg. 28				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Documentation substitute has read or understands the regulations	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include: pg. 28				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.11 Child's Record: Child's record: pg. 28-29				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013 and is kept current	☐	☐	☐	☐
Includes child's name, birthdate, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's home address/telephone number	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes names of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐
Has current health status, allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐

4-006.12 Parent Information Brochure: pg. 29				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
4-006.13 Description of Center Services and Policies: Receipts signed by: pg. 29				
Parent(s) of enrolled children of Description of Services, SAO Center Policies (except Personnel Policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, SAO Center Policies and Personnel Policies are available for Department review	☐	☐	☐	☐
4-006.13A Description of Services: pg. 29				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), parent training/education (if provided), lexpectation of parents, and name/address/telephone number of SAO Center's owner/authorized representative	☐	☐	☐	☐
4-006.13B Center Policies: pg. 29-30				
SAO Center policies available for Department review and includes; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, discipline procedure, immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
4-006.14A Licensed Capacity: pg. 30				
Licensed capacity is not exceeded; or	☐	☐	☐	☐
If non-compliance SAO Center exceeded licensed capacity by ___ children				
4-006.14B Staffing Requirements: pg. 30				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
During nap time at least one teacher is in the room where children are napping and the staff-to-child ratio is maintained on the Center premises	☐	☐	☐	☐
Required number of staff is on premises at all times	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio (center-wide): pg. 30				
SAO Center in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
4-006.14C Staff-to-Child Ratio: SOA Center maintains accurate: pg. 30				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
4-006.15A Notification to Parents: pg. 31				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality: pg. 31				
Licensee does not violate confidentiality by releasing name of ill child without permission	☐	☐	☐	☐
4-006.15C Health Authority: pg. 31				
Licensee follows health authority's directives	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness: SAO Center: pg. 31				

Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
4-006.17 Immunizations: pg. 31				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up to date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing children	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff: pg. 32				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision: pg. 32				
Parents are informed when children are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take children off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises: pg. 3				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center which includes parent understands licensee is not responsible for supervision	☐	☐	☐	☐
4-006.19 Discipline: pg. 32				
Only licensee, director, or designated substitutes discipline children in care	☐	☐	☐	☐
4-006.19A Prohibited Forms of Discipline: Children are not disciplined by: pg. 32-33				
Spanking, slapping, pinching, punching, shaking, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food items	☐	☐	☐	☐
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
4-006.19B Child Behavior That Cannot Be Disciplined: pg. 33				
Children are not disciplined for toilet accidents, refusal to take medication or refusal to eat	☐	☐	☐	☐
4-006.19C Use of Time Out: pg. 33				
Child's time out is in a safe/lighted/well-ventilated area and within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceeded 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
4-006.19D Use of Physical Hold: Physical Hold: pg. 33				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐

Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
4-006.19D1 Notification and Documentation: pg. 33				
Parent of child is notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
4-006.19E Use of Restraints: pg. 34				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident, and name of staff involved	☐	☐	☐	☐
4-006.20 Prohibited Language, Materials, and Actions: pg. 34				
Children not exposed to profanity, sexually explicit material, acts of violence, or acts of racism	☐	☐	☐	☐
4-006.21 Child Development Program: pg. 34				
Written Child Development Program available for review by parent/Department and includes; indoor play, outdoor play, napping/rest periods, individual/group playtimes, reading/exploring books, daily reading with children of age-appropriate literature, fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials: pg. 34				
SAO Center has enough age-appropriate equipment and reading materials	☐	☐	☐	☐
4-006.21B Sleeping Surfaces: pg. 35				
SAO Center provides acceptable beds/cots/sofas/sleeping bags/waterproof mats	☐	☐	☐	☐
Wading and Swimming:				
☐ **SAO CENTER DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities: pg. 35				
Children are accompanied, adequately supervised and kept safe during wading/swimming while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources: pg. 35				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
4-006.22B Wading: pg. 35				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities Off the Premises: pg. 35				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
4-006.22D Permission for Center-Supervised Activities Off the Premises: pg. 35				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools: pg. 36				
SAO Center only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: pg. 36				

An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Transportation:

☐ **SAO CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.23 Transportation: pg. 37

Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle was in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

4-006.23 Transportation: If transportation is provided the transportation policy: pg. 37

Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/vehicle breaks down/ involved in an accident/or other emergencies	☐	☐	☐	☐

Medications:

☐ **SAO CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.24A Giving or Applying Medication: Staff give/apply: pg. 37				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, at the right time	☐	☐	☐	☐
4-006.24B Competence to Give or Apply Medication: pg. 38				
Parents or any licensed health care professional are responsible for determining if SAO Center staff are competent to give/apply medication	☐	☐	☐	☐
Director assesses the ability of staff to give/apply medication available	☐	☐	☐	☐
4-006.24C Confidentiality: pg. 38				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
SAO Center advises parents in writing of use of private method to inform Center of medication needs	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff: pg. 38				
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied: pg. 38				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: pg. 39	☐	☐	☐	☐
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medication	☐	☐	☐	☐
4-006.24G Storage: pg. 39				
All prescription/nonprescription medications, including emergency medications, are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
4-006.24H Record-Keeping: pg. 39				
Written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.24I Children Taking/Applying Medication: pg. 39				
Parent written permission is available for children who take/apply their own medication	☐	☐	☐	☐

4-006.25 Food Service: Meals and snacks: pg. 39				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meets USDA requirements and a weekly menu is provided upon request	☐	☐	☐	☐

If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If a child's diet is not required to meet USDA guidelines a physician's statement is available for review	☐	☐	☐	☐
4-006.25A Meals and Snacks: pg. 39				
SAO Center offers required number of meals/snacks	☐	☐	☐	☐
4-006.26 Food Safety: SAO Center ensures: pg. 40				
[redacted]				
Food Code is followed when food is prepared at another location	☐	☐	☐	☐
4-006.27A Telephone: pg. 40				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of: pg. 40				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams: pg. 40				
Fire and tornado safety diagrams include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Fire and Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
4-006.27D Disaster Preparedness: pg. 40				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 40-41				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
4-006.27F First Aid Kit: First Aid Kit: pg. 41				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
[redacted]				
[redacted]	■	■	■	■
[redacted]	■	■	■	■
[redacted]				
[redacted]	■	■	■	■
[redacted]	■	■	■	■
[redacted]	■	■	■	■
[redacted]	■	■	■	■

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Checklist

Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:

The licensee obtains and maintains required liability insurance coverage ☐ ☐ ☐ ☐

Other Comments:

Division of Public Health

School-Age-Only Short Checklist

Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

Name of Approved / Accredited School: _____

License Number _____ **License Capacity:** _____

Ages of Children Served _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual _____ Facility _____ Records

☐ Amendment (Describe) _____

_____

Date(s) Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

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School-Age-Only Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.06 Notification of Changes: Change:				
Of location, building [redacted] reported to the Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to the Department five working days before date of change	☐	☐	☐	☐
In director reported to the Department within two working days	☐	☐	☐	☐
4-006.01 Licensee Requirements: The Licensee ensures:				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
4-006.02 Director Requirements: The Director:				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with statutes and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
Has a designee in charge when absent from the center	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO center	☐	☐	☐	☐
Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐
4-006.03B Registry Checks:				
Child Abuse/Neglect Central Registry check on staff, volunteers, and household members age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Register Check conducted on all staff, volunteers [redacted] age 19 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry Checks conducted on staff, volunteers and [redacted] age 19 or older (effective May 20, 2013)	☐	☐	☐	☐
Any person listed as a "perpetrator" on Child Abuse/Neglect, Adult Protective Services, and/or Nebraska State Patrol Sex Offender Registry is not on the premises during hours of operation except a parent only to pick up / drop off his/her child(ren).	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: The Licensee:				
Completes a Report of Law Enforcement Contact on themselves and updates it annually	☐	☐	☐	☐
Obtains a completed Report of Law Enforcement Contact for each staff, volunteer, and [redacted] age 19 years or older, and updates it annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact:				

School-Age-Only Short Checklist

As soon as Licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, [redacted] a report is made to the Department and the licensee/Director requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks:				
Licensee reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child or vulnerable adult are not left alone with children.	☐	☐	☐	☐
4-006.07A Safety Training-Directors:				
Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006.08A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.09A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect of children and reporting requirements	☐	☐	☐	☐
SAO center regulations	☐	☐	☐	☐
Evacuation plans in the event of a fire	☐	☐	☐	☐
Safety plans in the event of a tornado	☐	☐	☐	☐
Emergency preparedness in the event of a disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
4-006.09B Nutrition and Food Safety Training:				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2014.	☐	☐	☐	☐
4-006.09C Transportation Training:				
Driver hired on/after May 20, 2013 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09E CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10A Staff Records: Records include:				
Name, address, telephone number, and Social Security Number of staff	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐

Documentation of staff qualifications for the position	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understand regulations	☐	☐	☐	☐
Documentation of orientation training (effective 5/20/13)	☐	☐	☐	☐
Criminal history record checks (effective 5/20/13)	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (effective 5/20/13)	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry with no adverse finding	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (Effective 5/20/13)	☐	☐	☐	☐
4-006.11 Child's Record: Child's record:				
Is completed before enrollment, current, and available for review	☐	☐	☐	☐
4-006.12 Parent Information Brochure:				
Parent Information Brochure receipt signed, dated, and available for review	☐	☐	☐	☐
4-006.13B Center Policies:				
SAO Center policies are available for Department review	☐	☐	☐	☐
4-006.14A Licensed Capacity:				
Licensed capacity is not exceeded	☐	☐	☐	☐
4-006.14B Staffing Requirements:				
Staff are awake and alert to the needs of children at all times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio:				
SAO Center is in compliance with required staff-to child ratio	☐	☐	☐	☐
Based on the numbers and ages of children in care; _____staff needed; _____ staff present	☐	☐	☐	☐
4-006.15A Notification to Parents:				
Parents of ALL enrolled children are notified on the same day licensee is informed of or observes illness	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality:				
Licensee does not release the name of ill child(ren) without permission	☐	☐	☐	☐
4-006.15C Health Authority:				
Licensee follows the health authority's directives in the event of a communicable disease outbreak	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness:				
SAO Center enforces written policy for exclusion due to illness	☐	☐	☐	☐
4-006.17 Immunizations:				
Immunization record is updated each time a child receives additional immunizations	☐	☐	☐	☐

Certification by accepted medical personnel that immunization was not appropriate for child; or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision:				
Parents are informed when child(ren) are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises:				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center, which includes the parent understands the licensee is not responsible for supervision is available for review	☐	☐	☐	☐
4-006.19 Discipline:				
Staff use appropriate forms of discipline	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials:				
SAO Center has enough age-appropriate equipment and materials	☐	☐	☐	☐
Wading and Swimming:				
☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities:				
Children are accompanied, adequately supervised, and kept safe during wading/swimming activities while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds for swimming or wading activities	☐	☐	☐	☐
4-006.22B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities off the Premises:				
A written and signed statement from a parent that allows child(ren) to leave premises to go swimming and acknowledges the licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
4-006.2D Permission for Center-Supervised Activities off the Premises:				
A written, signed and dated statement from a parent giving permission to take the child(ren) swimming off the premises which includes, location of pool and whether child(ren) can be in water over his/her head, is available for review and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools:				
Child(ren) are taken only to a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: When depth of water is over four feet:				
An individual is on duty who has completed a swimming water safety course	☐	☐	☐	☐
Required staff-to-child ratio is maintained.	☐	☐	☐	☐

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Above-Ground or In-Ground Swimming Pool on Premises:

☐ NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.

[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				
4-006.22H Pool on the Premises Used by Children in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety is on duty at all times	☐	☐	☐	☐
Required staff-to child ratio is maintained; _____staff needed; ____ staff present	☐	☐	☐	☐

Transportation:

☐ SCHOOL AGE ONLY CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.

4-006.23 Transportation:				
Transportation policy is available to staff who transport, parents, and the Department	☐	☐	☐	☐
Transportation Policy describes: restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident/or other emergencies	☐	☐	☐	☐
Children are not left alone in the vehicle	☐	☐	☐	☐
Smoking does not occur in the vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved and correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Child(ren) are not transported to any location without prior knowledge of parent	☐	☐	☐	☐

Medications:

☐ SCHOOL-AGE-ONLY CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPPLICABLE.

4-006.24A Giving or Applying Medication:				
Staff giving or applying medications know the five rights	☐	☐	☐	☐
4-00614C Confidentiality:				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff:				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐

Comply with parent instructions or inform parent the medication will not be given / applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: Staff properly wash hands:				
Before giving/applying medications	☐	☐	☐	☐
Before and after giving/applying medications if bodily fluids involved	☐	☐	☐	☐
4-006.24H Record-Keeping:				
A written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.25 Food Service: Meals and snacks:				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meet USDA requirements and a weekly menu is provided to parent(s) upon request	☐	☐	☐	☐
If provided by a parent, are supplemented to meet USDA guidelines or a statement from a physician must be available indicating it is acceptable for the child to be served a snack/ meal that does not meet USDA requirements	☐	☐	☐	☐
[redacted]				
[redacted]	■	■	■	■
4-006.27A Telephone:				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers are prominently posted.	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams:				
Include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Explain the evacuation plan for children with special needs	☐	☐	☐	☐
4-006.27D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review by the Department	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of child	☐	☐	☐	☐
Any accident/injury to child that requires hospitalization or treatment at a medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility resulting in the inability of the licensee to comply with regulations	☐	☐	☐	☐

4-006.27F First Aid Kit:

Is available on premises and is inaccessible to children ☐ ☐ ☐ ☐

Animals:

☐ LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.

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School-Age-Only Short Checklist

[redacted]	■	■	■	■
[redacted]				
[redacted]	■	■	■	■
[redacted]				
[redacted]	■	■	■	■
[redacted]				
[redacted]	■	■	■	■
[redacted]				
[redacted]	■	■	■	■
Neb. Rev. Stat. § 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Regulations Evaluated and/or Comments:

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

Preschool Checklist Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

Preschool Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
5-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
5-004.06 Notification of Changes: Change: pg. 13-14				
Of location, building, or building usage reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
5-004.06 Notification of Change: If located in a private residence a change in household members: pg.13-14				
13 and older is reported to the Department five days before date of change	☐	☐	☐	☐
12 or younger is reported to the Department within two working days	☐	☐	☐	☐
5-006.01 Licensee Requirements: Licensee ensures: pg. 17-18				
Preschool is administered/managed appropriately	☐	☐	☐	☐
Preschool is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
Preschool has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
5-006.02 Director Requirements: Director: pg. 18-19				
Is responsible for day-to-day operations of Preschool	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of Preschool	☐	☐	☐	☐
When absent from Preschool, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available.	☐	☐	☐	☐
Has written personnel policies available which were specific to position qualifications/skills/knowledge/abilities/physical demands	☐	☐	☐	☐
Assesses own ability/staff ability to provide care for children with special needs	☐	☐	☐	☐
Provides orientation to new staff including training on Preschool regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints and concerns and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care a Preschool	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own child	☐	☐	☐	☐
Ensures parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐

Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
5-006.03A Criminal History Record Checks: Licensee: pg. 19-21				
Must complete pre-employment criminal history record checks on him/herself, each staff member or volunteer age 19 or older, and on each household member age 19 or older (if Preschool is located in a private residence)	☐	☐	☐	☐
5-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if Preschool is located in a private residence), are not listed as a perpetrator on: pg. 21-22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
5-006.03C Report of Law Enforcement Contact: Licensee: pg. 21-22				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff, volunteers, and household members (if Preschool is in a private residence), age 19 years or older, and update annually	☐	☐	☐	☐
5-006.03D Notification of Law Enforcement Contact: pg. 22				
As soon as licensee/director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if Preschool located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
5-006.03E Investigations and Repeat Registry Checks: pg. 22-23				
Licensee reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
5-006.03 F Health Information Report: Licensee/Director: pg. 23				
Licensee/Director obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
5-006.05B Non-Certificated Teachers: Teacher hired: pg. 23-24				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma or GED and meets qualifications or has Department approved written plan in place and is completed within six months	☐	☐	☐	☐
5-006.06 Substitute, Uncompensated Parent Helper, and Volunteer Qualifications: pg. 24				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteers/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
5-006.07 Director Orientation and Training: Director: pg. 24-25				
Director completed Department approved Director orientation within 30 days of starting employment	☐	☐	☐	☐
5-006.07A Safety Training-directors: pg. 25				
Preschools licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or within 3 years of hire date, and every 5 years	☐	☐	☐	☐

Preschools licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date, and every 5 years	☐	☐	☐	☐
5-006.07B Nebraska's Early Learning Guidelines Training-Directors: pg. 25				
Preschools licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or within 4 years of hire date, and one domain annually	☐	☐	☐	☐
Preschools licensed on or after May 20, 2013, Director must complete one domain within 4 years of provisional/hire date, and one domain annually	☐	☐	☐	☐
5-008A Safety Training-Teachers: pg. 25				
By May 20, 2016, 50% of all teachers must have completed all four hours	☐	☐	☐	☐
5-008B Nebraska's Early Learning Guidelines Training-Teachers: pg. 25				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
5-006.08C Evidence of Teacher Training: Director: pg. 25-26				
Director maintains all teacher's training record of orientation, annual training, ELG, and CPR/First Aid	☐	☐	☐	☐
5-006.09A Orientation: pg. 26				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect of children and reporting requirements	☐	☐	☐	☐
Preschool regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
Preschool's method of interaction with children	☐	☐	☐	☐
Preschool's discipline policies for children	☐	☐	☐	☐
5-006.09B Transportation Training: Driver: pg. 26-27				
Driver hired on/after 5/20/13 has completed required training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
5-006.09C Annual Training of Direct Care Staff: Staff who work: pg. 27				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or fewer hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
May 2016: 50% of all teachers have completed Safety Training	☐	☐	☐	☐
5-006.09D CPR and First Aid Training: pg. 28				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
5-006.10 Employee Records Requirements: Employee records are: pg. 28				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐

Maintained for one year after employee separation	☐	☐	☐	☐
5-006.10A Staff Records: Records include: pg. 28				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding in the record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10B Substitute Records: Records include: pg. 28-29				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the records	☐	☐	☐	☐
Documentation substitute has read and understands the regulations	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10C Uncompensated Parent Helpers & Volunteer Records: Records include: pg. 29				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.11 Child's Record: Child's record: pg. 29				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013 and is kept current	☐	☐	☐	☐
Includes child's name, birthday, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes name of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐

Has current health status, allergies, or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐
5-006.12 Parent Information Brochure: pg. 29				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
5-006.13 Description of Preschool Services and Policies: Receipts signed by: pg. 29-30				
Parent(s) of enrolled children of Description of Services, Preschool Policies (except Personnel Policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, Preschool Policies, and Personnel Policies are available for Department review	☐	☐	☐	☐
5-006.13A Description of Services: pg. 30				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), expectation of parents, and name/address/ telephone number of Preschool's owner/authorized representative	☐	☐	☐	☐
5-006.13B Preschool Policies: pg. 30				
Preschool policies available for Department review and include; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, discipline procedures, immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
5-006.14A Licensed Capacity: pg. 30				
Licensed capacity is not exceeded	☐	☐	☐	☐
If non-compliance Preschool exceeded licensed capacity by ___ children.				
5-006.14B Staffing Requirements: pg. 31				
Preschool in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance:___ children in care; ___ staff needed; ___ staff present.				
5-006.14C Staff-to-Child Ratio: Preschool maintains accurate: pg. 31				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
5-006.15A Notification to Parents: pg. 31				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
5-006.15B Confidentiality: pg. 31				
Licensee does not release name of ill children without permission	☐	☐	☐	☐
5-006.15C Health Authority: pg. 31				
Licensee follows health authority's directives	☐	☐	☐	☐
5-006.16 Children Excluded Due to Illness: Preschool: pg. 31-32				
Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
5-006.17 Immunizations: pg. 32				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐

Immunization record is up-to-date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing children.	☐	☐	☐	☐
5-006.18 Supervision of Children: Staff: pg. 32				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
5-006.18A Permission for Off-Premises Supervision: pg. 32				
Parents are informed when children are taken outside premises of Preschool and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take children off Preschool premises is available	☐	☐	☐	☐
5-006.19 Discipline: pg. 32				
Only licensee, director, or designated substitutes discipline children in care	☐	☐	☐	☐
5-006.19A Prohibited Forms of Discipline: Children are not disciplined by: pg. 32-33				
Spanking, slapping, pinching, punching, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food items	☐	☐	☐	☐
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
5-006.19B Child Behavior That Cannot Be Disciplined: pg. 33				
Children are not disciplined for toilet accidents, refusal to take medications or refusal to eat	☐	☐	☐	☐
5-006.19C Use of Time Out: pg. 33				
Child's time out is in a safe/lighted/well-ventilated area and within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child.	☐	☐	☐	☐
5-006.19D Use of Physical Hold: Physical Hold: pg. 33				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐
Ends when child is calm and can show reasonable control of his/her behavior	☐	☐	☐	☐
5-006.19D1 Notification and Documentation: pg. 33-34				
Parent of child is notified of physical hold within 24 hours if used	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
5-006.19E Use of Restraints: pg. 34				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident and names of involved staff	☐	☐	☐	☐
5-006.20 Prohibited Language, Materials, and Actions: pg. 34				

Children are not exposed to profanity, sexually explicit material, acts of violence, or acts or racism	☐	☐	☐	☐
5-006.21 Child Development Program: pg. 34				
Written program available for review by parent/Department and includes approaches to learning, creative arts, health and physical development, language and literacy development, and social and emotional development	☐	☐	☐	☐
5-006.21A Toys, Equipment and Reading Materials: pg. 35				
Preschool has enough age-appropriate equipment, toys, and reading materials offered to children and replaced as needed	☐	☐	☐	☐
Wading and Swimming:				
☐ **PRESCHOOL DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.22 Wading and Swimming Activities: pg. 35				
Children are accompanied, adequately supervised, and kept safe during wading/swimming while in care	☐	☐	☐	☐
5-006.22A Prohibited Water Sources: pg. 35				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
5-006.22B Wading: pg. 35				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
5-006.22C Permission for Non-Preschool-Supervised Activities Off the Premises: pg. 35				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
5-006.22D Permission for Preschool-Supervised Activities Off the Premises: pg. 35				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of swimming pool, whether children can be in water over their head, and is updated annually	☐	☐	☐	☐
5-006.22E Licensure of Swimming Pools: pg. 36				
Preschool only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
5-006.22F Water Safety: pg. 36				
An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present				
Pool on Premises:				
☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.22G Pool on the Premises Not Used by Preschool: pg. 36				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
5-006.22H Pool on the Premises Used by Preschool in Care: pg. 36				
Pool has a permit issued by the Department	☐	☐	☐	☐

If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present				

Transportation:

☐ **PRESCHOOL DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.23 Transportation: pg. 36-37				
Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 19 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Carseats are federally approved, correct for the child's age & developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present				
5-006.23 Transportation: If Preschool Provides Transportation Services: Transportation policy: pg. 36-37				
Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/the vehicle breaks down/ is involved in an accident/or other emergencies	☐	☐	☐	☐

Medications:

☐ **PRESCHOOL DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.24A Giving or Applying Medication: Staff give/apply pg. 37				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, and at the right time	☐	☐	☐	☐
5-006.24B Competence to Give or Apply Medication: pg. 37-38				
Documentation of Director's assessment of ability of staff to give or apply medication available	☐	☐	☐	☐
Parents or any licensed health care professional are responsible for determining if Preschool staff are competent to give/apply medication	☐	☐	☐	☐
5-006.24C Confidentiality: pg. 38				
Staff do not disclose information about children's medication, physical or mental condition	☐	☐	☐	☐
Preschool advises parents in writing of use of private method to inform center of medication needs	☐	☐	☐	☐
5-006.24D Written Permission and Instructions: Staff: pg. 38				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐

Inform parents of errors in the giving/applying of medications	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
5-006.24E Unusual Circumstances: Medication given/applied: pg. 38				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
5-006.24F Hand Washing: pg. 38				
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medications	☐	☐	☐	☐
5-006.24G Storage: pg. 38-39				
All prescription/nonprescription medications, including emergency medications are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instruction, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
5-006.24H Record-Keeping: pg. 39				
Written record of time and amount of medication given or applied	☐	☐	☐	☐

5-006.25A Telephone: pg. 3				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
5-006.25B Fire and Tornado Drills: Written documentation of: pg. 39				
Fire drills conducted with children each month preschool is in session	☐	☐	☐	☐
Tornado drills conducted 2 times per year between March and September	☐	☐	☐	☐
5-006.25C Fire and Tornado Safety Diagrams: pg. 39				
Fire and tornado safety diagrams include layout of Preschool area and prominently posted/visible	☐	☐	☐	☐
Fire and tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
5-006.25D Disaster Preparedness: pg. 39-40				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
5-006.25E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 40				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulation	☐	☐	☐	☐

5-006.25F First Aid Kit: First Aid Kit: pg. 40				
Is available on premises and inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, disposable gloves	☐	☐	☐	☐
5-006.26 Environmental Services: pg. 40				
Every area and building on the entire Preschool premises complies with regulations	☐	☐	☐	☐
Preschool is provided in a safe, clean, and comfortable environment	☐	☐	☐	☐
5-006.26A Housekeeping and Maintenance: pg. 41-42				
Preschool and grounds are clean, safe, in good repair, and free of lead-based paint surfaces	☐	☐	☐	☐
Rooms, walls, floors, and/or ceilings are clean, dry, in good repair, and free of odor from sewage/ mold/mildew, other unsanitary conditions	☐	☐	☐	☐
Heating/ventilation/lighting are adequate to protect health of children	☐	☐	☐	☐
Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/ insects/vermin	☐	☐	☐	☐
Doors opening to the outside self-close and ventilation windows screened	☐	☐	☐	☐
Garbage/rubbish is disposed of to minimize odor, transmission of disease, and prevent attraction of rodents, insects, flies, and vermin	☐	☐	☐	☐
Indoor and outdoor garbage containers are water-tight, have tight fitting covers, are fly/rodent proof	☐	☐	☐	☐
Garbage is not burned on premises	☐	☐	☐	☐
Carpeting in bathroom(s) is removable, washable, and non-shag	☐	☐	☐	☐
5-006.26B Maintenance of Equipment, Fixtures, Furnishings and Toys: pg. 41				
Process in place for routine and preventive maintenance of materials, equipment, fixtures, furnishings	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings do not have sharp edges, rust, and/or loose parts	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
5-006.27 Environmental Safety: pg. 41				
Environment is safe and hazard-free	☐	☐	☐	☐
5-006.27A Smoking: pg. 41				
Smoking does not occur indoors in the Preschool	☐	☐	☐	☐
5-006.27A Smoking: If located in a private residence: pg. 41				
Smoking does not occur in Preschool during hours of operation when one or more children who are not occupants of the residence are present	☐	☐	☐	☐
Prior to enrollment parents of enrolled child(ren) are informed that smoking occurs in the Preschool	☐	☐	☐	☐
5-006.27B Alcohol and Controlled Substances: pg. 41-42				
Alcohol is not present in any area used for Preschool while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on Preschool premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on Preschool premises	☐	☐	☐	☐
5-006.27B Alcohol and Controlled Substances: If located in a private residence: pg. 41-42				
Alcohol is not consumed in area used for Preschool when children in care present	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on Preschool premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on Preschool premises	☐	☐	☐	☐

Animals and Pets:

☐ **PRESCHOOL DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.27C Animals/Pets: pg. 42				
Animals in Preschool do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
Have provisions to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
Licensee complies with local pet ordinances	☐	☐	☐	☐
5-006.27D Prohibited Animals: pg. 4				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during hours of operation	☐	☐	☐	☐

Environmental Safety Requirements: pg. 42-43				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while child(ren) in care	☐	☐	☐	☐
Medications, both prescription and non-prescription are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Electrical outlets within the reach of children under the age of 6 are covered with safety caps/ground fault interrupters/or have safety outlets installed	☐	☐	☐	☐
Disposable towelettes/drinking containers/personal care items/towels and washcloths are not shared by children	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided	☐	☐	☐	☐
Covered and waterproof containers for soiled or wet clothing are available	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children is not located where food/ medications are located	☐	☐	☐	☐
Deep freezers that can't be opened from the inside are locked or stored in locked room	☐	☐	☐	☐
Firearms/potentially hazardous weapons/weapon accessories/ammunition are not on Preschool premises	☐	☐	☐	☐
5-006.27E Other Environmental Safety Requirements: If in a private residence: pg. 42-43				
Firearms/potentially hazardous weapons/weapon accessories/ammunition are stored in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and separately from ammunition	☐	☐	☐	☐
5-007.01 Activity Space:				
Activity space has furnishings to accommodate all activities, age-appropriate needs of all children, is available to all children, and contains at least 35 square feet of space per child	☐	☐	☐	☐
5-007.02B Water Supply: pg. 44				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐

Non-Public Water & Non-Public Sewage System:

☐ **PRESCHOOL HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-007.02B Water Supply: Non-Public Water: pg. 44				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
5-007.02C Sewer Requirements: Non-Public Sewage System: pg. 44-45				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐
5-007.03 Outdoor Play Area: pg. 45				
Outdoor play area available, clean, safe, contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
5-007.03A Outdoor Play Equipment: pg. 45				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
5-007.03B Playground Surfaces: pg. 45				
Playground surface under climbing equipment has resilient material	☐	☐	☐	☐
5-007.04 Toilets and Sinks: pg. 45				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐
Toilet rooms fully enclosed	☐	☐	☐	☐
Sinks readily available to each toilet area	☐	☐	☐	☐
Sanitary dispensing and disposal units for paper towels are available and installed at heights convenient for children's use	☐	☐	☐	☐
Toilets/sinks are conveniently located, clean, operable, in good repair and designed for children with special needs, if applicable	☐	☐	☐	☐
Toilets/sinks are of suitable height or safe stepstools are provided	☐	☐	☐	☐
5-007.04A Toilets and Sinks: pg. 45				
Doors opening to the toilet room directly from a food service area are self-closing and tight fitting	☐	☐	☐	☐
5-007.04B Toilets and Sinks: pg. 45				
Adults and children wash hands after using bathroom prior to resuming work or play	☐	☐	☐	☐
5-007.05 Fire Safety: pg. 45				
Licensee maintains fire safety approval	☐	☐	☐	☐
Neb. Rev. Stat. §71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐
Other Comments:				

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
4-004.06 Notification of Changes: Change: pg. 13				
Of location, building, or building usage reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to Department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
4-004.06 Notification of Changes: If located in a private residence change in household members: pg. 1				
13 and older is reported to Department five working days before date of change	☐	☐	☐	☐
12 or younger is reported to Department within two working days	☐	☐	☐	☐
4-006.01 Licensee Requirements: Licensee ensures: pg. 18				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
SAO Center has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
4-006.02 Director Requirements: Director: pg. 18				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
When absent from SAO Center, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available	☐	☐	☐	☐
Has written personnel policies available which were specific to position qualifications/skills/ knowledge/abilities/physical demands	☐	☐	☐	☐
Assess own ability/staff ability to provide care for children with special needs	☐	☐	☐	☐
Provides orientation to new staff including training on SAO Center regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, and concerns,and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops/implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO Center	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐

Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
4-006.03A Criminal History Record Checks: Licensee: pg. 19-20				
Must complete a pre-employment criminal history records check on him/herself, each staff member or volunteer age 19 or older, and on each household member age 19 or older (if SAO Center is located in a private residence)	☐	☐	☐	☐
4-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if SAO Center is located in a private residence), are not listed as a perpetrator on: pg. 22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: Licensee: pg. 22				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves and updated annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and update annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact: pg. 23				
As soon as licensee/director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks: pg. 23				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
4-006.03F Health Information Report: pg. 23				
Licensee/Director obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
4-006.04 Director Qualifications: pg. 23				
If the director is qualified under a Department approved plan, the requirements of the plan have been met	☐	☐	☐	☐
4-006.05B Non-Certificated Teachers: Teacher hired: pg. 24				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma/GED and meets qualifications or has a Department approved written plan in place and is completed within six months	☐	☐	☐	☐
4-006.06 Substitute, Support Staff, Volunteer, and Parent Helper Qualifications: pg. 24				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and are counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteers/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
4-006.07 Director Orientation and Training: pg. 25				
Director completed approved Director training within 30 days of starting employment	☐	☐	☐	☐
4-006.07A Safety Training-Directors: pg. 25				

Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006-08A Safety Training-Teachers: pg. 25				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.08B Evidence of Teacher Training: pg. 25				
Director maintains all teacher's training record of orientation, annual training, and CPR/First Aid	☐	☐	☐	☐
4-006.09A Orientation: pg. 26				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect children and reporting requirements	☐	☐	☐	☐
SAO Center regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
SAO Center's Discipline policies for children	☐	☐	☐	☐
4006.09B Nutrition and Food Safety Training (when meals are served): Documentation of: pg. 26				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2013	☐	☐	☐	☐
4-006.9C Transportation Training: pg. 26				
Driver hired on/after 5/20/13 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required transportation training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09D Annual Training of Direct Care Staff: Staff who work: pg. 26-27				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or less hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
May 2016: 50% of staff have completed Safety Training	☐	☐	☐	☐
4-006.09E CPR and First Aid Training: pg. 27				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10 Employee Records Requirements: Employee records are: pg. 27				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐
Maintained for one year after employee separation	☐	☐	☐	☐
4-006.10A Staff Records: Records include: pg. 28				

Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding in record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10B Substitute Records: Records include: pg. 28				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Documentation substitute has read or understands the regulations	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include: pg. 28				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.11 Child's Record: Child's record: pg. 28-29				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013 and is kept current	☐	☐	☐	☐
Includes child's name, birthdate, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's home address/telephone number	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes names of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐
Has current health status, allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐

4-006.12 Parent Information Brochure: pg. 29				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
4-006.13 Description of Center Services and Policies: Receipts signed by: pg. 29				
Parent(s) of enrolled children of Description of Services, SAO Center Policies (except Personnel Policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, SAO Center Policies and Personnel Policies are available for Department review	☐	☐	☐	☐
4-006.13A Description of Services: pg. 29				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), parent training/education (if provided), lexpectation of parents, and name/address/telephone number of SAO Center's owner/authorized representative	☐	☐	☐	☐
4-006.13B Center Policies: pg. 29-30				
SAO Center policies available for Department review and includes; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, discipline procedure, immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
4-006.14A Licensed Capacity: pg. 30				
Licensed capacity is not exceeded; or	☐	☐	☐	☐
If non-compliance SAO Center exceeded licensed capacity by ___ children				
4-006.14B Staffing Requirements: pg. 30				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
During nap time at least one teacher is in the room where children are napping and the staff-to-child ratio is maintained on the Center premises	☐	☐	☐	☐
Required number of staff is on premises at all times	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio (center-wide): pg. 30				
SAO Center in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
4-006.14C Staff-to-Child Ratio: SOA Center maintains accurate: pg. 30				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
4-006.15A Notification to Parents: pg. 31				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality: pg. 31				
Licensee does not violate confidentiality by releasing name of ill child without permission	☐	☐	☐	☐
4-006.15C Health Authority: pg. 31				
Licensee follows health authority's directives	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness: SAO Center: pg. 31				

Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
4-006.17 Immunizations: pg. 31				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up to date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing children	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff: pg. 32				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision: pg. 32				
Parents are informed when children are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take children off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises: pg. 3				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center which includes parent understands licensee is not responsible for supervision	☐	☐	☐	☐
4-006.19 Discipline: pg. 32				
Only licensee, director, or designated substitutes discipline children in care	☐	☐	☐	☐
4-006.19A Prohibited Forms of Discipline: Children are not disciplined by: pg. 32-33				
Spanking, slapping, pinching, punching, shaking, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food items	☐	☐	☐	☐
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
4-006.19B Child Behavior That Cannot Be Disciplined: pg. 33				
Children are not disciplined for toilet accidents, refusal to take medication or refusal to eat	☐	☐	☐	☐
4-006.19C Use of Time Out: pg. 33				
Child's time out is in a safe/lighted/well-ventilated area and within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceeded 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
4-006.19D Use of Physical Hold: Physical Hold: pg. 33				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐

Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
4-006.19D1 Notification and Documentation: pg. 33				
Parent of child is notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
4-006.19E Use of Restraints: pg. 34				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident, and name of staff involved	☐	☐	☐	☐
4-006.20 Prohibited Language, Materials, and Actions: pg. 34				
Children not exposed to profanity, sexually explicit material, acts of violence, or acts of racism	☐	☐	☐	☐
4-006.21 Child Development Program: pg. 34				
Written Child Development Program available for review by parent/Department and includes; indoor play, outdoor play, napping/rest periods, individual/group playtimes, reading/exploring books, daily reading with children of age-appropriate literature, fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials: pg. 34				
SAO Center has enough age-appropriate equipment and reading materials	☐	☐	☐	☐
4-006.21B Sleeping Surfaces: pg. 35				
SAO Center provides acceptable beds/cots/sofas/sleeping bags/waterproof mats	☐	☐	☐	☐
Wading and Swimming:				
☐ **SAO CENTER DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities: pg. 35				
Children are accompanied, adequately supervised and kept safe during wading/swimming while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources: pg. 35				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
4-006.22B Wading: pg. 35				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities Off the Premises: pg. 35				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
4-006.22D Permission for Center-Supervised Activities Off the Premises: pg. 35				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools: pg. 36				
SAO Center only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: pg. 36				

An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.22G Pool on the Premises Not Used by Children in Care: pg. 36				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
4-006.22H Pool on the Premises Used by Children in Care: pg. 36				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Transportation:

☐ **SAO CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.23 Transportation: pg. 37				
Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle was in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
4-006.23 Transportation: If transportation is provided the transportation policy: pg. 37				
Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/vehicle breaks down/ involved in an accident/or other emergencies	☐	☐	☐	☐

Medications:

☐ **SAO CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.24A Giving or Applying Medication: Staff give/apply: pg. 37				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, at the right time	☐	☐	☐	☐
4-006.24B Competence to Give or Apply Medication: pg. 38				
Parents or any licensed health care professional are responsible for determining if SAO Center staff are competent to give/apply medication	☐	☐	☐	☐
Director assesses the ability of staff to give/apply medication available	☐	☐	☐	☐
4-006.24C Confidentiality: pg. 38				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
SAO Center advises parents in writing of use of private method to inform Center of medication needs	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff: pg. 38				
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied: pg. 38				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: pg. 39	☐	☐	☐	☐
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medication	☐	☐	☐	☐
4-006.24G Storage: pg. 39				
All prescription/nonprescription medications, including emergency medications, are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
4-006.24H Record-Keeping: pg. 39				
Written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.24I Children Taking/Applying Medication: pg. 39				
Parent written permission is available for children who take/apply their own medication	☐	☐	☐	☐

4-006.25 Food Service: Meals and snacks: pg. 39				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meets USDA requirements and a weekly menu is provided upon request	☐	☐	☐	☐

If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If a child's diet is not required to meet USDA guidelines a physician's statement is available for review	☐	☐	☐	☐
4-006.25A Meals and Snacks: pg. 39				
SAO Center offers required number of meals/snacks	☐	☐	☐	☐
4-006.26 Food Safety: SAO Center ensures: pg. 40				
Food Code is followed when food is prepared or served	☐	☐	☐	☐
Food Code is followed when food is prepared at another location	☐	☐	☐	☐
4-006.27A Telephone: pg. 40				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of: pg. 40				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams: pg. 40				
Fire and tornado safety diagrams include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Fire and Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
4-006.27D Disaster Preparedness: pg. 40				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 40-41				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
4-006.27F First Aid Kit: First Aid Kit: pg. 41				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
4-006.28 Environmental Services: pg. 41				
Every area and building on the entire SAO center premises complies with regulations	☐	☐	☐	☐
Child care is provided in a safe, clean, and comfortable environment	☐	☐	☐	☐
4-006.28A Housekeeping and Maintenance: pg. 41-42				
SAO Center and grounds are clean, safe, and in good repair and free of exposed lead-based paint surfaces	☐	☐	☐	☐
Rooms, walls, floors, and/or ceilings are clean, dry, in good repair, and free of odor from sewage/ mold/mildew or other unsanitary conditions	☐	☐	☐	☐
Heating/ventilation/lighting are adequate to protect health of children	☐	☐	☐	☐
Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/ insects/vermin	☐	☐	☐	☐

Doors opening to the outside are self-closing and ventilation windows screened	☐	☐	☐	☐
Garbage/rubbish is disposed of to minimize odor, transmission of disease, and prevent attraction of rodents, insects, flies, and vermin	☐	☐	☐	☐
Indoor and outdoor garbage containers are water-tight, have tight fitting covers, are fly/rodent proof	☐	☐	☐	☐
Garbage is not burned on premises	☐	☐	☐	☐
Carpeting in bathroom(s) is removable, washable, and non-shag	☐	☐	☐	☐
Carpeting is not in food preparation area	☐	☐	☐	☐
Walls and ceilings in food preparation/storage rooms are smooth, cleanable, and light color	☐	☐	☐	☐
Walls subject to splash are smooth and washable	☐	☐	☐	☐
4-006.28B Maintenance of Materials, Equipment, Fixtures, Furnishings: pg. 42				
Materials, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Materials, equipment, fixtures, and furnishings do not have sharp edges, rust, and/or loose parts	☐	☐	☐	☐
Furniture and equipment arranged so as to not interfere or block exists	☐	☐	☐	☐
Process in place for routine and preventive maintenance of materials, equipment, fixtures,furnishings	☐	☐	☐	☐
4-006.29 Environmental Safety: pg. 42				
Environment is safe and hazard-free	☐	☐	☐	☐
4-006.29A Smoking: pg. 42				
Smoking does not occur indoors in the SAO Center	☐	☐	☐	☐
4-006.29A Smoking: If located in a private residence: pg. 42				
Smoking does not occur in SAO Center that is a private residence during hours of operation when children are in care	☐	☐	☐	☐
Prior to Enrollment parents of enrolled children are informed that smoking occursin the SAO Center	☐	☐	☐	☐
4-006.29B Alcohol and Controlled Substances: pg. 42-4				
Alcohol is not present in any area used for child care while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on SAO Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on SAO Center premises	☐	☐	☐	☐
4-006.29B Alcohol and Controlled Substances: If located in a private residence: pg. 42-43				
Alcohol is not consumed in area used for SAO Center when children in care are present	☐	☐	☐	☐
Use of/possession of unlawful controlled substances are not on SAO Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on SAO Center premises	☐	☐	☐	☐
Animals and Pets:				
☐ **SCHOOL-AGE-ONLY CENTER DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.29C Animals/Pets: pg. 43				
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
Have provisions to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
During food preparation/serving, pets are not allowed in food preparation/serving/ food storage areas	☐	☐	☐	☐
Licensee complies with local pet ordinances	☐	☐	☐	☐
4-006.29D Prohibited Animals: pg. 43				

Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during during hours of operation	☐	☐	☐	☐
4-006.29E Other Environmental Safety Requirements: pg. 43-44				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while child(ren) in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Electrical outlets within reach of children under the age of 6 are covered with safety caps/ground fault interrupters/or have safety outlets installed	☐	☐	☐	☐
Disposable towelettes/drinking containers/personal care items/towels and washcloths are not shared by children	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
Covered and waterproof containers for soiled or wet clothing are available	☐	☐	☐	☐
Deep freezers that cannot be opened from the inside are locked or stored in locked room	☐	☐	☐	☐
Firearms/potentially hazardous weapons/weapon accessories/ammunition are not on SAO Center premises	☐	☐	☐	☐
4-006.29E Other Environmental Safety Requirements: If located in a private residence: pg. 43-44				
Firearms/potentially hazardous weapons/weapon accessories/ammunition are stored in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and separately from ammunition	☐	☐	☐	☐
4-007.01 Activity Space: pg. 44				
Activity space has furnishings to accommodate all activities/age-appropriate needs of all children/is available for all children, and contains at least 35 square feet of space per child	☐	☐	☐	☐
4-007.02B Water Supply: pg. 45				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐
Non-Public Water & Non-Public Sewage System:				
☐ **SCHOOL-AGE-ONLY CENTER HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-007.02B Water Supply: Non-Public Water: pg. 45				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
4-007.02C Sewer Requirements: Non-Public Sewage System: pg. 45				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐

4-007.03 Outdoor Play Areas: Outdoor play area: pg. 45-46

Accommodates 25% of license capacity with 50 square feet per child	☐	☐	☐	☐
Is clean, safe, contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
Is free of barnyard animals or fowl	☐	☐	☐	☐
Is free of animal waste	☐	☐	☐	☐
4-007.03A Outdoor Play Area: pg. 46				
Equipment is not rusty or have sharp or hazardous edges	☐	☐	☐	☐
4-007.03B Outdoor Play Equipment: pg. 46				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
4-007.03C Playground Surfaces: pg. 46				
Playground surface under climbing equipment is resilient material	☐	☐	☐	☐
4-007.04 Toilets and Sinks: pg. 46				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐
Toilet rooms fully enclosed	☐	☐	☐	☐
Sinks readily available to each toilet area	☐	☐	☐	☐
Sanitary dispensing and disposal units for paper towels are available and at heights convenient for children's use	☐	☐	☐	☐
Toilets/sinks are conveniently located, clean, operable and in good repair	☐	☐	☐	☐
Toilets/sinks are designed for children with special needs, if applicable	☐	☐	☐	☐
Toilets/sinks are of suitable height or safe stepstools are provided	☐	☐	☐	☐
4-007.04A Toilets and Sinks: pg. 46				
Doors opening to the toilet room directly from a food service area are self-closing and tight fitting	☐	☐	☐	☐
4-007.04B Toilets and Sinks: pg. 46				
Adults and children wash hands after using bathroom prior to resuming work or play	☐	☐	☐	☐
4-007.05 Fire Safety: pg. 46				
Licensee maintains fire safety approval	☐	☐	☐	☐
4-007.06 Sanitation: pg. 47				
Licensee maintains sanitation approval	☐	☐	☐	☐
Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐
Other Comments:				

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Child Care Center Short Checklist
Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number _____ **License Capacity:** _____

Ages of Children Served _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual _____ Facility _____ Records

☐ Amendment (Describe) _____

_____

Date(s) Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Child Care Center Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
3-004.06 Notification of Changes: Change:				
In hours/days/age of children reported to department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
3-006.01 Licensee Requirements: The Licensee ensures:				
The Center is administered/managed appropriately	☐	☐	☐	☐
The Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
3-006.02 Director Requirements: The Director:				
Is responsible for day-to-day operations of center	☐	☐	☐	☐
Is responsible for compliance with statutes and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of center	☐	☐	☐	☐
When absent from center, has a designee in charge	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, and concerns, and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the child care center	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own child	☐	☐	☐	☐
Ensures that maximum capacity is not exceeded	☐	☐	☐	☐
Ensures that staff/child ratio is maintained	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
3-006.03C Report of Law Enforcement Contact: The Licensee:				
If individual or partner, completes a Report of Law Enforcement Contact on themselves and update it annually	☐	☐	☐	☐
Obtains a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and updates it annually	☐	☐	☐	☐
3-006.03D Notification of Law Enforcement Contact:				
As soon as Licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and the Licensee/Director requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
3-006.03E Investigations and Repeat Registry Checks:				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult.	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
3-006.03F Health Information Report:				

Licensee/Director submits completed Health Information Reports for self and all staff who are responsible for the supervision of children more than 20 hours a week and updates report annually	☐	☐	☐	☐
3-006.08A Safety Training-Director:				
Centers licensed before May 20, 2013, Director must complete by May 20, 2016, or 3 years from date of hire, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete within 3 years of provisional license date/date of hire and every 5 years	☐	☐	☐	☐
3-006.08B Child Care Management Training-Director:				
Centers licensed before May 20, 2013, Director must complete by May 20, 2018 or 5 years of hire date	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete within 5 years of hire date	☐	☐	☐	☐
3-006.04C Nebraska's Early Learning Guidelines Training-Director:				
Centers licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or 4 years from hire date, and one domain annually until complete	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete one domain within 4 years of hire date and one domain annually until complete	☐	☐	☐	☐
3-006.9A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed	☐	☐	☐	☐
3-006.09B Nebraska's Early Learning Guidelines Training-Teachers:				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
3-006.10A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse, neglect of children and reporting requirements.	☐	☐	☐	☐
Child care center regulations	☐	☐	☐	☐
Evacuation plans in the event of a fire	☐	☐	☐	☐
Safety plans in the event of a tornado	☐	☐	☐	☐
Emergency preparedness in the event of a disaster	☐	☐	☐	☐
Center's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
3-006.10B Nutrition and Food Safety Training: Documentation of:				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2014	☐	☐	☐	☐
3-006.10C Transportation Training:				
Driver hired on/after May 20, 2013 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
3-006.10E CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐

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3-006.11A Staff Records: Records include: (Review 3 records - 1 new hire if available):				
Name, address, telephone number, and Social Security Number of staff	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact, updated annually	☐	☐	☐	☐
Health Information Report, updated annually	☐	☐	☐	☐
Documentation of qualifications for the position	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understand regulations	☐	☐	☐	☐
Documentation of orientation training (effective 5/20/13)	☐	☐	☐	☐
Criminal history record checks in record (effective 5/20/13)	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (effective 5/20/13)	☐	☐	☐	☐
3-006.11C Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (Effective 5/20/13)	☐	☐	☐	☐
3-006.12 Child's Record:				
Child's record is completed before enrollment, current, and available for review	☐	☐	☐	☐
3-006.13 Parent Information Brochure:				
Parent Information Brochure receipt signed, dated and available for review	☐	☐	☐	☐
3-006.14B Center Policies:				
Center policies are available for Department review	☐	☐	☐	☐
3-006.15A Licensed Capacity:				
Licensed capacity is not exceeded	☐	☐	☐	☐
3-006.15B Staffing Requirements:				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Each room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
During nap time at least one teacher is in the room where children are napping and the staff/child ratio is maintained on the center premises	☐	☐	☐	☐
Required number of staff are on premises at all times	☐	☐	☐	☐
3-006.15C Staff-to-Child Ratio:				
The Center is in compliance with required staff-to child ratio	☐	☐	☐	☐
Based on the numbers and ages of children in care, ___ staff needed; ___ staff present	☐	☐	☐	☐
3-006.16A Notification to Parents:				
Parents of ALL enrolled children are notified on the same day licensee is informed of or observes communicable diseases	☐	☐	☐	☐

Licensee/Director posts notice of outbreak in conspicuous place	☐	☐	☐	☐
3-006.16B Confidentiality:				
Licensee/Director/Staff do not release the names of ill child(ren) without permission	☐	☐	☐	☐
3-006.16C Health Authority:				
The Center follows the health authority's directives in the event of a communicable disease outbreak	☐	☐	☐	☐
3-006.17 Children Excluded Due to Illness:				
The Center enforces written policy for exclusion due to illness	☐	☐	☐	☐
3-006.18 Immunizations:				
Immunization record is obtained and available for review within 30 days of enrollment	☐	☐	☐	☐
Immunization record is updated each time a child receives additional immunizations.	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for the child, or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing the child(ren)	☐	☐	☐	☐
3-006.19 Supervision of Children: Staff:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove child(ren) from harm	☐	☐	☐	☐
3-006.19A Permission for Off-Premises Supervision:				
Parents are informed when child(ren) are taken outside premises of center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off center premises is available	☐	☐	☐	☐
3-006.19B Permission for Child to Leave Premises:				
Documentation of written parental permission for the child to leave the center premises to participate in activities not provided by the center, which includes the parent understands the licensee is not responsible for supervision, is available	☐	☐	☐	☐
3-006.20A Discipline:				
Staff use appropriate forms of discipline	☐	☐	☐	☐
3-006.22A Toys, Equipment, and Materials:				
Center has enough age-appropriate toys, equipment and materials	☐	☐	☐	☐
Child(ren) under 3 years do not have access to items that are a choking hazard	☐	☐	☐	☐
3-006.22B Beds, Cribs, and Sleeping Surfaces: (toddlers, pre-school, and school-age children):				
Center provides acceptable beds/cots/cribs/playpens/sofas/sleeping bags/waterproof mats at least one inch thick and 45 inches long	☐	☐	☐	☐
Cribs/Play Pens/ Cots/Mats are separated by 3 feet of space	☐	☐	☐	☐
Cribs/Play Pens/Cots/Mats are disinfected daily or marked for individual use and disinfected weekly and as needed	☐	☐	☐	☐
Infant Care:				
☐ **LICENSEE DOES NOT PROVIDE INFANT CARE. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.22B Beds, Cribs, and Sleeping Surfaces:				
Cribs or playpens are used for infants age 12 months and under for sleeping	☐	☐	☐	☐
Center does not use cots, cushions, futons, mats, or pillows for infants 12 months and under	☐	☐	☐	☐
Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
Playpen mattresses are designed for that playpen and covered with fitted sheet	☐	☐	☐	☐

Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding. Blankets (if used) are secured under the mattress and reach no higher than infant's chest	☐	☐	☐	☐
3-006.23 Infant Care:				
Specific center staff are assigned to all infants in writing	☐	☐	☐	☐
Emotional and physical needs of infants are met consistently and promptly	☐	☐	☐	☐
Infant cries are investigated immediately	☐	☐	☐	☐
Infants are held, talked to and engaged in play daily	☐	☐	☐	☐
Infants under 6 months are held while being fed	☐	☐	☐	☐
Infants not able to hold bottle are held while being fed	☐	☐	☐	☐
Infant bottles are not propped or left with a sleeping infant	☐	☐	☐	☐
High chairs are equipped with three-point safety straps	☐	☐	☐	☐
A signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
Infants are placed on back for sleeping or a medical note, indicating another infant sleeping position signed by a for review by physician, physician's assistant or nurse practitioner is available for review	☐	☐	☐	☐
3-006.23A Infant Care Rooms: The Infant care room:				
Is limited to 12 or fewer children	☐	☐	☐	☐
1 – 4 infants has at least 1 staff	☐	☐	☐	☐
5 – 8 infants has at least 2 staff	☐	☐	☐	☐
9 – 12 infants has at least 3 staff	☐	☐	☐	☐
Contains sufficient equipment to remove infants during emergencies if needed	☐	☐	☐	☐
3-006.23B Diapering and Toileting:				
Diapering procedures are established and followed by all staff	☐	☐	☐	☐
Toilet training is conducted in agreement with the parent	☐	☐	☐	☐
Potty chairs are not present in play or eating areas	☐	☐	☐	☐
Staff properly wash hands after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly wash hands after toileting	☐	☐	☐	☐

Overnight Care:

☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.24 Overnight Care:				
Center staff are awake and alert to the needs of children through the night	☐	☐	☐	☐
Mattresses are waterproof.	☐	☐	☐	☐

Wading and Swimming:

☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.25 Wading and Swimming Activities:				
Children are accompanied, adequately supervised and kept safe during wading/swimming activities while in care	☐	☐	☐	☐
3-006.25A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative pond for swimming or wading activities	☐	☐	☐	☐

3-006.25B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
3-006.25C Permission for Non-Center-Supervised Activities Off the Premises:				
A written and signed statement from a parent that allows child(ren) to leave premises to go swimming and acknowledges the licensee is not responsible for supervision is available for review	☐	☐	☐	☐
3-006.25D Permission for Center-Supervised Activities Off the Premises:				
A written, signed and dated statement from parent giving permission to take the child(ren) swimming off the premises, including location of pool and whether child(ren) can be in water over his/her head, is available and updated annually	☐	☐	☐	☐
3-006.25E Licensure of Swimming Pools:				
Children are taken only to a pool licensed by the Department	☐	☐	☐	☐
3-006.25F Water Safety: When depth of water is over four feet:				
An individual is on duty who has completed a swimming water safety course	☐	☐	☐	☐
Required staff to child ratio is maintained	☐	☐	☐	☐
Above-Ground or In-Ground Swimming Pool on Premises:				
NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.				
3-006.25G Pool on the Premises Not Used by Children in Care:				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
3-006.25H Pool on the Premises Used by Children in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on duty at all times	☐	☐	☐	☐
Required staff-to-child ratio is maintained; ___ staff needed; ___ staff present	☐	☐	☐	☐
Transportation:				
☐ LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.				
3-006.26 Transportation:				
Children are not left alone in the vehicle	☐	☐	☐	☐
Smoking does not occur in the vehicle	☐	☐	☐	☐
Door(s) are locked when the vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Car seats are federally approved and correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are properly restrained in the vehicle	☐	☐	☐	☐
Child(ren) are not transported to any location without prior knowledge of the parent	☐	☐	☐	☐
Child(ren) are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Child(ren) younger than school-age are not transported in bus without required restraint system	☐	☐	☐	☐

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Medications:

☐ **CHILD CARE CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.27A Giving or Applying Medication:				
Staff giving/applying medications know the five rights	☐	☐	☐	☐
3-006.27C Confidentiality:				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
3-006.27D Written Permission and Instructions: Staff:				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parent(s) of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to child(ren) and return/destroy it	☐	☐	☐	☐
3-006.27E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
3-006.27F Hand Washing: Staff properly wash hands:				
Before giving/applying medication	☐	☐	☐	☐
Before and after giving/applying medications, if handling of bodily fluids is involved	☐	☐	☐	☐
3-006.27H Record-Keeping:				
A written record is kept of time and amount of medication given/applied	☐	☐	☐	☐

3-006.29 Food Safety:				
The Center stores, prepares, protects, serves, and disposes of food in a safe and sanitary manner	☐	☐	☐	☐
3-006.29A Storage of Breast Milk and Formula:				
All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen	☐	☐	☐	☐
Unfrozen breast milk is discarded after 48 hours and frozen breast milk is kept in freezer for no more than three months	☐	☐	☐	☐
Formula provided by the licensee is made from commercially prepared products and unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐
3-006.30A Telephone:				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers are prominently posted	☐	☐	☐	☐
3-006.30B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month	☐	☐	☐	☐
At least one fire drill per year is completed during naptime	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
At least one tornado drill per year is completed during naptime	☐	☐	☐	☐
3-006.30C Fire and Tornado Safety Diagrams:				
Include a layout of the child care area and are prominently posted	☐	☐	☐	☐
Explain the evacuation of children with special needs	☐	☐	☐	☐

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3-006.30D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review by the Department	☐	☐	☐	☐
3-006.30E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of any child	☐	☐	☐	☐
Injury to a child that requires hospitalization or treatment at a medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility which results in inability of the licensee to comply with regulations	☐	☐	☐	☐
3-006.30F First Aid Kit:				
Is available on the premises and is inaccessible to children	☐	☐	☐	☐
3-006.31 Environmental Services:				
Every area and building on the entire child care premises complies with regulations. Child care is provided in a safe, clean and comfortable environment	☐	☐	☐	☐
3-006.31A Housekeeping and Maintenance:				
Center and grounds are clean, safe, and in good repair, and free of exposed lead-based paint surfaces	☐	☐	☐	☐
3-006.31B Maintenance of Equipment, Fixtures, Furnishings, and Toys:				
Equipment, fixtures, furnishings, and toys are clean, safe, and in good repair	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
The Center has a process is in place for routine and preventive maintenance of equipment, fixtures, furnishings, and toys	☐	☐	☐	☐
3-006.32A Smoking:				
Smoking does not occur indoors in the Child Care Center	☐	☐	☐	☐
3-006.32B Alcohol and Controlled Substances:				
Alcohol is not present in any area used for child care while children are in care	☐	☐	☐	☐
Use of or possession of unlawful controlled substances not allowed on center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on center premises	☐	☐	☐	☐
Animals:				
☐ **LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONSARE NOT APPLICABLE.**				
3-006.32C Animals/Pets:				
Animals in the center do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations is available	☐	☐	☐	☐
3-006.32D Prohibited Animals:				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation or determined to be dangerous by the Health Authority are not on premises during hours of operation	☐	☐	☐	☐
3-006.32E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription are kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for medications required to be refrigerated	☐	☐	☐	☐

Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
3-007.02B Water Supply:				
Water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
3-007.03C Outdoor Play Equipment:				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
3-007.03D Playground Surfaces:				
Playground surface under climbing equipment, swings, slides and other equipment is made of resilient material	☐	☐	☐	☐
3-007.04 Toilets and Sinks:				
A sufficient number of toilets/ sinks are conveniently located, clean, operable, and in good repair	☐	☐	☐	☐
Doors opening directly to a food service area are self-closing and tight-fitting	☐	☐	☐	☐
Staff and children properly wash hands prior to resuming work or play	☐	☐	☐	☐
3-007.05 Fire Safety:				
Licensee maintains fire safety approval	☐	☐	☐	☐
3-007.06 Sanitation:				
Licensee maintains sanitation approval	☐	☐	☐	☐

Child Care Center Located in the Residence of the Licensee or Another Person:

☐ **CHILD CARE CENTER IS NOT LOCATED IN RESIDENCE OF LICENSEE OR OTHER PERSON. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-004.06 Notification of Changes: Change of household members' age:				
13 and older is reported to Department five working days before date of change	☐	☐	☐	☐
12 or younger is reported to Department within two working days	☐	☐	☐	☐
3-006.03 Criminal History Record Checks:				
Criminal history record check is conducted on new household members age 19 or older, (effective on May 20, 2013)	☐	☐	☐	☐
3-006.03B Registry Checks:				
Child Abuse/Neglect Central Registry check on household members age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Register Check conducted on all household members age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry Checks conducted on new household members age 19 or older, (effective on or after May 20, 2013)	☐	☐	☐	☐
Any household member listed as a "perpetrator" on Child Abuse/Neglect, Adult Protective Services, and/or Nebraska State Patrol Sex Offender Registry is not on the premises during hours of operation	☐	☐	☐	☐
3-006.03D Notification of Law Enforcement Contact:				
Licensee reports law enforcement contact on household member to the Department as soon as he/she is made aware	☐	☐	☐	☐

Non-Public Water or Non-Public Sewer System:

☐ **CHILD CARE CENTER HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-007.02B Water Supply: Non-Public Water:				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
3-007.02C Sewer Requirements: Non-Public Sewage System:				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality Regulations	☐	☐	☐	☐
Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐
Other Regulations Evaluated and/or Comments:				

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FCCH I and FCCH II Short Checklist
Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Type: _____ **License Number:** _____ **License Capacity** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

Alternative Compliance Requested: ☐ Yes ☐ No

Type of Inspection: ☐ Annual

☐ Amendment (Describe): _____

Date Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
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	In Compliance	Not In Compliance	Not Applicable	Not Observed
1-006.01/2-006.01 Licensee Qualifications & Requirements: The licensee:				
Is responsible for day-to-day operation	☐	☐	☐	☐
Has read, understands and is familiar with regulations	☐	☐	☐	☐
Is in compliance with all regulations whenever child(ren) are in care	☐	☐	☐	☐
Allows parents immediate and unlimited access to their child(ren)	☐	☐	☐	☐
Allows access to the premises by agent or employee of the Department	☐	☐	☐	☐
Does not knowingly allow an individual to be on the premises that has been convicted of, admitted to, or there was substantial evidence of, crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her child	☐	☐	☐	☐
Immediately reports suspected child abuse/neglect or sexual abuse of a child	☐	☐	☐	☐
1-006.02C/2-006.02C Reports of Law Enforcement Contact:				
The applicant / licensee completes a Report of Law Enforcement contact on him/herself and obtains a completed report for each staff member, volunteer, and household member. Each report is updated, signed, and dated annually	☐	☐	☐	☐
1-006.02F/2-006.02F Health Information Report:				
Licensee updates Health Information Report annually	☐	☐	☐	☐
2-006.03A Primary Provider: FCCH II ONLY				
Is at least 19 years of age	☐	☐	☐	☐
Is of good moral character	☐	☐	☐	☐
Does not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
Is on the child care premises sufficient hours to permit adequate attention to the management of the program	☐	☐	☐	☐
Has read, understands, and is familiar with the regulations	☐	☐	☐	☐
1-006.04B Safety Training:				
Programs licensed before May 20, 2013, provider must complete by May 20, 2016 and every 5 years	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 3 years of provisional license date and every 5 years	☐	☐	☐	☐
1-006.04C/2-006.04C Business Management Training:				
Programs licensed before May 20, 2013, provider must complete by May 20, 2018	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 5 years of provisional license date	☐	☐	☐	☐
1-006.04D/2-006.04D/2-006.04D Nebraska's Early Learning Guidelines Training:				
Programs licensed before May 20, 2013, provider must complete one domain by May 20, 2017 and one domain annually until complete	☐	☐	☐	☐
Programs licensed before May 20, 2013, provider must complete one domain within 4 years of provisional license date and one domain annually until complete	☐	☐	☐	☐

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1-006.04E/2-006.04E Annual Training:	☐	☐	☐	☐
Primary Provider obtains 12 clock hours of in-service training in previous calendar year and documentation is available	☐	☐	☐	☐
Each staff working more than 20 hours each week obtained 12 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
Each staff working 20 hours or less each week obtained 6 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
1-006.04F /2-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training:	☐	☐	☐	☐
The licensee / primary provider maintains current CPR and First Aid training and documentation is available for review	☐	☐	☐	☐
1-006.05A/2-006.05A Primary Provider and Staff: Records include, except substitutes and volunteers:				
Name, Address, Telephone number, Social Security number, and Hire/termination date	☐	☐	☐	☐
Report of Law Enforcement Contact is updated annually	☐	☐	☐	☐
Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
Documentation of Registry checks with no adverse findings.	☐	☐	☐	☐
Health Information Report (if works more than 20 hours/wk.)	☐	☐	☐	☐
Documentation of required training	☐	☐	☐	☐
1-006.06/2-006.06 Child's Record:				
Is completed before enrollment, kept current, and available for review by the Department	☐	☐	☐	☐
1-006.07/2-006.07 Parent Information brochure:				
Parent Information Brochure receipt signed, dated, and available for review	☐	☐	☐	☐
1-006.08A/2-006.08A Licensed Capacity:				
Licensee does not exceed license capacity	☐	☐	☐	☐
1-006.08B-006.08B Staff-to-Child Ratio:				
Licensee is in compliance with staff-to-child ratio	☐	☐	☐	☐
1-006.09A/2-006.09A Notification to Parents: The licensee:				
Notifies parents of ALL enrolled children on the same day licensee is informed of or observes the communicable disease	☐	☐	☐	☐
Posts notice of an outbreak in conspicuous place	☐	☐	☐	☐
1-006.09C/2-006.09C Health Authority:				
Licensee follows the health authority's directives in event of a communicable disease outbreak	☐	☐	☐	☐
1-006.10/2-006.10 Children Excluded Due to Illness:				
Licensee enforces written policy for exclusion of care due to illness	☐	☐	☐	☐
1-006.11/2-006.11 Immunizations:				
Immunization record for each child is obtained within 30 days of enrollment and is available for review	☐	☐	☐	☐
Immunization record is updated each time a child receives additional immunizations	☐	☐	☐	☐
Certification by medical personnel that immunization is not appropriate for the child; or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing the child(ren), if no immunization record	☐	☐	☐	☐
1-006.12-006.12 Supervision of Children: The Licensee:				
Knows whereabouts and is within sight or sound of all children at all times	☐	☐	☐	☐

FCCH I and FCCH II Short Checklist

Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protects or removes children from harm	☐	☐	☐	☐
1-006.12A/2-006.12A Supervision in the Absence of the Primary Provider: Substitutes:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
If a substitute is used, parents are notified in advance except in an emergency situation	☐	☐	☐	☐
1-006.12B/2-006.12B Permission for Off-Premises Supervision:				
Documentation of written parent permission to take children off-premises is available for review	☐	☐	☐	☐
1-006.12C/2-006.12C Permission for Child to Leave Premises:				
Written permission from parent for child to leave the premises, which includes the parent understands the licensee is not responsible for supervision, is available for review by the Department	☐	☐	☐	☐
1-006.12D1/2-006.12D1 Supervision During Outdoor Play with Fenced Play Area:				
In fenced area children under 2 years are accompanied and supervised and children 2 years of age or older are supervised at all times	☐	☐	☐	☐
1-006.12D2/2-006.12D2 Supervision During Outdoor Play with Unfenced Play Area:				
In unfenced area children under 4 years are accompanied and supervised and children 4 years of age or older are supervised at all times	☐	☐	☐	☐
1-006.13/2-006.13 Discipline:				
Provider uses appropriate methods of discipline	☐	☐	☐	☐
1-006.15A/2-006.15A Toys, Equipment and Materials:				
Licensee has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) under 3 years of age do not have access to items that are a choking hazard	☐	☐	☐	☐
1-006.15B/2-006.15B Beds, Cribs, and Sleeping Surfaces:				
For all Children, licensee provides acceptable bed/cot/crib/playpen/sofa/sleeping bag/waterproof mat	☐	☐	☐	☐
Cribs or playpens are used for infants age 12 months and under for sleeping	☐	☐	☐	☐
Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
Playpen mattresses are designed for that playpen and covered with a fitted sheet	☐	☐	☐	☐
Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding. If used, blankets are secured under mattress of crib or playpen, and reach no higher than the chest of the infant	☐	☐	☐	☐
1-006.16/2-006.16 Infant/Toddler Care:				
Infant cries are investigated immediately	☐	☐	☐	☐
Infants are held, talked to, and are engaged in play every day	☐	☐	☐	☐
Infants under 6 months of age, or those not yet able to hold their own bottles, are held when fed and Infant bottles are not propped and are removed from sleeping infants	☐	☐	☐	☐
High chairs are equipped with three-point safety straps	☐	☐	☐	☐
A signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
Infants are placed on their back for sleeping or a medical note by physician, physician's assistant or nurse practitioner indicating another sleeping position, is available for review	☐	☐	☐	☐
1-006.16A/2-006.16A Diapering and Toileting:				
Diapering procedures are established and followed	☐	☐	☐	☐

Toilet training is done in agreement with the parent	☐	☐	☐	☐
Potty chairs are not present in play or eating areas	☐	☐	☐	☐
Licensee properly washes hands after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly wash hands after toileting	☐	☐	☐	☐

Overnight Child Care:

☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00PM AND 6:00 AM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.17/2-006.17 Overnight Care:				
Licensee is awake until all children are asleep and sleeps on the same level as children	☐	☐	☐	☐
A portable fire extinguisher with minimum rating 2A10BC is located in licensee/staff sleeping room	☐	☐	☐	☐
Adequate smoke detection is present in sleeping room(s)	☐	☐	☐	☐
Fire extinguisher is properly maintained according to state fire code	☐	☐	☐	☐

Children Engage in Wading/Swimming Activities:

☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.18A/2-006.18A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tank, or decorative pond for wading or swimming activities	☐	☐	☐	☐
1-006.18B/2-006.18B Wading:				
Children are accompanied/directly supervised during wading and other water play	☐	☐	☐	☐
The wading pool is drained and sanitized daily and inaccessible when not in use	☐	☐	☐	☐
1-006.18C/2-006.18C Permission for Non-Licensee-Supervised Activities Off the Premises:				
Written and signed permission from parent to swim off premises is available for review and includes parent acknowledgement that licensee is not responsible for supervision when swimming off premises	☐	☐	☐	☐
1-006.18D/2-006.18D Permission for Licensee-Supervised Activities Off the Premises:				
A written, signed, and dated statement from a parent giving permission to take child swimming off premises, including location of pool and whether child(ren) can be in water over his/her head, is available for review and updated annually	☐	☐	☐	☐
1-006.18/2-006.18E Licensure of Swimming Pools:				
Children are taken only to a pool licensed by the Department	☐	☐	☐	☐
1-006.18F/2-006.18F Water Safety: When depth of the water is over four feet:				
An individual is on duty at all times who has satisfactorily completed swimming water safety course	☐	☐	☐	☐

Above-Ground Pool or In-ground Swimming Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.18G/2-006.18G Pool on the Premises Not Used by Children in Care:				
The pool enclosed by fence that is 4 feet high and flush with the ground	☐	☐	☐	☐
Above ground pool has non-climbable walls	☐	☐	☐	☐
If covered, the licensee uses manufacturer's recommended cover	☐	☐	☐	☐
Rescue equipment is readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
1-006.18H/2-006.18H Pool on the Premises Used by Children in Care:				

Pool has a permit issued by the Department	☐	☐	☐	☐
If over 4 ft. deep, a person who has completed a water safety course is on duty at all times	☐	☐	☐	☐
Staff to child ratio is maintained	☐	☐	☐	☐

Transportation:

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.19/2-006.19 Transportation:				
Children are not left alone in the vehicle	☐	☐	☐	☐
No smoking in the vehicle when children are transported	☐	☐	☐	☐
The vehicle doors are locked when the vehicle is in motion	☐	☐	☐	☐
The driver has current and valid driver's license for type of vehicle used to transport	☐	☐	☐	☐
The vehicle is properly registered, has a first aid kit, and has parent contact information for each child transported	☐	☐	☐	☐
The number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved and correct for child's age or developmental level	☐	☐	☐	☐
Permission to transport from the parent is available for review by the Department	☐	☐	☐	☐
Child(ren) are transported only with the prior knowledge of the parent	☐	☐	☐	☐

Medications:

☐ **LICENSEE DOES NOT GIVE OR APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.20A/2-006.20A Giving or Applying Medication:				
Licensee/Staff giving/applying medications know the five rights	☐	☐	☐	☐
1-006.20D/2-006.20D Written Permission and Instructions: Licensee/Staff:				
Inform parents of errors in the giving or applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label of medications.	☐	☐	☐	☐
Do not give expired medications and return/destroy it	☐	☐	☐	☐
1-006.20E/2-006.20E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
1-006.20F/2-006.20F Hand Washing: Licensee / staff properly wash hands:				
Before giving/applying medication	☐	☐	☐	☐
Before and after giving/applying medications if handling of bodily fluids is involved	☐	☐	☐	☐
1-006.20H/2-006.20H Record-Keeping:				
Licensee maintains a records of time and amount of medication given or applied	☐	☐	☐	☐

1-006.22/2-006.22 Food Safety:				
The licensee stores, prepares, protects, serves, and disposes of food in a safe and sanitary manner	☐	☐	☐	☐
Individuals handling food properly wash their hands before and after handling food	☐	☐	☐	☐
All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen	☐	☐	☐	☐

FCCH I and FCCH II Short Checklist

All food preparation areas are easily cleanable and in good repair	☐	☐	☐	☐
All utensils, equipment, and food storage areas are clean and in good repair	☐	☐	☐	☐
All dishes and utensils are properly washed, rinsed, sanitized, and air dried	☐	☐	☐	☐
1-006.23A/2-006.23A Telephone:				
A working telephone is available on the premises at all times	☐	☐	☐	☐
Emergency numbers area prominently posted	☐	☐	☐	☐
1-006.23B/2-006.23B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month	☐	☐	☐	☐
Tornado drills conducted with children four times March through September	☐	☐	☐	☐
1-006.23C/2-006.23C Fire and Tornado Safety Diagrams:				
Show the layout of child care area and are prominently posted/visible	☐	☐	☐	☐
Explain the evacuation plan for children with special needs	☐	☐	☐	☐
1-006.23D/2-006.23D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review	☐	☐	☐	☐
1-006.23E/2-006.23E Notification of Emergencies: Licensee notifies Department within 24 hours or the next business day of:				
A death of any child	☐	☐	☐	☐
Any accident/injury to a child which requires hospitalization or treatment at medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off the premises	☐	☐	☐	☐
Any damage to the facility that results in the inability of the licensee to comply with regulations	☐	☐	☐	☐
1-006.23F/2-006.23F First Aid Kit:				
Is available on premises and inaccessible to children	☐	☐	☐	☐
1-006.242-006.24 Environmental Services:				
Every area and building, including accessible outbuildings on the premises, is in compliance with regulations. Childcare is provided in safe, clean, and comfortable environment	☐	☐	☐	☐
1-006.24A2-006.24A Housekeeping and Maintenance:				
The licensee provides the necessary housekeeping and maintenance to protect the health and safety of the children in care. The child care home and grounds are kept clean, safe, and in good repair	☐	☐	☐	☐
1-006.24B2-006.24B Maintenance of Equipment, Fixtures, Furnishings, and Toys:				
Equipment, fixtures, toys kept clean, safe, and in good repair	☐	☐	☐	☐
Furniture/equipment do not interfere with or block exits	☐	☐	☐	☐
1-006.25A/2-006.25A Smoking:				
Smoking does not occur indoors in child care home during hours of operation	☐	☐	☐	☐
Parent(s) are notified prior to enrollment that licensee or household member smokes	☐	☐	☐	☐
1-006.25B/2-006.25B Alcohol and Controlled Substances:				
Alcohol is not consumed in the area used for child care when children are in care	☐	☐	☐	☐
If not a private residence, alcohol is not present in area used for childcare when child(ren) are in care	☐	☐	☐	☐
There is no evidence of controlled substance not legally prescribed on premises	☐	☐	☐	☐

Department of Health & Human Services
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Animals and Pets:

☐ **LICENSEE DOES NOT HAVE ANIMALS/PETS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.25C/2-006.25C Animals/Pets:				
Any animal in the home does not negatively affect child(ren)	☐	☐	☐	☐
Pet(s) are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations is available	☐	☐	☐	☐
1-006.25D/2-006.25D Prohibited Animals:				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Any animal that has bitten or attacked someone without provocation or is determined to be dangerous by the Health Authority is not on premises during hours of operation	☐	☐	☐	☐

1-006.25E/2-006.25E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges/mold/dirt/or other conditions that may pose a potential risk	☐	☐	☐	☐
Cleaning agents and poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for refrigerated medications	☐	☐	☐	☐
Firearms, weapons, accessories, and ammunition are kept in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and ammunition is stored separate from firearms	☐	☐	☐	☐
1-007.02A/2-007.02A Water Supply:				
Is accessible, adequate, and safe	☐	☐	☐	☐
Hot water temperature is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
1-007.03/2-007.03 Outdoor Play Areas:				
Outdoor play areas are clean, safe, and contain no accident hazards, debris, or stagnant water	☐	☐	☐	☐
1-007.06 Toilets and Sinks:				
Toilets and sinks are conveniently located, clean, and in good repair	☐	☐	☐	☐
1-007.07/2-007.07 Fire Safety: Fire Approval is maintained and:				
The Facility has two unblocked exits approved by the State Fire Marshall	☐	☐	☐	☐
Furnaces, wood burning stoves, and heaters are inaccessible to children when used	☐	☐	☐	☐
Candles/incense are not used while children are in care	☐	☐	☐	☐
Open flames are not present while children in are in care	☐	☐	☐	☐
All storage areas are free of excessively combustible or highly flammable materials	☐	☐	☐	☐
Smoke detectors are properly mounted and operable	☐	☐	☐	☐

Non-Public Water & Non-Public Sewage System:

☐ **LICENSEE HAS PUBLIC WATER AND PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-007.02A/2-007.02A Water Supply:				
Non-Public water is tested annually and results available for review	☐	☐	☐	☐
1-007.02B/2-007.02B Sewer Requirements: Non-Public Sewage System:				
If the licensee uses a non-public sewage system, there is no evidence of open sewage discharge on premises	☐	☐	☐	☐

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Neb. Rev. Stat. § 71-1911.03 Proof of Child Care Liability Insurance:

The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Regulations Evaluated and/or Comments:

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Preschool Short Checklist

Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Preschool Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
5-006.01 Licensee Requirements: Licensee ensures:				
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
5-006.02 Director Requirements: Director:				
Is responsible for day-to-day operations of Preschool	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Ensures maximum capacity of the Preschool is not exceeded at any time	☐	☐	☐	☐
Ensures staff-to-child ratios are met at all times	☐	☐	☐	☐
5-006.03A Criminal History Record Checks: Licensee:				
Must complete pre-employment criminal history record checks on him/herself, each staff member or volunteer age 19 or older, and on each household member age 19 or older (if the Preschool is located in a private residence)	☐	☐	☐	☐
5-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if Preschool is located in a private residence), are not listed as a perpetrator on:				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
5-006.03C Report of Law Enforcement Contact: Licensee:				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff, volunteers, and household members (if Preschool is in a private residence), age 19 years or older, and updated annually	☐	☐	☐	☐
5-006.03D Notification of Law Enforcement Contact:				
As soon as licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if Preschool located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
5-006.03 F Health Information Report: Licensee/Director:				
Obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
5-006.07A Safety Training-Directors:				
Preschools licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or within 3 years of hire date, and every 5 years	☐	☐	☐	☐
Preschools licensed before May 20, 2013, Director must complete child abuse/neglect/reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
5-006.07B Nebraska's Early Learning Guidelines Training-Directors:				
Preschools licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or within 4 years of hire date, and one domain annually	☐	☐	☐	☐
Preschools licensed on or after May 20, 2013, Director must complete one domain within 4 years of provisional/hire date, and one domain annually	☐	☐	☐	☐
5-008A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed all four hours	☐	☐	☐	☐

Preschool Short Checklist

5-008B Nebraska's Early Learning Guidelines Training-Teachers:				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
5-006.09A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse, neglect and sexual abuse of children and reporting requirements	☐	☐	☐	☐
Preschool regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
Preschool's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
5-006.09B Transportation Training: Driver:				
Hired on/after 5/20/13 has completed required training within 90 days of employment	☐	☐	☐	☐
Hired before 5/20/13 has completed required training within one year	☐	☐	☐	☐
Has current CPR and First Aid certification	☐	☐	☐	☐
5-006.09C Annual Training of Direct Care Staff: Staff who work:				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or fewer hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
5-006.09D CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
5-006.10A Staff Records: Records include:				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10B Substitute Records: Records include:				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐

Preschool Short Checklist

Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Documentation substitute has read and understands the regulations	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10C Uncompensated Parent Helpers & Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.11 Child's Record: Child's record:				
Is completed before enrollment, for children enrolled, current and available for review	☐	☐	☐	☐
5-006.14B Staffing Requirements:				
At least 50% of Preschool staff meets teacher qualifications	☐	☐	☐	☐
Each room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
5-006.14C Staff-to-Child Ratio:				
Preschool in compliance with required staff-to-child ratio; or	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
5-006.15A Notification to Parents:				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
5-006.15B Confidentiality:				
Licensee does not release name of ill children without permission	☐	☐	☐	☐
5-006.15C Health Authority:				
Licensee follows health authority's directives	☐	☐	☐	☐
5-006.16 Children Excluded Due to Illness: Preschool:				
Enforces written policy for exclusion due to illness	☐	☐	☐	☐
5-006.17 Immunizations:				
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up-to-date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
5-006.18 Supervision of Children:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐

Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove child(ren) from harm	☐	☐	☐	☐
5-006.19 Discipline:				
Staff use appropriate discipline at all times	☐	☐	☐	☐

Wading and Swimming:

☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.22 Wading and Swimming Activities:				
Children are accompanied, adequately supervised, and kept safe during wading/swimming	☐	☐	☐	☐
5-006.22A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
5-006.22B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and are not accessible to children when not in use	☐	☐	☐	☐
5-006.22C Permission for Non-Preschool-Supervised Activities Off the Premises:				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
5-006.22D Permission for Preschool-Supervised Activities Off the Premises:				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of swimming pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
5-006.22E Licensure of Swimming Pools:				
Preschool only takes child(ren) to swim in a pool licensed by the Department	☐	☐	☐	☐
5-006.22F Water Safety:				
An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.22G Pool on the Premises Not Used by Preschool:				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
5-006.22H Pool on the Premises Used by Preschool in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				

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Transportation::

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.23 Transportation:

Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 19 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for the child's age & developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Medications:

☐ **PRESCHOOL DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.24A Giving or Applying Medication: Staff give/apply:

Medications know the Five Rights	☐	☐	☐	☐

5-006.24C Confidentiality:

Staff do not disclose information about children's medication, physical or mental condition	☐	☐	☐	☐

5-006.24D Written Permission and Instructions: Staff:

Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medications	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to child(ren) and return/destroy it	☐	☐	☐	☐

5-006.24E Unusual Circumstances: Medication given/applied:

As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐

5-006.24F Hand Washing:

Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medications	☐	☐	☐	☐

5-006.24G Storage:

All prescription/non-prescription medications, including emergency medications are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐

Medications are kept in original container, stored according to instruction, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
5-006.24H Record-Keeping:				
Written record of time and amount of medication given or applied	☐	☐	☐	☐
5-006.25A Telephone:				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
5-006.25B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month Preschool is in session	☐	☐	☐	☐
Tornado drills conducted 2 times per year between March and September	☐	☐	☐	☐
5-006.25C Fire and Tornado Safety Diagrams:				
Fire and tornado safety diagrams include layout of Preschool area and are prominently posted/visible	☐	☐	☐	☐
Fire safety/Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
5-006.25D Disaster Preparedness:				
Written Disaster Preparedness Plan available for review by the Department	☐	☐	☐	☐
5-006.25E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulation	☐	☐	☐	☐
5-006.25F First Aid Kit: First Aid Kit:				
Is available on premises and inaccessible to children	☐	☐	☐	☐
5-006.26 Environmental Services:				
Every area and building on the entire Preschool premises complies with regulations. Preschool is provided in a safe, clean and comfortable environment	☐	☐	☐	☐
5-006.26A Housekeeping and Maintenance:				
Preschool and grounds are clean, safe, in good repair, and free of lead-based paint surfaces	☐	☐	☐	☐
5-006.26B Maintenance of Equipment, Fixtures, Furnishings and Toys:				
Process in place for routine and preventive maintenance of materials, equipment, fixtures, furnishings	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings do not have sharp edges, rust, or loose parts	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
5-006.27A Smoking:				
Smoking does not occur indoors in the Preschool	☐	☐	☐	☐
5-006.27B Alcohol and Controlled Substances:				
Alcohol is not present in any area used for Preschool while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on Preschool premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on Preschool premises	☐	☐	☐	☐
Animals and Pets:				
☐ **LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				

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5-006.27C Animals/Pets:				
Animals in Preschool do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
5-006.27D Prohibited Animals:				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during hours of operation	☐	☐	☐	☐

5-006.27E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges, mold, dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while children are in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided	☐	☐	☐	☐
5-007.02B Water Supply:				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐

Non-Public Water & Non-Public Sewage System:

☐ **PRESCHOOL HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-007.02B Water Supply: Non-Public Water:				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
5-007.02C Sewer Requirements: Non-Public Sewage System:				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐

5-007.03A Outdoor Play Equipment:				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
Equipment is free of rust, and sharp hazardous edges	☐	☐	☐	☐
5-007.03B Playground Surfaces:				
Playground surface under climbing equipment is resilient material	☐	☐	☐	☐
5-007.04 Toilets and Sinks:				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐

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Toilets/sinks are conveniently located, clean, operable, in good repair and designed for children with special needs, (if applicable)	☐	☐	☐	☐
Doors opening to the toilet room directly from a food service area are self-closing and tight fitting	☐	☐	☐	☐
Adults and children wash hands after using bathroom prior to resuming work or play	☐	☐	☐	☐
5-007.05 Fire Safety:				
Licensee maintains fire safety approval	☐	☐	☐	☐
Neb. Rev. Stat. §71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

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Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number _____ **License Capacity:** _____

Ages of Children Served _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual _____ Facility _____ Records

☐ Amendment (Describe) _____

_____

Date(s) Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

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	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.06 Notification of Changes: Change:				
Of location, building, or building usage reported to the Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to the Department five working days before date of change	☐	☐	☐	☐
In director reported to the Department within two working days	☐	☐	☐	☐
4-006.01 Licensee Requirements: The Licensee ensures:				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
4-006.02 Director Requirements: The Director:				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with statutes and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
Has a designee in charge when absent from the center	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO center	☐	☐	☐	☐
Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐
4-006.03B Registry Checks:				
Child Abuse/Neglect Central Registry check on staff, volunteers, and household members age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Register Check conducted on all staff, volunteers, and household members age 19 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry Checks conducted on staff, volunteers and household members, age 19 or older (effective May 20, 2013)	☐	☐	☐	☐
Any person listed as a "perpetrator" on Child Abuse/Neglect, Adult Protective Services, and/or Nebraska State Patrol Sex Offender Registry is not on the premises during hours of operation except a parent only to pick up / drop off his/her child(ren).	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: The Licensee:				
Completes a Report of Law Enforcement Contact on themselves and updates it annually	☐	☐	☐	☐
Obtains a completed Report of Law Enforcement Contact for each staff, volunteer, and household member age 19 years or older, and updates it annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact:				

As soon as Licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and the licensee/Director requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks:				
Licensee reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child or vulnerable adult are not left alone with children.	☐	☐	☐	☐
4-006.07A Safety Training-Directors:				
Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006.08A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.09A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect of children and reporting requirements	☐	☐	☐	☐
SAO center regulations	☐	☐	☐	☐
Evacuation plans in the event of a fire	☐	☐	☐	☐
Safety plans in the event of a tornado	☐	☐	☐	☐
Emergency preparedness in the event of a disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
4-006.09B Nutrition and Food Safety Training:				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2014.	☐	☐	☐	☐
4-006.09C Transportation Training:				
Driver hired on/after May 20, 2013 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09E CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10A Staff Records: Records include:				
Name, address, telephone number, and Social Security Number of staff	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐

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Documentation of staff qualifications for the position	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understand regulations	☐	☐	☐	☐
Documentation of orientation training (effective 5/20/13)	☐	☐	☐	☐
Criminal history record checks (effective 5/20/13)	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (effective 5/20/13)	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry with no adverse finding	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (Effective 5/20/13)	☐	☐	☐	☐
4-006.11 Child's Record: Child's record:				
Is completed before enrollment, current, and available for review	☐	☐	☐	☐
4-006.12 Parent Information Brochure:				
Parent Information Brochure receipt signed, dated, and available for review	☐	☐	☐	☐
4-006.13B Center Policies:				
SAO Center policies are available for Department review	☐	☐	☐	☐
4-006.14A Licensed Capacity:				
Licensed capacity is not exceeded	☐	☐	☐	☐
4-006.14B Staffing Requirements:				
Staff are awake and alert to the needs of children at all times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio:				
SAO Center is in compliance with required staff-to child ratio	☐	☐	☐	☐
Based on the numbers and ages of children in care; _____staff needed; _____ staff present	☐	☐	☐	☐
4-006.15A Notification to Parents:				
Parents of ALL enrolled children are notified on the same day licensee is informed of or observes illness	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality:				
Licensee does not release the name of ill child(ren) without permission	☐	☐	☐	☐
4-006.15C Health Authority:				
Licensee follows the health authority's directives in the event of a communicable disease outbreak	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness:				
SAO Center enforces written policy for exclusion due to illness	☐	☐	☐	☐
4-006.17 Immunizations:				
Immunization record is updated each time a child receives additional immunizations	☐	☐	☐	☐

Certification by accepted medical personnel that immunization was not appropriate for child; or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision:				
Parents are informed when child(ren) are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises:				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center, which includes the parent understands the licensee is not responsible for supervision is available for review	☐	☐	☐	☐
4-006.19 Discipline:				
Staff use appropriate forms of discipline	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials:				
SAO Center has enough age-appropriate equipment and materials	☐	☐	☐	☐
Wading and Swimming:				
☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities:				
Children are accompanied, adequately supervised, and kept safe during wading/swimming activities while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds for swimming or wading activities	☐	☐	☐	☐
4-006.22B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities off the Premises:				
A written and signed statement from a parent that allows child(ren) to leave premises to go swimming and acknowledges the licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
4-006.2D Permission for Center-Supervised Activities off the Premises:				
A written, signed and dated statement from a parent giving permission to take the child(ren) swimming off the premises which includes, location of pool and whether child(ren) can be in water over his/her head, is available for review and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools:				
Child(ren) are taken only to a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: When depth of water is over four feet:				
An individual is on duty who has completed a swimming water safety course	☐	☐	☐	☐
Required staff-to-child ratio is maintained.	☐	☐	☐	☐

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School-Age-Only Short Checklist

Above-Ground or In-Ground Swimming Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.22G Pool on the Premises Not Used by Children in Care:				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
4-006.22H Pool on the Premises Used by Children in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety is on duty at all times	☐	☐	☐	☐
Required staff-to child ratio is maintained; _____staff needed; ____ staff present	☐	☐	☐	☐

Transportation:

☐ **SCHOOL AGE ONLY CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.23 Transportation:				
Transportation policy is available to staff who transport, parents, and the Department	☐	☐	☐	☐
Transportation Policy describes: restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident/or other emergencies	☐	☐	☐	☐
Children are not left alone in the vehicle	☐	☐	☐	☐
Smoking does not occur in the vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved and correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Child(ren) are not transported to any location without prior knowledge of parent	☐	☐	☐	☐

Medications:

☐ **SCHOOL-AGE-ONLY CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPPLICABLE.**

4-006.24A Giving or Applying Medication:				
Staff giving or applying medications know the five rights	☐	☐	☐	☐
4-00614C Confidentiality:				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff:				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐

Comply with parent instructions or inform parent the medication will not be given / applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: Staff properly wash hands:				
Before giving/applying medications	☐	☐	☐	☐
Before and after giving/applying medications if bodily fluids involved	☐	☐	☐	☐
4-006.24H Record-Keeping:				
A written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.25 Food Service: Meals and snacks:				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meet USDA requirements and a weekly menu is provided to parent(s) upon request	☐	☐	☐	☐
If provided by a parent, are supplemented to meet USDA guidelines or a statement from a physician must be available indicating it is acceptable for the child to be served a snack/ meal that does not meet USDA requirements	☐	☐	☐	☐
4-006.26 Food Safety:				
The licensee stores, prepares, protects, serves, and disposes of food in a safe and sanitary manner	☐	☐	☐	☐
4-006.27A Telephone:				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers are prominently posted.	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams:				
Include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Explain the evacuation plan for children with special needs	☐	☐	☐	☐
4-006.27D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review by the Department	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of child	☐	☐	☐	☐
Any accident/injury to child that requires hospitalization or treatment at a medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility resulting in the inability of the licensee to comply with regulations	☐	☐	☐	☐

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School-Age-Only Short Checklist

4-006.27F First Aid Kit:				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
4-006.28 Environmental Services:				
Every area and building on the entire SAO center premises complies with regulations. Child care is provided in a safe, clean, and comfortable environment	☐	☐	☐	☐
4-006.28A Housekeeping and Maintenance:				
SAO Center and grounds are clean, safe, and in good repair and free of exposed lead-based paint surfaces	☐	☐	☐	☐
4-006.28B Maintenance of Materials, Equipment Fixtures, Furnishings:				
Materials, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Furniture and equipment do not interfere with or block exits.	☐	☐	☐	☐
The SAO Center has a process in place for routine and preventive maintenance of materials, equipment fixtures, and furnishings	☐	☐	☐	☐
4-005.29A Smoking:				
Smoking does not occur indoors in the SAO Center	☐	☐	☐	☐
4-006.29B Alcohol and Controlled Substances:				
Alcohol is not present in any area used for child care while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on SAO Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on SAO Center premises	☐	☐	☐	☐
Animals:				
☐ **LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.29C Animals/Pets:				
Animals in the SAO center do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations is available	☐	☐	☐	☐
4-006.29D Prohibited Animals:				
Exotic/unusual animals are not on the premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation or determined to be dangerous by the Health Authority, are not on premises during hours of operation	☐	☐	☐	☐
4-006.29E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while children in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for medications required to be refrigerated	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
4-007.02B Water Supply:				
Water temperature is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
4-007.03B Outdoor Play Equipment:				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐

Swing seats are made of pliable material	☐	☐	☐	☐
4-007.03C Playground Surfaces:				
The playground surface under climbing equipment, swings, slides, and other equipment, is made of resilient material	☐	☐	☐	☐
4-007.04 Toilets and Sinks:				
A sufficient number of operable toilets and sinks are conveniently located, clean, and in good repair	☐	☐	☐	☐
4-007.05 Fire Safety:				
Licensee maintains fire safety approval	☐	☐	☐	☐
4-007.06 Sanitation:				
Licensee maintains sanitation approval	☐	☐	☐	☐
Neb. Rev. Stat. § 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Regulations Evaluated and/or Comments:

DELEGATED DISPENSING PERMIT INSPECTION REPORT FOR PUBLIC HEALTH CLINICS

Clinic Name:_____

Clinic Address:_____

City, State, Zip:_____ Phone: _____

Initial Inspection: ☐ Annual Inspection: ☐ Re-Inspection: ☐

Delegated Dispensing Permit Number: #_____ Exp. Date:_____

Permit displayed: Yes ☐ No ☐

Agency or Owner(s) Name: _____

Agency or Owner(s) Address: _____

City, State, Zip:_____

Delegating Pharmacist:_____ License Number: #_____ Phone:_____

Delegating Pharmacist E-mail Address:_____

Clinic Hours:_____

Dispensing Area Hours:_____

Clinic Dispensing Staff/Position	License Number	Current
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐
	#	Y ☐ N ☐

Delegated Dispensing Permit Inspection Report for Public Health Clinics
Permit: Date of Inspection:

P = Pass **F = Fail** **NA = Not Applicable**

Section	**Description**	P	F	NA
004.01A1	Photocopy of current RP license(s) on file	☐	☐	☐
004.01A2	RP availability sign	☐	☐	☐
004.01A3	Name of Consultant pharmacist:	☐	☐	☐
004.01A4	Adequate security	☐	☐	☐
004.01A5	Adequate environmental controls	☐	☐	☐
004.01A6	Adequate lighting	☐	☐	☐
004.01A7	Adequate cleaning area	☐	☐	☐
004.01A8	Cleanliness and sanitation maintained	☐	☐	☐
004.01A9	Appropriate library references	☐	☐	☐
004.01A10	Poison Control Center phone number posted	☐	☐	☐
004.01A11	Three spatulas and one counting tray	☐	☐	☐
004.01A12	Adequate refrigeration if needed	☐	☐	☐
004.01A13	Policy and Procedure manual on site	☐	☐	☐
009.11	Suitable dispensing containers used	☐	☐	☐
	PRESCRIPTION REQUIREMENTS			
009.15A	Hardcopy prescriptions filed	☐	☐	☐
009.13A1	Date of issue	☐	☐	☐
009.13A2	Patient name	☐	☐	☐
009.13A3	Physician and clinician name	☐	☐	☐
009.13A4	Drug name, strength, dosage form, quantity	☐	☐	☐
009.13A5	Number of refills authorized (oral contraceptives only)	☐	☐	☐
009.13A6	Directions for use	☐	☐	☐
	STORED DRUGS OR DEVICES			
009.07	Labels printed in typewritten form	☐	☐	☐
009.06	Labels affixed to suitable container or unopened boxes	☐	☐	☐
009.06A1	Name, address and phone number of clinic	☐	☐	☐
009.06A2	Name of manufacturer	☐	☐	☐
009.06A3	Lot number and expiration date	☐	☐	☐
009.06A4	Directions for patient use	☐	☐	☐
009.06A5	Quantity of drugs inside the container	☐	☐	☐
009.06A6	Name, strength, dosage form of drug	☐	☐	☐
009.06A7	Auxiliary label(s)	☐	☐	☐
	ADDED WHEN DISPENSED			
009.06A7a	Patient name	☐	☐	☐
009.06A7b	Physician or clinician name	☐	☐	☐
009.06A7c	Consecutive serial number	☐	☐	☐
009.06A7d	Date dispensed	☐	☐	☐
	CONSULTANT PHARMACIST DUTIES			
009.01A1	At the clinic at least once every thirty (30) days	☐	☐	☐
009.01A2	Monthly inspection of inventory, recordkeeping, dispensing and labeling	☐	☐	☐
009.01A3	Approves & maintains policies and procedures	☐	☐	☐
009.01A4	Approves & documents supplemental formulary information	☐	☐	☐
009.01A5	Approves proficiencies of public health workers for dispensing	☐	☐	☐

Delegated Dispensing Permit Inspection Report for Public Health Clinics
Permit: Date of Inspection:

	CONT'D	P	F	NA
	POLICY AND PROCEDURE MANUAL			
004.01A13a	Delegating pharmacist monthly inspection reports	☐	☐	☐
004.01A13b	Labeling requirements	☐	☐	☐
004.01A13c	Storage & security of formulary drugs and devices	☐	☐	☐
004.01A13d	Proper patient instructions	☐	☐	☐
004.01A13e	Formulary	☐	☐	☐
004.01A13f	Library resources	☐	☐	☐
004.01A13g	Recordkeeping, to include medical chart	☐	☐	☐
004.01A13h	Drug recall procedures	☐	☐	☐
004.01A13i	Policies for licensed or certified health care staff	☐	☐	☐
004.01A13j	Policies for public health care workers	☐	☐	☐
008.02B	Documented training for MD, DO, PA, CNP, CNM, RN, LPN, PHCW	☐	☐	☐
	FORMULARY			
007.02A	Patient instruction requirements (directions & patient info)	☐	☐	☐
007.02B	Potential side effects and drug interactions	☐	☐	☐
007.02C	Criteria for contacting the on-call pharmacist	☐	☐	☐
007.03	No non-formulary drugs or devices dispensed	☐	☐	☐

Deficiencies cited and corrections ordered:

_____

Inspection Rating: Pass ☐ **Fail** ☐ **Date:** _____

Choose an item.
Pharmacy Inspector

_____
R.P. Signature or Appropriate Staff

(v.11-1-11)

DELEGATED DISPENSING PERMIT INSPECTION REPORT
FOR PUBLIC HEALTH CLINICS

Clinic Name:_____

Clinic Address:_____

City, State, Zip:_____ Phone: _____

Initial Inspection: ☐ Annual Inspection: ☐ Re-Inspection: ☐

Delegated Dispensing Permit Number: #_____ Exp. Date:_____

Permit displayed: Yes ☐ No ☐

Agency or Owner(s) Name: _____

Agency or Owner(s) Address: _____

City, State, Zip:_____

Delegating Pharmacist:_____ License Number:_#_____ Phone:_____

Delegating Pharmacist E-mail Address:_____

Clinic Hours:_____

Dispensing Area Hours:_____

Clinic Dispensing Staff/Position	**License Number**	**Current**
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐
	#	**Y** ☐ **N** ☐

Delegated Dispensing Permit Inspection Report for Public Health Clinics
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009.13A6	Directions for use	☐	☐	☐
	STORED DRUGS OR DEVICES			
009.07	Labels printed in typewritten form	☐	☐	☐
009.06	Labels affixed to suitable container or unopened boxes	☐	☐	☐
009.06A1	Name, address and phone number of clinic	☐	☐	☐
009.06A2	Name of manufacturer	☐	☐	☐
009.06A3	Lot number and expiration date	☐	☐	☐
009.06A4	Directions for patient use	☐	☐	☐
009.06A5	Quantity of drugs inside the container	☐	☐	☐
009.06A6	Name, strength, dosage form of drug	☐	☐	☐
009.06A7	Auxiliary label(s)	☐	☐	☐
	ADDED WHEN DISPENSED			
009.06A7a	Patient name	☐	☐	☐
009.06A7b	Physician or clinician name	☐	☐	☐
009.06A7c	Consecutive serial number	☐	☐	☐
009.06A7d	Date dispensed	☐	☐	☐
	CONSULTANT PHARMACIST DUTIES			
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009.01A2	Monthly inspection of inventory, recordkeeping, dispensing and labeling	☐	☐	☐
009.01A3	Approves & maintains policies and procedures	☐	☐	☐
009.01A4	Approves & documents supplemental formulary information	☐	☐	☐
009.01A5	Approves proficiencies of public health workers for dispensing	☐	☐	☐

Delegated Dispensing Permit Inspection Report for Public Health Clinics
Permit: Date of Inspection:

	CONT'D	P	F	NA
	POLICY AND PROCEDURE MANUAL			
004.01A13a	Delegating pharmacist monthly inspection reports	☐	☐	☐
004.01A13b	Labeling requirements	☐	☐	☐
004.01A13c	Storage & security of formulary drugs and devices	☐	☐	☐
004.01A13d	Proper patient instructions	☐	☐	☐
004.01A13e	Formulary	☐	☐	☐
004.01A13f	Library resources	☐	☐	☐
004.01A13g	Recordkeeping, to include medical chart	☐	☐	☐
004.01A13h	Drug recall procedures	☐	☐	☐
004.01A13i	Policies for licensed or certified health care staff	☐	☐	☐
004.01A13j	Policies for public health care workers	☐	☐	☐
008.02B	Documented training for MD, DO, PA, CNP, CNM, RN, LPN, PHCW	☐	☐	☐
	FORMULARY			
007.02A	Patient instruction requirements (directions & patient info)	☐	☐	☐
007.02B	Potential side effects and drug interactions	☐	☐	☐
007.02C	Criteria for contacting the on-call pharmacist	☐	☐	☐
007.03	No non-formulary drugs or devices dispensed	☐	☐	☐

Deficiencies cited and corrections ordered:

_____

Inspection Rating: Pass ☐ **Fail** ☐ **Date:** _____

Dean Willson R.P.
Pharmacy Inspector

_____
R.P. Signature or Appropriate Staff

(v.11-1-11)

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: #_____ Exp. Date: _____

DEA registration Number: _____ Exp. Date: _____

Owner's Name: _____

Pharmacy Name: _____

Pharmacy Street Address:_____

Pharmacy City, State, Zip Code _____

Pharmacy Telephone #: _____ Pharmacy Fax #: _____

Pharmacy E-mail: _____

Pharmacy Hours: _____

List Pharmacy Personnel:

Name of Pharmacist-In-Charge: _____RP License #_____

Staff Pharmacists & Interns Name & NE RPh. License # Or NE Intern Registration #	**Pharmacy Technicians Name & NE Registration #**	**Technician Certifying Body, Certification # if applicable, & Certification Expiration Date**
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
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_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____	_____	_____

SOFTWARE: _____ RX'S PER DAY: _____

Choose an item._ _____
(Pharmacy Inspector) (Date of Inspection

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	**C** = In Compliance **NC** = Not in Compliance **NA** = Not Applicable			
175 NAC 8-003.01A	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security is maintained for the prescription inventory and prescription records.	☐	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored under proper conditions. Storage conditions shall be monitored regularly.	☐	☐	☐
175 NAC 8-007.02	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner;	☐	☐	☐
NRS 38-2866	b. open for the practice of pharmacy only when a pharmacist is physically present.	☐	☐	☐
175 NAC 8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☐	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☐	☐	☐
175 NAC 8-006.04H NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☐	☐	☐
NRS 38-2869 (2)(a)	8. The pharmacy maintains documentation of a patient's refusal of counseling.	☐	☐	☐
175 NAC 8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern.	☐	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☐	☐	☐
NRS 28-414.02 CFR 1304, 1306 CFR 1311.305	11. All computer or electronic record keeping requirements are met including requirements for electronic prescriptions for controlled substances.	☐	☐	☐
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the pharmacy.	☐	☐	☐
CFR 1305 CFR 1311.45 CFR 1311.60	13. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent. Power of Attorney forms completed and filed when applicable.	☐	☐	☐
NRS 28-411(4) CFR 1304.21 CFR 1304.22(c)	14. The pharmacy maintains complete and accurate records of all controlled substances received and/or distributed.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	**Requirement**	**C**	**NC**	**NA**
NRS 28-414.05 CFR 1304.22 CFR 1317	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☐
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☐	☐	☐
175 NAC- 8-006.04C, .04D, .04E NRS 38-28,107	17. The pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☐
NRS 71-2479	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☐
NRS 28-410 CFR 1304.11	19. All requirements pertaining to the inventory of controlled substances are met. **Date of Current Inventory: _____** Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages.	☐	☐	☐
NRS 28-410(4)	20. All controlled substances are properly stored.	☐	☐	☐
CFR 1306.05 NRS 28-414 NRS 28-414.01 NRS 71-2478	21. All prescriptions contain the required information prior to being filled.	☐	☐	☐
175 NAC- 8-006.04B.9a, 172 NAC- 128-014.01(9a), CFR 1306.22	22. All refill requirements for prescriptions are in compliance.	☐	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☐
CFR 1306.05(f) NRS 38-179(13)	24. The pharmacy is not utilizing pre-populated request forms for controlled substance prescriptions.	☐	☐	☐
175 NAC 8-006.05D CFR- 1306.11(d)(1,2,3,4) NRS 28-414	25. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☐
NRS 28-414 NRS 28-1437 NRS 38-2870	26. All requirements for filling electronic prescriptions (e-prescribing) and faxed prescriptions are followed. A manual "wet" signature is required for all written or faxed controlled substance prescriptions.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 28-414.03 NRS 28-415 NRS 38-2867.01 NRS 71-2451, 2479	27. All prescription containers are properly labeled.	☐	☐	☐
NRS 38-28,108 to NRS 38-28,116	30. The pharmacy is in compliance with the Drug Product Selection Act	☐	☐	☐
175 NAC- 8-006.03A1, NRS 28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☐	☐	☐
NRS 71-2413(1) CFR 1306.11 CFR 1306.21	32. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing or his/her designee b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box. Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☐
NRS 38-2847 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128- 012.04	33. All requirements and documentation are met for the utilization of Pharmacy Technicians, including: a. documentation of training by the pharmacist in charge. b. pharmacy technicians are identified as technicians. c. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people. d. verification confirmation of a pharmacy technician's acts, tasks, or functions undertaken to assist the pharmacist in the practice of pharmacy. e. all technicians are registered with NE DHHS. f. all technicians are certified (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.07	34. Pharmacy has written disaster preparedness policies and procedures.	☐	☐	☐
NRS 38-2867.03	35. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the practitioner authorized to prescribe independently and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every two years.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☐	☐	☐
USP 797	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☐
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☐
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☐
NRS 71-7444 (2)(a-h); NRS 71-7454	40. All prescription drugs purchased or received are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

------ -----
a)
b)
c)
d)

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a)
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Pharmacy License#_____ Date of Inspection_____

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Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

Preschool Checklist Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

Preschool Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
5-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
5-004.06 Notification of Changes: Change: pg. 13-14				
Of location, building, or building usage reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
5-004.06 Notification of Change: If located in a private residence a change in household members: pg.13-14				
13 and older is reported to the Department five days before date of change	☐	☐	☐	☐
12 or younger is reported to the Department within two working days	☐	☐	☐	☐
5-006.01 Licensee Requirements: Licensee ensures: pg. 17-18				
Preschool is administered/managed appropriately	☐	☐	☐	☐
Preschool is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
Preschool has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
5-006.02 Director Requirements: Director: pg. 18-19				
Is responsible for day-to-day operations of Preschool	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of Preschool	☐	☐	☐	☐
When absent from Preschool, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available.	☐	☐	☐	☐
Has written personnel policies available which were specific to position qualifications/skills/knowl-edge/abilities/physical demands	☐	☐	☐	☐
Assesses own ability/staff ability to provide care for children with special needs	☐	☐	☐	☐
Provides orientation to new staff including training on Preschool regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints and concerns and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care a Preschool	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own child	☐	☐	☐	☐
Ensures parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐

Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
5-006.03A Criminal History Record Checks: Licensee: pg. 19-21				
Must complete pre-employment criminal history record checks on him/herself, each staff member or volunteer age 19 or older, and on each household member age 19 or older (if Preschool is located in a private residence)	☐	☐	☐	☐
5-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if Preschool is located in a private residence), are not listed as a perpetrator on: pg. 21-22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
5-006.03C Report of Law Enforcement Contact: Licensee: pg. 21-22				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff, volunteers, and household members (if Preschool is in a private residence), age 19 years or older, and update annually	☐	☐	☐	☐
5-006.03D Notification of Law Enforcement Contact: pg. 22				
As soon as licensee/director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if Preschool located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
5-006.03E Investigations and Repeat Registry Checks: pg. 22-23				
Licensee reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
5-006.03 F Health Information Report: Licensee/Director: pg. 23				
Licensee/Director obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
5-006.05B Non-Certificated Teachers: Teacher hired: pg. 23-24				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma or GED and meets qualifications or has Department approved written plan in place and is completed within six months	☐	☐	☐	☐
5-006.06 Substitute, Uncompensated Parent Helper, and Volunteer Qualifications: pg. 24				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteers/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
5-006.07 Director Orientation and Training: Director: pg. 24-25				
Director completed Department approved Director orientation within 30 days of starting employment	☐	☐	☐	☐
5-006.07A Safety Training-directors: pg. 25				
Preschools licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or within 3 years of hire date, and every 5 years	☐	☐	☐	☐

Preschools licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date, and every 5 years	☐	☐	☐	☐
5-006.07B Nebraska's Early Learning Guidelines Training-Directors: pg. 25				
Preschools licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or within 4 years of hire date, and one domain annually	☐	☐	☐	☐
Preschools licensed on or after May 20, 2013, Director must complete one domain within 4 years of provisional/hire date, and one domain annually	☐	☐	☐	☐
5-008A Safety Training-Teachers: pg. 25				
By May 20, 2016, 50% of all teachers must have completed all four hours	☐	☐	☐	☐
5-008B Nebraska's Early Learning Guidelines Training-Teachers: pg. 25				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
5-006.08C Evidence of Teacher Training: Director: pg. 25-26				
Director maintains all teacher's training record of orientation, annual training, ELG, and CPR/First Aid	☐	☐	☐	☐
5-006.09A Orientation: pg. 26				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect of children and reporting requirements	☐	☐	☐	☐
Preschool regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
Preschool's method of interaction with children	☐	☐	☐	☐
Preschool's discipline policies for children	☐	☐	☐	☐
5-006.09B Transportation Training: Driver: pg. 26-27				
Driver hired on/after 5/20/13 has completed required training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
5-006.09C Annual Training of Direct Care Staff: Staff who work: pg. 27				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or fewer hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
May 2016: 50% of all teachers have completed Safety Training	☐	☐	☐	☐
5-006.09D CPR and First Aid Training: pg. 28				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
5-006.10 Employee Records Requirements: Employee records are: pg. 28				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐

Maintained for one year after employee separation	☐	☐	☐	☐
5-006.10A Staff Records: Records include: pg. 28				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding in the record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10B Substitute Records: Records include: pg. 28-29				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the records	☐	☐	☐	☐
Documentation substitute has read and understands the regulations	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10C Uncompensated Parent Helpers & Volunteer Records: Records include: pg. 29				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.11 Child's Record: Child's record: pg. 29				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013 and is kept current	☐	☐	☐	☐
Includes child's name, birthday, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes name of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐

Has current health status, allergies, or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐
5-006.12 Parent Information Brochure: pg. 29				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
5-006.13 Description of Preschool Services and Policies: Receipts signed by: pg. 29-30				
Parent(s) of enrolled children of Description of Services, Preschool Policies (except Personnel Policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, Preschool Policies, and Personnel Policies are available for Department review	☐	☐	☐	☐
5-006.13A Description of Services: pg. 30				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), expectation of parents, and name/address/telephone number of Preschool's owner/authorized representative	☐	☐	☐	☐
5-006.13B Preschool Policies: pg. 30				
Preschool policies available for Department review and include; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, discipline procedures, immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
5-006.14A Licensed Capacity: pg. 30				
Licensed capacity is not exceeded	☐	☐	☐	☐
If non-compliance Preschool exceeded licensed capacity by ___ children.				
5-006.14B Staffing Requirements: pg. 31				
Preschool in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance:___ children in care; ___ staff needed; ___ staff present.				
5-006.14C Staff-to-Child Ratio: Preschool maintains accurate: pg. 31				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
5-006.15A Notification to Parents: pg. 31				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
5-006.15B Confidentiality: pg. 31				
Licensee does not release name of ill children without permission	☐	☐	☐	☐
5-006.15C Health Authority: pg. 31				
Licensee follows health authority's directives	☐	☐	☐	☐
5-006.16 Children Excluded Due to Illness: Preschool: pg. 31-32				
Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
5-006.17 Immunizations: pg. 32				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐

Immunization record is up-to-date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing children.	☐	☐	☐	☐
5-006.18 Supervision of Children: Staff: pg. 32				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
5-006.18A Permission for Off-Premises Supervision: pg. 32				
Parents are informed when children are taken outside premises of Preschool and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take children off Preschool premises is available	☐	☐	☐	☐
5-006.19 Discipline: pg. 32				
Only licensee, director, or designated substitutes discipline children in care	☐	☐	☐	☐
5-006.19A Prohibited Forms of Discipline: Children are not disciplined by: pg. 32-33				
Spanking, slapping, pinching, punching, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food items	☐	☐	☐	☐
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
5-006.19B Child Behavior That Cannot Be Disciplined: pg. 33				
Children are not disciplined for toilet accidents, refusal to take medications or refusal to eat	☐	☐	☐	☐
5-006.19C Use of Time Out: pg. 33				
Child's time out is in a safe/lighted/well-ventilated area and within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceed 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child.	☐	☐	☐	☐
5-006.19D Use of Physical Hold: Physical Hold: pg. 33				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐
Ends when child is calm and can show reasonable control of his/her behavior	☐	☐	☐	☐
5-006.19D1 Notification and Documentation: pg. 33-34				
Parent of child is notified of physical hold within 24 hours if used	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
5-006.19E Use of Restraints: pg. 34				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident and names of involved staff	☐	☐	☐	☐
5-006.20 Prohibited Language, Materials, and Actions: pg. 34				

Children are not exposed to profanity, sexually explicit material, acts of violence, or acts or racism	☐	☐	☐	☐
5-006.21 Child Development Program: pg. 34				
Written program available for review by parent/Department and includes approaches to learning, creative arts, health and physical development, language and literacy development, and social and emotional development	☐	☐	☐	☐
5-006.21A Toys, Equipment and Reading Materials: pg. 35				
Preschool has enough age-appropriate equipment, toys, and reading materials offered to children and replaced as needed	☐	☐	☐	☐
Wading and Swimming:				
☐ **PRESCHOOL DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.22 Wading and Swimming Activities: pg. 35				
Children are accompanied, adequately supervised, and kept safe during wading/swimming while in care	☐	☐	☐	☐
5-006.22A Prohibited Water Sources: pg. 35				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
5-006.22B Wading: pg. 35				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
5-006.22C Permission for Non-Preschool-Supervised Activities Off the Premises: pg. 35				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
5-006.22D Permission for Preschool-Supervised Activities Off the Premises: pg. 35				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of swimming pool, whether children can be in water over their head, and is updated annually	☐	☐	☐	☐
5-006.22E Licensure of Swimming Pools: pg. 36				
Preschool only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
5-006.22F Water Safety: pg. 36				
An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present				
Pool on Premises:				
☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.22G Pool on the Premises Not Used by Preschool: pg. 36				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
5-006.22H Pool on the Premises Used by Preschool in Care: pg. 36				
Pool has a permit issued by the Department	☐	☐	☐	☐

If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present				
Transportation:				
☐ **PRESCHOOL DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.23 Transportation: pg. 36-37				
Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 19 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Carseats are federally approved, correct for the child's age & developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present				
5-006.23 Transportation: If Preschool Provides Transportation Services: Transportation policy: pg. 36-37				
Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/the vehicle breaks down/ is involved in an accident/or other emergencies	☐	☐	☐	☐
Medications:				
☐ **PRESCHOOL DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.24A Giving or Applying Medication: Staff give/apply pg. 37				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, and at the right time	☐	☐	☐	☐
5-006.24B Competence to Give or Apply Medication: pg. 37-38				
Documentation of Director's assessment of ability of staff to give or apply medication available	☐	☐	☐	☐
Parents or any licensed health care professional are responsible for determining if Preschool staff are competent to give/apply medication	☐	☐	☐	☐
5-006.24C Confidentiality: pg. 38				
Staff do not disclose information about children's medication, physical or mental condition	☐	☐	☐	☐
Preschool advises parents in writing of use of private method to inform center of medication needs	☐	☐	☐	☐
5-006.24D Written Permission and Instructions: Staff: pg. 38				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐

Inform parents of errors in the giving/applying of medications	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
5-006.24E Unusual Circumstances: Medication given/applied: pg. 38				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
5-006.24F Hand Washing: pg. 38				
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medications	☐	☐	☐	☐
5-006.24G Storage: pg. 38-39				
All prescription/nonprescription medications, including emergency medications are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instruction, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
5-006.24H Record-Keeping: pg. 39				
Written record of time and amount of medication given or applied	☐	☐	☐	☐

5-006.25A Telephone: pg. 3				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
5-006.25B Fire and Tornado Drills: Written documentation of: pg. 39				
Fire drills conducted with children each month preschool is in session	☐	☐	☐	☐
Tornado drills conducted 2 times per year between March and September	☐	☐	☐	☐
5-006.25C Fire and Tornado Safety Diagrams: pg. 39				
Fire and tornado safety diagrams include layout of Preschool area and prominently posted/visible	☐	☐	☐	☐
Fire and tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
5-006.25D Disaster Preparedness: pg. 39-40				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
5-006.25E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 40				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulation	☐	☐	☐	☐

5-006.25F First Aid Kit: First Aid Kit: pg. 40				
Is available on premises and inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, disposable gloves	☐	☐	☐	☐
5-006.26 Environmental Services: pg. 40				
Every area and building on the entire Preschool premises complies with regulations	☐	☐	☐	☐
Preschool is provided in a safe, clean, and comfortable environment	☐	☐	☐	☐
5-006.26A Housekeeping and Maintenance: pg. 41-42				
Preschool and grounds are clean, safe, in good repair, and free of lead-based paint surfaces	☐	☐	☐	☐
Rooms, walls, floors, and/or ceilings are clean, dry, in good repair, and free of odor from sewage/ mold/mildew, other unsanitary conditions	☐	☐	☐	☐
Heating/ventilation/lighting are adequate to protect health of children	☐	☐	☐	☐
Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/ insects/vermin	☐	☐	☐	☐
Doors opening to the outside self-close and ventilation windows screened	☐	☐	☐	☐
Garbage/rubbish is disposed of to minimize odor, transmission of disease, and prevent attraction of rodents, insects, flies, and vermin	☐	☐	☐	☐
Indoor and outdoor garbage containers are water-tight, have tight fitting covers, are fly/rodent proof	☐	☐	☐	☐
Garbage is not burned on premises	☐	☐	☐	☐
Carpeting in bathroom(s) is removable, washable, and non-shag	☐	☐	☐	☐
5-006.26B Maintenance of Equipment, Fixtures, Furnishings and Toys: pg. 41				
Process in place for routine and preventive maintenance of materials, equipment, fixtures, furnishings	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings do not have sharp edges, rust, and/or loose parts	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
5-006.27 Environmental Safety: pg. 41				
Environment is safe and hazard-free	☐	☐	☐	☐
5-006.27A Smoking: pg. 41				
Smoking does not occur indoors in the Preschool	☐	☐	☐	☐
5-006.27A Smoking: If located in a private residence: pg. 41				
Smoking does not occur in Preschool during hours of operation when one or more children who are not occupants of the residence are present	☐	☐	☐	☐
Prior to enrollment parents of enrolled child(ren) are informed that smoking occurs in the Preschool	☐	☐	☐	☐
5-006.27B Alcohol and Controlled Substances: pg. 41-42				
Alcohol is not present in any area used for Preschool while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on Preschool premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on Preschool premises	☐	☐	☐	☐
5-006.27B Alcohol and Controlled Substances: If located in a private residence: pg. 41-42				
Alcohol is not consumed in area used for Preschool when children in care present	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on Preschool premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on Preschool premises	☐	☐	☐	☐

Animals and Pets:

☐ **PRESCHOOL DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.27C Animals/Pets: pg. 42				
Animals in Preschool do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
Have provisions to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
Licensee complies with local pet ordinances	☐	☐	☐	☐
5-006.27D Prohibited Animals: pg. 4				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during hours of operation	☐	☐	☐	☐

Environmental Safety Requirements: pg. 42-43				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while child(ren) in care	☐	☐	☐	☐
Medications, both prescription and non-prescription are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Electrical outlets within the reach of children under the age of 6 are covered with safety caps/ground fault interrupters/or have safety outlets installed	☐	☐	☐	☐
Disposable towelettes/drinking containers/personal care items/towels and washcloths are not shared by children	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided	☐	☐	☐	☐
Covered and waterproof containers for soiled or wet clothing are available	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children is not located where food/ medications are located	☐	☐	☐	☐
Deep freezers that can't be opened from the inside are locked or stored in locked room	☐	☐	☐	☐
Firearms/potentially hazardous weapons/weapon accessories/ammunition are not on Preschool premises	☐	☐	☐	☐
5-006.27E Other Environmental Safety Requirements: If in a private residence: pg. 42-43				
Firearms/potentially hazardous weapons/weapon accessories/ammunition are stored in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and separately from ammunition	☐	☐	☐	☐
5-007.01 Activity Space:				
Activity space has furnishings to accommodate all activities, age-appropriate needs of all children, is available to all children, and contains at least 35 square feet of space per child	☐	☐	☐	☐
5-007.02B Water Supply: pg. 44				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐

Non-Public Water & Non-Public Sewage System:

☐ **PRESCHOOL HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-007.02B Water Supply: Non-Public Water: pg. 44				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
5-007.02C Sewer Requirements: Non-Public Sewage System: pg. 44-45				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐
5-007.03 Outdoor Play Area: pg. 45				
Outdoor play area available, clean, safe, contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
5-007.03A Outdoor Play Equipment: pg. 45				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
5-007.03B Playground Surfaces: pg. 45				
Playground surface under climbing equipment has resilient material	☐	☐	☐	☐
5-007.04 Toilets and Sinks: pg. 45				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐
Toilet rooms fully enclosed	☐	☐	☐	☐
Sinks readily available to each toilet area	☐	☐	☐	☐
Sanitary dispensing and disposal units for paper towels are available and installed at heights convenient for children's use	☐	☐	☐	☐
Toilets/sinks are conveniently located, clean, operable, in good repair and designed for children with special needs, if applicable	☐	☐	☐	☐
Toilets/sinks are of suitable height or safe stepstools are provided	☐	☐	☐	☐
5-007.04A Toilets and Sinks: pg. 45				
Doors opening to the toilet room directly from a food service area are self-closing and tight fitting	☐	☐	☐	☐
5-007.04B Toilets and Sinks: pg. 45				
Adults and children wash hands after using bathroom prior to resuming work or play	☐	☐	☐	☐
5-007.05 Fire Safety: pg. 45				
Licensee maintains fire safety approval	☐	☐	☐	☐
Neb. Rev. Stat. §71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐
Other Comments:				

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

REMOTE PHARMACY QUALITY ASSURANCE REPORT

Remote Pharmacy License Number: # _____ Exp. Date: _____

DEA registration Number: # _____ Exp. Date: _____

Supervising Pharmacy Name: _____

Supervising Pharmacy License Number: # _____

Remote Pharmacy Name: _____

Remote Pharmacy Street Address: _____

Remote Pharmacy City, State, Zip Code:_____

Remote Pharmacy Telephone #: _____ Remote Pharmacy Fax #: _____

Remote Pharmacy PIC E-mail: _____

Remote Pharmacy Hours: _____

List Remote Pharmacy Personnel:

Name of Pharmacist-In-Charge: _____ License #:_____

Supervising Pharmacists Name and License #	**Pharmacy Technicians at Remote Pharmacy Name & NE Registration #**	**Technician Certifying Body, Certification # if applicable, & Certification Expiration Date**
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____

SOFTWARE:_____

REAL TIME AUDIOVISUAL EQUIPMENT USED: _____

RX'S PER DAY:_____

Choose an item._ _____
(Pharmacy Inspector) (Date of Inspection)

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	C = In Compliance NC = Not in Compliance NA = Not Applicable			
175 NAC 8-003.01A	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security at the remote pharmacy is maintained for the prescription inventory and prescription records.	☐	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored under proper conditions within the remote pharmacy. Storage conditions shall be monitored regularly.	☐	☐	☐
	4. The remote pharmacy is:			
175 NAC 8-007.02	a. maintained in a clean, orderly, and sanitary manner;	☐	☐	☐
NRS 38-2866	b. open for the practice of pharmacy only when a pharmacist is physically present at the remote pharmacy or at the supervising pharmacy via real time audio-visual.	☐	☐	☐
175 NAC 8-007.03	5. The remote pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☐	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The remote pharmacy provides the pharmacist and the pharmacy technician access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☐	☐	☐
NRS 71-436.02 (4)	7. Patient counseling is being attempted via real-time audiovisual communication as required.	☐	☐	☐
NRS 38-2869 (2)(a)	8. The remote pharmacy maintains documentation of a patient's refusal of counseling.	☐	☐	☐
NRS 71-436.02	9. Patient counseling is being done by only by PIC or Supervising Pharmacist	☐	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☐	☐	☐
NRS 28-414.02 CFR 1304, 1306 CFR 1311.305	11. All computer or electronic record keeping requirements are met at the remote pharmacy location including requirements for electronic prescriptions for controlled substances.	☐	☐	☐
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the remote pharmacy.	☐	☐	☐

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR 1305 CFR 1311.45 CFR 1311.60	13. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent. Power of Attorney forms completed and filed when applicable.	☐	☐	☐
NRS 28-411(4) CFR 1304.21 CFR 1304.22(c)	14. The remote pharmacy maintains complete and accurate records of all controlled substances received and/or distributed.	☐	☐	☐
NRS 28-414.05 CFR 1304.22 CFR 1317	15. The remote pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☐
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	16. The remote pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☐	☐	☐
175 NAC- 8-006.04C, .04D, .04E NRS 38-28,107	17. The supervising pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☐
NRS 71-2479	18. The supervising pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☐
NRS 28-410 CFR 1304.11	19. All requirements pertaining to the inventory of controlled substances are met. **Date of Current Inventory:** Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages.	☐	☐	☐
NRS 28-410(4)	20. All controlled substances are properly stored within the remote pharmacy location.	☐	☐	☐
CFR 1306.05 NRS 28-414 NRS 28-414.01 NRS 71-2478	21. All prescriptions contain the required information prior to being filled.	☐	☐	☐
175 NAC- 8-006.04B.9a, 172 NAC- 128-014.01(9a), CFR 1306.22	22. All refill requirements for prescriptions are in compliance.	☐	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☐

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR 1306.05(f) NRS 38-179(13)	24. The pharmacy is correctly utilizing pre-populated refill request forms for controlled substances	☐	☐	☐
175 NAC 8-006.05D CFR- 1306.11(d)(1,2,3,4) NRS 28-414	25. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☐
NRS 28-414 NRS 28-1437 NRS 38-2870	26. All requirements for filling electronic prescriptions (e-prescribing) and faxed prescriptions are followed. A manual "wet" signature is required for all written or faxed controlled substance prescriptions.	☐	☐	☐
NRS 28-414.03 NRS 28-415 NRS 38-2867.01 NRS 71-2451, 2479	27. All prescription containers within the remote pharmacy are properly labeled.	☐	☐	☐
NRS 38-28,108 to NRS 38-28,116	30. The pharmacy is in compliance with the Drug Product Selection Act	☐	☐	☐
175 NAC- 8-006.03A1, NRS 28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☐	☐	☐
NRS 71-2413(1) CFR 1306.11 CFR 1306.21	32. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing or his/her designee b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box. Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☐
NRS 38-2847 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128- 012.04	33. All requirements and documentation are met for the utilization of Pharmacy Technicians, including: a. documentation of training by the pharmacist in charge. b. pharmacy technicians are identified as technicians. c. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people. d. verification confirmation of a pharmacy technician's acts, tasks, or functions undertaken to assist the pharmacist in the practice of pharmacy. e. all technicians are registered with NE DHHS. f. all technicians are certified (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	Requirement	C	NC	NA
175 NAC 8-006.07	34. Supervising pharmacy has written disaster preparedness policies and procedures at the remote pharmacy location.	☐	☐	☐
NRS 71-436.02 (3)	35. Pharmacist is onsite at least once each calendar month (Documentation)	☐	☐	☐
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☐	☐	☐
USP 797 NRS 38-2867.01	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☐
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☐
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☐
NRS 71-7444 (2)(a-h); NRS 71-7454	40. All prescription drugs purchased or received for the remote pharmacy are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☐	☐	☐

Remote Pharmacy License#_____Date of Inspection_____

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

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Remote Pharmacy License#_____Date of Inspection_____

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STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

REMOTE PHARMACY QUALITY ASSURANCE REPORT

Remote Pharmacy License Number: # _____ Exp. Date: _____

DEA registration Number: # _____ Exp. Date: _____

Supervising Pharmacy Name: _____

Supervising Pharmacy License Number: # _____

Remote Pharmacy Name: _____

Remote Pharmacy Street Address: _____

Remote Pharmacy City, State, Zip Code:_____

Remote Pharmacy Telephone #: _____ Remote Pharmacy Fax #: _____

Remote Pharmacy PIC E-mail: _____

Remote Pharmacy Hours: _____

List Remote Pharmacy Personnel:

Name of Pharmacist-In-Charge: _____ License #:_____

Supervising Pharmacists Name and License #	**Pharmacy Technicians at Remote Pharmacy Name & NE Registration #**	**Technician Certifying Body, Certification # if applicable, & Certification Expiration Date**
_____ #_____	_____ #_____	_____ #_____ _____
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SOFTWARE:_____

REAL TIME AUDIOVISUAL EQUIPMENT USED: _____

RX'S PER DAY:_____

Choose an item._ _____
(Pharmacy Inspector) (Date of Inspection)

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	**C** = In Compliance **NC** = Not in Compliance **NA** = Not Applicable			
175 NAC 8-003.01A	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security at the remote pharmacy is maintained for the prescription inventory and prescription records.	☐	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored under proper conditions within the remote pharmacy. Storage conditions shall be monitored regularly.	☐	☐	☐
	4. The remote pharmacy is:			
175 NAC 8-007.02	a. maintained in a clean, orderly, and sanitary manner;	☐	☐	☐
NRS 38-2866	b. open for the practice of pharmacy only when a pharmacist is physically present at the remote pharmacy or at the supervising pharmacy via real time audio-visual.	☐	☐	☐
175 NAC 8-007.03	5. The remote pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☐	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The remote pharmacy provides the pharmacist and the pharmacy technician access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☐	☐	☐
NRS 71-436.02 (4)	7. Patient counseling is being attempted via real-time audiovisual communication as required.	☐	☐	☐
NRS 38-2869 (2)(a)	8. The remote pharmacy maintains documentation of a patient's refusal of counseling.	☐	☐	☐
NRS 71-436.02	9. Patient counseling is being done by only by PIC or Supervising Pharmacist	☐	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☐	☐	☐
NRS 28-414.02 CFR 1304, 1306 CFR 1311.305	11. All computer or electronic record keeping requirements are met at the remote pharmacy location including requirements for electronic prescriptions for controlled substances.	☐	☐	☐
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the remote pharmacy.	☐	☐	☐

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	**Requirement**	**C**	**NC**	**NA**
CFR 1305 CFR 1311.45 CFR 1311.60	13. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent. Power of Attorney forms completed and filed when applicable.	☐	☐	☐
NRS 28-411(4) CFR 1304.21 CFR 1304.22(c)	14. The remote pharmacy maintains complete and accurate records of all controlled substances received and/or distributed.	☐	☐	☐
NRS 28-414.05 CFR 1304.22 CFR 1317	15. The remote pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☐
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	16. The remote pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☐	☐	☐
175 NAC- 8-006.04C, .04D, .04E NRS 38-28,107	17. The supervising pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☐
NRS 71-2479	18. The supervising pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☐
NRS 28-410 CFR 1304.11	19. All requirements pertaining to the inventory of controlled substances are met. **Date of Current Inventory:** Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages.	☐	☐	☐
NRS 28-410(4)	20. All controlled substances are properly stored within the remote pharmacy location.	☐	☐	☐
CFR 1306.05 NRS 28-414 NRS 28-414.01 NRS 71-2478	21. All prescriptions contain the required information prior to being filled.	☐	☐	☐
175 NAC- 8-006.04B.9a, 172 NAC- 128-014.01(9a), CFR 1306.22	22. All refill requirements for prescriptions are in compliance.	☐	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☐

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR 1306.05(f) NRS 38-179(13)	24. The pharmacy is correctly utilizing pre-populated refill request forms for controlled substances	☐	☐	☐
175 NAC 8-006.05D CFR- 1306.11(d)(1,2,3,4) NRS 28-414	25. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☐
NRS 28-414 NRS 28-1437 NRS 38-2870	26. All requirements for filling electronic prescriptions (e-prescribing) and faxed prescriptions are followed. A manual "wet" signature is required for all written or faxed controlled substance prescriptions.	☐	☐	☐
NRS 28-414.03 NRS 28-415 NRS 38-2867.01 NRS 71-2451, 2479	27. All prescription containers within the remote pharmacy are properly labeled.	☐	☐	☐
NRS 38-28,108 to NRS 38-28,116	30. The pharmacy is in compliance with the Drug Product Selection Act	☐	☐	☐
175 NAC- 8-006.03A1, NRS 28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☐	☐	☐
NRS 71-2413(1) CFR 1306.11 CFR 1306.21	32. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing or his/her designee b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box. Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☐
NRS 38-2847 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128- 012.04	33. All requirements and documentation are met for the utilization of Pharmacy Technicians, including: a. documentation of training by the pharmacist in charge. b. pharmacy technicians are identified as technicians. c. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people. d. verification confirmation of a pharmacy technician's acts, tasks, or functions undertaken to assist the pharmacist in the practice of pharmacy. e. all technicians are registered with NE DHHS. f. all technicians are certified (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐

Remote Pharmacy License#_____Date of Inspection_____

Section Cited	Requirement	C	NC	NA
175 NAC 8-006.07	34. Supervising pharmacy has written disaster preparedness policies and procedures at the remote pharmacy location.	☐	☐	☐
NRS 71-436.02 (3)	35. Pharmacist is onsite at least once each calendar month (Documentation)	☐	☐	☐
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☐	☐	☐
USP 797 NRS 38-2867.01	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☐
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☐
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☐
NRS 71-7444 (2)(a-h); NRS 71-7454	40. All prescription drugs purchased or received for the remote pharmacy are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☐	☐	☐

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

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STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: #_____ Exp. Date: _____

DEA registration Number: _____ Exp. Date: _____

Owner's Name: _____

Pharmacy Name: _____

Pharmacy Street Address:_____

Pharmacy City, State, Zip Code _____

Pharmacy Telephone #: _____ Pharmacy Fax #: _____

Pharmacy E-mail: _____

Pharmacy Hours: _____

List Pharmacy Personnel:

Name of Pharmacist-In-Charge: _____RP License #_____

Staff Pharmacists & Interns Name & NE RPh. License # Or NE Intern Registration #	**Pharmacy Technicians Name & NE Registration #**	**Technician Certifying Body, Certification # if applicable, & Certification Expiration Date**
_____ #_____	_____ #_____	_____ #_____ _____
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SOFTWARE: _____ RX'S PER DAY: _____

Choose an item._
(Pharmacy Inspector)

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(Date of Inspection)

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	C = In Compliance NC = Not in Compliance NA = Not Applicable			
175 NAC 8-003.01A	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security is maintained for the prescription inventory and prescription records.	☐	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored under proper conditions. Storage conditions shall be monitored regularly.	☐	☐	☐
175 NAC 8-007.02	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner;	☐	☐	☐
NRS 38-2866	b. open for the practice of pharmacy only when a pharmacist is physically present.	☐	☐	☐
175 NAC 8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☐	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☐	☐	☐
175 NAC 8-006.04H NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☐	☐	☐
NRS 38-2869 (2)(a)	8. The pharmacy maintains documentation of a patient's refusal of counseling.	☐	☐	☐
175 NAC 8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern.	☐	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☐	☐	☐
NRS 28-414.02 CFR 1304, 1306 CFR 1311.305	11. All computer or electronic record keeping requirements are met including requirements for electronic prescriptions for controlled substances.	☐	☐	☐
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the pharmacy.	☐	☐	☐
CFR 1305 CFR 1311.45 CFR 1311.60	13. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent. Power of Attorney forms completed and filed when applicable.	☐	☐	☐
NRS 28-411(4) CFR 1304.21 CFR 1304.22(c)	14. The pharmacy maintains complete and accurate records of all controlled substances received and/or distributed.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 28-414.05 CFR 1304.22 CFR 1317	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☐
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☐	☐	☐
175 NAC-8-006.04C, .04D, .04E NRS 38-28,107	17. The pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☐
175 NAC-8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☐
NRS 28-410 CFR 1304.11	19. All requirements pertaining to the inventory of controlled substances are met. **Date of Current Inventory: _____** Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages.	☐	☐	☐
NRS 28-410(4)	20. All controlled substances are properly stored.	☐	☐	☐
CFR 1306.05 NRS 28-414 NRS 28-414.01 NRS 71-2478	21. All prescriptions contain the required information prior to being filled.	☐	☐	☐
175 NAC-8-006.04B.9a, 172 NAC-128-014.01(9a), CFR 1306.22	22. All refill requirements for prescriptions are in compliance.	☐	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☐
CFR 1306.05(f) NRS 38-179(13)	24. The pharmacy is not utilizing pre-populated request forms for controlled substance prescriptions.	☐	☐	☐
175 NAC 8-006.05D CFR-1306.11(d)(1,2,3,4) NRS 28-414	25. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☐
NRS 28-414 NRS 28-1437 NRS 38-2870	26. All requirements for filling electronic prescriptions (e-prescribing) and faxed prescriptions are followed. A manual "wet" signature is required for all written or faxed controlled substance prescriptions.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 28-414.03 NRS 28-415 NRS 38-2867.01 NRS 71-2451, 2479	27. All prescription containers are properly labeled.	☐	☐	☐
NRS 71-5401 to NRS 71-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	☐	☐	☐
175 NAC- 8-006.03A1, NRS 28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☐	☐	☐
NRS 71-2413(1) CFR 1306.11 CFR 1306.21	32. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box. Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☐
NRS 38-2847 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128- 012.04	33. All requirements and documentation are met for the utilization of Pharmacy Technicians, including: a. documentation of training by the pharmacist in charge. b. pharmacy technicians are identified as technicians. c. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people. d. verification confirmation of a pharmacy technician's acts, tasks, or functions undertaken to assist the pharmacist in the practice of pharmacy. e. all technicians are registered with NE DHHS. f. all technicians are certified (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☐
175 NAC 8-006.07	34. Pharmacy has written disaster preparedness policies and procedures.	☐	☐	☐
175 NAC 128-013	35. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the physician and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every 24 months.	☐	☐	☐

Pharmacy License#_____ Date of Inspection_____

Section Cited	Requirement	C	NC	NA
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☐	☐	☐
USP 797	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☐
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☐
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☐
NRS 71-7444 (2)(a-h); NRS 71-7454	40. All prescription drugs purchased or received are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☐	☐	☐

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

------ -----

a)

b)

c)

d)

------ -----

a)

b)

c)

d)

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a)

b)

c)

d)

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a)

b)

c)

d)

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Cover Sheet

Name of Program:	Street Address:	
City:	County:	Zip Code:
Email Address:	Telephone Number	
Date and Time of Initial Visit:	Dates and Times of Follow-Up Visits:	

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

If Provisional Inspection, date of compliance: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Provisional ☐ Provisional to Operating ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Regulations Compliance Review Licensing

School-Age-Only Center Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.03 Posting of License and Availability of License Record Information: pg. 12				
License, application status, or amendment is displayed in a prominent place	☐	☐	☐	☐
License record information and inspection reports are available	☐	☐	☐	☐
4-004.06 Notification of Changes: Change: pg. 13				
Of location, building, or building usage reported to Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to Department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
4-004.06 Notification of Changes: If located in a private residence change in household members: pg. 1				
13 and older is reported to Department five working days before date of change	☐	☐	☐	☐
12 or younger is reported to Department within two working days	☐	☐	☐	☐
4-006.01 Licensee Requirements: Licensee ensures: pg. 18				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Authorized inspections are permitted during hours of operation	☐	☐	☐	☐
Someone who manages day-to-day operations is on site and licensee has written duties/ responsibilities for Director	☐	☐	☐	☐
SAO Center has sufficient resources to provide a safe, healthy, and nurturing environment	☐	☐	☐	☐
4-006.02 Director Requirements: Director: pg. 18				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
When absent from SAO Center, has a designee in charge	☐	☐	☐	☐
Has written personnel policies specific to job description/responsibilities available	☐	☐	☐	☐
Has written personnel policies available which were specific to position qualifications/skills/ knowledge/abilities/physical demands	☐	☐	☐	☐
Assess own ability/staff ability to provide care for children with special needs	☐	☐	☐	☐
Provides orientation to new staff including training on SAO Center regulations	☐	☐	☐	☐
Schedules training/continuing education for all staff and maintains appropriate records	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, and concerns,and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops/implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO Center	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐

Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
4-006.03A Criminal History Record Checks: Licensee: pg. 19-20				
Must complete a pre-employment criminal history records check on him/herself, each staff member or volunteer age 19 or older, and on each household member age 19 or older (if SAO Center is located in a private residence)	☐	☐	☐	☐
4-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if SAO Center is located in a private residence), are not listed as a perpetrator on: pg. 22				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: Licensee: pg. 22				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves and updated annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and update annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact: pg. 23				
As soon as licensee/director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks: pg. 23				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse, neglect, or sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
4-006.03F Health Information Report: pg. 23				
Licensee/Director obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
4-006.04 Director Qualifications: pg. 23				
If the director is qualified under a Department approved plan, the requirements of the plan have been met	☐	☐	☐	☐
4-006.05B Non-Certificated Teachers: Teacher hired: pg. 24				
Before 5/20/13 meets qualifications	☐	☐	☐	☐
After 5/20/13 has high school diploma/GED and meets qualifications or has a Department approved written plan in place and is completed within six months	☐	☐	☐	☐
4-006.06 Substitute, Support Staff, Volunteer, and Parent Helper Qualifications: pg. 24				
Substitutes are the appropriate age for the position they are assuming and are of good moral character	☐	☐	☐	☐
Substitutes working more than 20 hours/week and are counted in the staff-to-child ratio meet requirements for position	☐	☐	☐	☐
Support staff are at least 16 years of age and of good moral character	☐	☐	☐	☐
Volunteers/unpaid parents are not counted in staff-to-child ratio, are supervised by Director or teacher at all times, and are not left alone with children other than their own	☐	☐	☐	☐
4-006.07 Director Orientation and Training: pg. 25				
Director completed approved Director training within 30 days of starting employment	☐	☐	☐	☐
4-006.07A Safety Training-Directors: pg. 25				

Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006-08A Safety Training-Teachers: pg. 25				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.08B Evidence of Teacher Training: pg. 25				
Director maintains all teacher's training record of orientation, annual training, and CPR/First Aid	☐	☐	☐	☐
4-006.09A Orientation: pg. 26				
Director maintains a record of orientation of staff/volunteers prior to having direct responsibility for care of children	☐	☐	☐	☐
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect children and reporting requirements	☐	☐	☐	☐
SAO Center regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
SAO Center's Discipline policies for children	☐	☐	☐	☐
4006.09B Nutrition and Food Safety Training (when meals are served): Documentation of: pg. 26				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2013	☐	☐	☐	☐
4-006.9C Transportation Training: pg. 26				
Driver hired on/after 5/20/13 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver hired before 5/20/13 has completed required transportation training within one year	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09D Annual Training of Direct Care Staff: Staff who work: pg. 26-27				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or less hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
May 2016: 50% of staff have completed Safety Training	☐	☐	☐	☐
4-006.09E CPR and First Aid Training: pg. 27				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10 Employee Records Requirements: Employee records are: pg. 27				
Available	☐	☐	☐	☐
Updated	☐	☐	☐	☐
Maintained for one year after employee separation	☐	☐	☐	☐
4-006.10A Staff Records: Records include: pg. 28				

Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding in record	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10B Substitute Records: Records include: pg. 28				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Documentation substitute has read or understands the regulations	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include: pg. 28				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings in the record	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record check	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
4-006.11 Child's Record: Child's record: pg. 28-29				
Is available for review	☐	☐	☐	☐
Is completed before enrollment, for children enrolled on or after May 20, 2013 and is kept current	☐	☐	☐	☐
Includes child's name, birthdate, enrollment date, and date care ceased (if applicable)	☐	☐	☐	☐
Includes parent/guardian's home address/telephone number	☐	☐	☐	☐
Includes parent/guardian's employment address/telephone number	☐	☐	☐	☐
Includes names of individuals to whom the child can be released	☐	☐	☐	☐
Includes who will be responsible for the child in an emergency if parent/guardian cannot be reached	☐	☐	☐	☐
Has consent to contact a physician in emergency	☐	☐	☐	☐
Has current health status, allergies or intolerances and clear instructions in event of exposure to allergies/intolerances	☐	☐	☐	☐

4-006.12 Parent Information Brochure: pg. 29				
Record of signed and dated receipt of Parent Information Brochure available for review	☐	☐	☐	☐
4-006.13 Description of Center Services and Policies: Receipts signed by: pg. 29				
Parent(s) of enrolled children of Description of Services, SAO Center Policies (except Personnel Policies) are available for Department review	☐	☐	☐	☐
Staff for Description of Services, SAO Center Policies and Personnel Policies are available for Department review	☐	☐	☐	☐
4-006.13A Description of Services: pg. 29				
Description of Services which includes; ages of children served, days/hours of operation, child development program, special services (if provided), parent training/education (if provided), lexpectation of parents, and name/address/telephone number of SAO Center's owner/authorized representative	☐	☐	☐	☐
4-006.13B Center Policies: pg. 29-30				
SAO Center policies available for Department review and includes; Illness exclusion, condition for suspension or termination of care, fees/contract information for parents, verification of individuals other than parents approved to remove child from care, parent grievance/questions/concerns	☐	☐	☐	☐
Personnel policies available for review and include staff qualifications, training requirements, discipline procedure, immunization requirements, and exclusion of ill staff	☐	☐	☐	☐
4-006.14A Licensed Capacity: pg. 30				
Licensed capacity is not exceeded; or	☐	☐	☐	☐
If non-compliance SAO Center exceeded licensed capacity by ___ children				
4-006.14B Staffing Requirements: pg. 30				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
During nap time at least one teacher is in the room where children are napping and the staff-to-child ratio is maintained on the Center premises	☐	☐	☐	☐
Required number of staff is on premises at all times	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio (center-wide): pg. 30				
SAO Center in compliance with required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
4-006.14C Staff-to-Child Ratio: SOA Center maintains accurate: pg. 30				
Staff attendance records	☐	☐	☐	☐
Daily child attendance records	☐	☐	☐	☐
4-006.15A Notification to Parents: pg. 31				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality: pg. 31				
Licensee does not violate confidentiality by releasing name of ill child without permission	☐	☐	☐	☐
4-006.15C Health Authority: pg. 31				
Licensee follows health authority's directives	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness: SAO Center: pg. 31				

Enforces written policy for exclusion due to illness	☐	☐	☐	☐
Makes policy for exclusion available to the Department	☐	☐	☐	☐
Makes policy for exclusion available to parents	☐	☐	☐	☐
4-006.17 Immunizations: pg. 31				
Immunization record is available for review	☐	☐	☐	☐
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up to date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing children	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff: pg. 32				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision: pg. 32				
Parents are informed when children are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take children off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises: pg. 3				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center which includes parent understands licensee is not responsible for supervision	☐	☐	☐	☐
4-006.19 Discipline: pg. 32				
Only licensee, director, or designated substitutes discipline children in care	☐	☐	☐	☐
4-006.19A Prohibited Forms of Discipline: Children are not disciplined by: pg. 32-33				
Spanking, slapping, pinching, punching, shaking, striking with any object, biting or handling roughly	☐	☐	☐	☐
Using soap, hot sauce, unpleasant food, or non-food items	☐	☐	☐	☐
Placement in locked rooms, closed rooms, or closets	☐	☐	☐	☐
Denial of food or forced napping	☐	☐	☐	☐
Use of derogatory remarks, abusive or profane language, yelling/screaming, or threats of physical punishment	☐	☐	☐	☐
Use of mechanical restraints	☐	☐	☐	☐
4-006.19B Child Behavior That Cannot Be Disciplined: pg. 33				
Children are not disciplined for toilet accidents, refusal to take medication or refusal to eat	☐	☐	☐	☐
4-006.19C Use of Time Out: pg. 33				
Child's time out is in a safe/lighted/well-ventilated area and within direct vision of staff	☐	☐	☐	☐
Child's time out does not exceeded 1 minute per year of child's age	☐	☐	☐	☐
Extended time out is approved as a part of a behavior management plan developed by a licensed certified professional qualified to identify the special needs of a child	☐	☐	☐	☐
4-006.19D Use of Physical Hold: Physical Hold: pg. 33				
Is not used for reason other than child hurting self, others, or property	☐	☐	☐	☐
Does not prevent child from breathing or speaking	☐	☐	☐	☐

Ends when child is calm and shows reasonable control of his/her behavior	☐	☐	☐	☐
4-006.19D1 Notification and Documentation: pg. 33				
Parent of child is notified of physical hold within 24 hours	☐	☐	☐	☐
Written documentation of physical hold available for review and includes name of child, date of incident, description of incident, and names of involved staff	☐	☐	☐	☐
4-006.19E Use of Restraints: pg. 34				
Staff who participate in restraining a child must be trained in de-escalation and use of restraints by certified trainer accepted by the Department	☐	☐	☐	☐
Written documentation of restraint use available for review and includes child's name, date of incident, description of incident, and name of staff involved	☐	☐	☐	☐
4-006.20 Prohibited Language, Materials, and Actions: pg. 34				
Children not exposed to profanity, sexually explicit material, acts of violence, or acts of racism	☐	☐	☐	☐
4-006.21 Child Development Program: pg. 34				
Written Child Development Program available for review by parent/Department and includes; indoor play, outdoor play, napping/rest periods, individual/group playtimes, reading/exploring books, daily reading with children of age-appropriate literature, fostering language and social development by talking, interacting, and modeling appropriate language and behavior	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials: pg. 34				
SAO Center has enough age-appropriate equipment and reading materials	☐	☐	☐	☐
4-006.21B Sleeping Surfaces: pg. 35				
SAO Center provides acceptable beds/cots/sofas/sleeping bags/waterproof mats	☐	☐	☐	☐
Wading and Swimming:				
☐ **SAO CENTER DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities: pg. 35				
Children are accompanied, adequately supervised and kept safe during wading/swimming while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources: pg. 35				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
4-006.22B Wading: pg. 35				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities Off the Premises: pg. 35				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
4-006.22D Permission for Center-Supervised Activities Off the Premises: pg. 35				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools: pg. 36				
SAO Center only takes children to swim in a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: pg. 36				

An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
Pool on Premises:				
☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22G Pool on the Premises Not Used by Children in Care: pg. 36				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
4-006.22H Pool on the Premises Used by Children in Care: pg. 36				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains required staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
Transportation:				
☐ **SAO CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.23 Transportation: pg. 37				
Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle was in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
4-006.23 Transportation: If transportation is provided the transportation policy: pg. 37				
Is available to staff who transport, parents, and Department	☐	☐	☐	☐
Describes restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill/vehicle breaks down/ involved in an accident/or other emergencies	☐	☐	☐	☐

Regulations Compliance Review Licensing

School-Age-Only Center Checklist

Medications:

☐ **SAO CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.24A Giving or Applying Medication: Staff give/apply: pg. 37				
Medications know the Five Rights	☐	☐	☐	☐
The right drug, to the right child, in the right dose, by the right route, at the right time	☐	☐	☐	☐
4-006.24B Competence to Give or Apply Medication: pg. 38				
Parents or any licensed health care professional are responsible for determining if SAO Center staff are competent to give/apply medication	☐	☐	☐	☐
Director assesses the ability of staff to give/apply medication available	☐	☐	☐	☐
4-006.24C Confidentiality: pg. 38				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
SAO Center advises parents in writing of use of private method to inform Center of medication needs	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff: pg. 38				
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied: pg. 38				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: pg. 39	☐	☐	☐	☐
Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medication	☐	☐	☐	☐
4-006.24G Storage: pg. 39				
All prescription/nonprescription medications, including emergency medications, are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐
Medications are kept in original container, stored according to instructions, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
4-006.24H Record-Keeping: pg. 39				
Written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.24I Children Taking/Applying Medication: pg. 39				
Parent written permission is available for children who take/apply their own medication	☐	☐	☐	☐

4-006.25 Food Service: Meals and snacks: pg. 39				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meets USDA requirements and a weekly menu is provided upon request	☐	☐	☐	☐

If provided by parent, is supplemented to meet USDA guidelines	☐	☐	☐	☐
If a child's diet is not required to meet USDA guidelines a physician's statement is available for review	☐	☐	☐	☐
4-006.25A Meals and Snacks: pg. 39				
SAO Center offers required number of meals/snacks	☐	☐	☐	☐
4-006.26 Food Safety: SAO Center ensures: pg. 40				
Food Code is followed when food is prepared or served	☐	☐	☐	☐
Food Code is followed when food is prepared at another location	☐	☐	☐	☐
4-006.27A Telephone: pg. 40				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of: pg. 40				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams: pg. 40				
Fire and tornado safety diagrams include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Fire and Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
Fire safety diagram includes evacuation routes	☐	☐	☐	☐
Tornado safety diagram identifies safe locations	☐	☐	☐	☐
4-006.27D Disaster Preparedness: pg. 40				
Written Disaster Preparedness Plan available for review and includes; evacuation/moving children to safe location, notification of parents of emergency, reunification of child/parent after evacuation, and evacuation and reunification of children with special needs	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of: pg. 40-41				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulations	☐	☐	☐	☐
4-006.27F First Aid Kit: First Aid Kit: pg. 41				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
With poisons/medications in locked storage	☐	☐	☐	☐
Includes fever thermometer, soap, bandages, gauze, first aid tape, scissors, and disposable gloves	☐	☐	☐	☐
4-006.28 Environmental Services: pg. 41				
Every area and building on the entire SAO center premises complies with regulations	☐	☐	☐	☐
Child care is provided in a safe, clean, and comfortable environment	☐	☐	☐	☐
4-006.28A Housekeeping and Maintenance: pg. 41-42				
SAO Center and grounds are clean, safe, and in good repair and free of exposed lead-based paint surfaces	☐	☐	☐	☐
Rooms, walls, floors, and/or ceilings are clean, dry, in good repair, and free of odor from sewage/ mold/mildew or other unsanitary conditions	☐	☐	☐	☐
Heating/ventilation/lighting are adequate to protect health of children	☐	☐	☐	☐
Licensee equips and maintains premises to prevent entrance/harborage/breeding of rodents/flies/ insects/vermin	☐	☐	☐	☐

Doors opening to the outside are self-closing and ventilation windows screened	☐	☐	☐	☐
Garbage/rubbish is disposed of to minimize odor, transmission of disease, and prevent attraction of rodents, insects, flies, and vermin	☐	☐	☐	☐
Indoor and outdoor garbage containers are water-tight, have tight fitting covers, are fly/rodent proof	☐	☐	☐	☐
Garbage is not burned on premises	☐	☐	☐	☐
Carpeting in bathroom(s) is removable, washable, and non-shag	☐	☐	☐	☐
Carpeting is not in food preparation area	☐	☐	☐	☐
Walls and ceilings in food preparation/storage rooms are smooth, cleanable, and light color	☐	☐	☐	☐
Walls subject to splash are smooth and washable	☐	☐	☐	☐
4-006.28B Maintenance of Materials, Equipment, Fixtures, Furnishings: pg. 42				
Materials, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Materials, equipment, fixtures, and furnishings do not have sharp edges, rust, and/or loose parts	☐	☐	☐	☐
Furniture and equipment arranged so as to not interfere or block exists	☐	☐	☐	☐
Process in place for routine and preventive maintenance of materials, equipment, fixtures,furnishings	☐	☐	☐	☐
4-006.29 Environmental Safety: pg. 42				
Environment is safe and hazard-free	☐	☐	☐	☐
4-006.29A Smoking: pg. 42				
Smoking does not occur indoors in the SAO Center	☐	☐	☐	☐
4-006.29A Smoking: If located in a private residence: pg. 42				
Smoking does not occur in SAO Center that is a private residence during hours of operation when children are in care	☐	☐	☐	☐
Prior to Enrollment parents of enrolled children are informed that smoking occursin the SAO Center	☐	☐	☐	☐
4-006.29B Alcohol and Controlled Substances: pg. 42-4				
Alcohol is not present in any area used for child care while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on SAO Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on SAO Center premises	☐	☐	☐	☐
4-006.29B Alcohol and Controlled Substances: If located in a private residence: pg. 42-43				
Alcohol is not consumed in area used for SAO Center when children in care are present	☐	☐	☐	☐
Use of/possession of unlawful controlled substances are not on SAO Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on SAO Center premises	☐	☐	☐	☐
Animals and Pets:				
☐ **SCHOOL-AGE-ONLY CENTER DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.29C Animals/Pets: pg. 43				
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
Have provisions to prevent the acquisition and spread of fleas, ticks, and other parasites	☐	☐	☐	☐
During food preparation/serving, pets are not allowed in food preparation/serving/ food storage areas	☐	☐	☐	☐
Licensee complies with local pet ordinances	☐	☐	☐	☐
4-006.29D Prohibited Animals: pg. 43				

Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during during hours of operation	☐	☐	☐	☐
4-006.29E Other Environmental Safety Requirements: pg. 43-44				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while child(ren) in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Electrical outlets within reach of children under the age of 6 are covered with safety caps/ground fault interrupters/or have safety outlets installed	☐	☐	☐	☐
Disposable towelettes/drinking containers/personal care items/towels and washcloths are not shared by children	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
Covered and waterproof containers for soiled or wet clothing are available	☐	☐	☐	☐
Deep freezers that cannot be opened from the inside are locked or stored in locked room	☐	☐	☐	☐
Firearms/potentially hazardous weapons/weapon accessories/ammunition are not on SAO Center premises	☐	☐	☐	☐
4-006.29E Other Environmental Safety Requirements: If located in a private residence: pg. 43-44				
Firearms/potentially hazardous weapons/weapon accessories/ammunition are stored in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and separately from ammunition	☐	☐	☐	☐
4-007.01 Activity Space: pg. 44				
Activity space has furnishings to accommodate all activities/age-appropriate needs of all children/is available for all children, and contains at least 35 square feet of space per child	☐	☐	☐	☐
4-007.02B Water Supply: pg. 45				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐
Non-Public Water & Non-Public Sewage System:				
☐ **SCHOOL-AGE-ONLY CENTER HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-007.02B Water Supply: Non-Public Water: pg. 45				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
4-007.02C Sewer Requirements: Non-Public Sewage System: pg. 45				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐

4-007.03 Outdoor Play Areas: Outdoor play area: pg. 45-46

Accommodates 25% of license capacity with 50 square feet per child	☐	☐	☐	☐
Is clean, safe, contains no accident hazards, debris, or stagnant water	☐	☐	☐	☐
Is free of barnyard animals or fowl	☐	☐	☐	☐
Is free of animal waste	☐	☐	☐	☐
4-007.03A Outdoor Play Area: pg. 46				
Equipment is not rusty or have sharp or hazardous edges	☐	☐	☐	☐
4-007.03B Outdoor Play Equipment: pg. 46				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
4-007.03C Playground Surfaces: pg. 46				
Playground surface under climbing equipment is resilient material	☐	☐	☐	☐
4-007.04 Toilets and Sinks: pg. 46				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐
Toilet rooms fully enclosed	☐	☐	☐	☐
Sinks readily available to each toilet area	☐	☐	☐	☐
Sanitary dispensing and disposal units for paper towels are available and at heights convenient for children's use	☐	☐	☐	☐
Toilets/sinks are conveniently located, clean, operable and in good repair	☐	☐	☐	☐
Toilets/sinks are designed for children with special needs, if applicable	☐	☐	☐	☐
Toilets/sinks are of suitable height or safe stepstools are provided	☐	☐	☐	☐
4-007.04A Toilets and Sinks: pg. 46				
Doors opening to the toilet room directly from a food service area are self-closing and tight fitting	☐	☐	☐	☐
4-007.04B Toilets and Sinks: pg. 46				
Adults and children wash hands after using bathroom prior to resuming work or play	☐	☐	☐	☐
4-007.05 Fire Safety: pg. 46				
Licensee maintains fire safety approval	☐	☐	☐	☐
4-007.06 Sanitation: pg. 47				
Licensee maintains sanitation approval	☐	☐	☐	☐
Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐
Other Comments:				

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Child Care Center Short Checklist
Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number _____ **License Capacity:** _____

Ages of Children Served _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual _____ Facility _____ Records

☐ Amendment (Describe) _____

_____

Date(s) Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health

Child Care Center Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
3-004.06 Notification of Changes: Change:				
In hours/days/age of children reported to department five working days before date of change	☐	☐	☐	☐
In director reported to Department within two working days	☐	☐	☐	☐
3-006.01 Licensee Requirements: The Licensee ensures:				
The Center is administered/managed appropriately	☐	☐	☐	☐
The Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
3-006.02 Director Requirements: The Director:				
Is responsible for day-to-day operations of center	☐	☐	☐	☐
Is responsible for compliance with statutes and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of center	☐	☐	☐	☐
When absent from center, has a designee in charge	☐	☐	☐	☐
Ensures that staff identify and review incidents, accidents, complaints, and concerns, and monitor patterns and trends in overall operation and take action to alleviate problems	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the child care center	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own child	☐	☐	☐	☐
Ensures that maximum capacity is not exceeded	☐	☐	☐	☐
Ensures that staff/child ratio is maintained	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
3-006.03C Report of Law Enforcement Contact: The Licensee:				
If individual or partner, completes a Report of Law Enforcement Contact on themselves and update it annually	☐	☐	☐	☐
Obtains a completed Report of Law Enforcement Contact for each staff and volunteers, age 19 years or older, and updates it annually	☐	☐	☐	☐
3-006.03D Notification of Law Enforcement Contact:				
As soon as Licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and the Licensee/Director requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
3-006.03E Investigations and Repeat Registry Checks:				
Licensee/Director reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult.	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child/vulnerable adult are not left alone with children	☐	☐	☐	☐
3-006.03F Health Information Report:				

Licensee/Director submits completed Health Information Reports for self and all staff who are responsible for the supervision of children more than 20 hours a week and updates report annually	☐	☐	☐	☐
3-006.08A Safety Training-Director:				
Centers licensed before May 20, 2013, Director must complete by May 20, 2016, or 3 years from date of hire, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete within 3 years of provisional license date/date of hire and every 5 years	☐	☐	☐	☐
3-006.08B Child Care Management Training-Director:				
Centers licensed before May 20, 2013, Director must complete by May 20, 2018 or 5 years of hire date	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete within 5 years of hire date	☐	☐	☐	☐
3-006.04C Nebraska's Early Learning Guidelines Training-Director:				
Centers licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or 4 years from hire date, and one domain annually until complete	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete one domain within 4 years of hire date and one domain annually until complete	☐	☐	☐	☐
3-006.9A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed	☐	☐	☐	☐
3-006.09B Nebraska's Early Learning Guidelines Training-Teachers:				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
3-006.10A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse, neglect of children and reporting requirements.	☐	☐	☐	☐
Child care center regulations	☐	☐	☐	☐
Evacuation plans in the event of a fire	☐	☐	☐	☐
Safety plans in the event of a tornado	☐	☐	☐	☐
Emergency preparedness in the event of a disaster	☐	☐	☐	☐
Center's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
3-006.10B Nutrition and Food Safety Training: Documentation of:				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2014	☐	☐	☐	☐
3-006.10C Transportation Training:				
Driver hired on/after May 20, 2013 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
3-006.10E CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐

Child Care Center Short Checklist

3-006.11A Staff Records: Records include: (Review 3 records - 1 new hire if available):				
Name, address, telephone number, and Social Security Number of staff	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact, updated annually	☐	☐	☐	☐
Health Information Report, updated annually	☐	☐	☐	☐
Documentation of qualifications for the position	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understand regulations	☐	☐	☐	☐
Documentation of orientation training (effective 5/20/13)	☐	☐	☐	☐
Criminal history record checks in record (effective 5/20/13)	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (effective 5/20/13)	☐	☐	☐	☐
3-006.11C Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (Effective 5/20/13)	☐	☐	☐	☐
3-006.12 Child's Record:				
Child's record is completed before enrollment, current, and available for review	☐	☐	☐	☐
3-006.13 Parent Information Brochure:				
Parent Information Brochure receipt signed, dated and available for review	☐	☐	☐	☐
3-006.14B Center Policies:				
Center policies are available for Department review	☐	☐	☐	☐
3-006.15A Licensed Capacity:				
Licensed capacity is not exceeded	☐	☐	☐	☐
3-006.15B Staffing Requirements:				
Staff are awake and alert to the needs of children at all times including nap and rest times	☐	☐	☐	☐
Each room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
During nap time at least one teacher is in the room where children are napping and the staff/child ratio is maintained on the center premises	☐	☐	☐	☐
Required number of staff are on premises at all times	☐	☐	☐	☐
3-006.15C Staff-to-Child Ratio:				
The Center is in compliance with required staff-to child ratio	☐	☐	☐	☐
Based on the numbers and ages of children in care, ___ staff needed; ___ staff present	☐	☐	☐	☐
3-006.16A Notification to Parents:				
Parents of ALL enrolled children are notified on the same day licensee is informed of or observes communicable diseases	☐	☐	☐	☐

Licensee/Director posts notice of outbreak in conspicuous place	☐	☐	☐	☐
3-006.16B Confidentiality:				
Licensee/Director/Staff do not release the names of ill child(ren) without permission	☐	☐	☐	☐
3-006.16C Health Authority:				
The Center follows the health authority's directives in the event of a communicable disease outbreak	☐	☐	☐	☐
3-006.17 Children Excluded Due to Illness:				
The Center enforces written policy for exclusion due to illness	☐	☐	☐	☐
3-006.18 Immunizations:				
Immunization record is obtained and available for review within 30 days of enrollment	☐	☐	☐	☐
Immunization record is updated each time a child receives additional immunizations.	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for the child, or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing the child(ren)	☐	☐	☐	☐
3-006.19 Supervision of Children: Staff:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove child(ren) from harm	☐	☐	☐	☐
3-006.19A Permission for Off-Premises Supervision:				
Parents are informed when child(ren) are taken outside premises of center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off center premises is available	☐	☐	☐	☐
3-006.19B Permission for Child to Leave Premises:				
Documentation of written parental permission for the child to leave the center premises to participate in activities not provided by the center, which includes the parent understands the licensee is not responsible for supervision, is available	☐	☐	☐	☐
3-006.20A Discipline:				
Staff use appropriate forms of discipline	☐	☐	☐	☐
3-006.22A Toys, Equipment, and Materials:				
Center has enough age-appropriate toys, equipment and materials	☐	☐	☐	☐
Child(ren) under 3 years do not have access to items that are a choking hazard	☐	☐	☐	☐
3-006.22B Beds, Cribs, and Sleeping Surfaces: (toddlers, pre-school, and school-age children):				
Center provides acceptable beds/cots/cribs/playpens/sofas/sleeping bags/waterproof mats at least one inch thick and 45 inches long	☐	☐	☐	☐
Cribs/Play Pens/ Cots/Mats are separated by 3 feet of space	☐	☐	☐	☐
Cribs/Play Pens/Cots/Mats are disinfected daily or marked for individual use and disinfected weekly and as needed	☐	☐	☐	☐
Infant Care:				
☐ **LICENSEE DOES NOT PROVIDE INFANT CARE. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.22B Beds, Cribs, and Sleeping Surfaces:				
Cribs or playpens are used for infants age 12 months and under for sleeping	☐	☐	☐	☐
Center does not use cots, cushions, futons, mats, or pillows for infants 12 months and under	☐	☐	☐	☐
Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
Playpen mattresses are designed for that playpen and covered with fitted sheet	☐	☐	☐	☐

Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding. Blankets (if used) are secured under the mattress and reach no higher than infant's chest	☐	☐	☐	☐
3-006.23 Infant Care:				
Specific center staff are assigned to all infants in writing	☐	☐	☐	☐
Emotional and physical needs of infants are met consistently and promptly	☐	☐	☐	☐
Infant cries are investigated immediately	☐	☐	☐	☐
Infants are held, talked to and engaged in play daily	☐	☐	☐	☐
Infants under 6 months are held while being fed	☐	☐	☐	☐
Infants not able to hold bottle are held while being fed	☐	☐	☐	☐
Infant bottles are not propped or left with a sleeping infant	☐	☐	☐	☐
High chairs are equipped with three-point safety straps	☐	☐	☐	☐
A signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
Infants are placed on back for sleeping or a medical note, indicating another infant sleeping position signed by a for review by physician, physician's assistant or nurse practitioner is available for review	☐	☐	☐	☐
3-006.23A Infant Care Rooms: The Infant care room:				
Is limited to 12 or fewer children	☐	☐	☐	☐
1 – 4 infants has at least 1 staff	☐	☐	☐	☐
5 – 8 infants has at least 2 staff	☐	☐	☐	☐
9 – 12 infants has at least 3 staff	☐	☐	☐	☐
Contains sufficient equipment to remove infants during emergencies if needed	☐	☐	☐	☐
3-006.23B Diapering and Toileting:				
Diapering procedures are established and followed by all staff	☐	☐	☐	☐
Toilet training is conducted in agreement with the parent	☐	☐	☐	☐
Potty chairs are not present in play or eating areas	☐	☐	☐	☐
Staff properly wash hands after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly wash hands after toileting	☐	☐	☐	☐

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Overnight Care:

☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00 P.M. AND 6 A.M. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.24 Overnight Care:				
Center staff are awake and alert to the needs of children through the night	☐	☐	☐	☐
Mattresses are waterproof.	☐	☐	☐	☐

Wading and Swimming:

☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.25 Wading and Swimming Activities:				
Children are accompanied, adequately supervised and kept safe during wading/swimming activities while in care	☐	☐	☐	☐
3-006.25A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative pond for swimming or wading activities	☐	☐	☐	☐

3-006.25B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
3-006.25C Permission for Non-Center-Supervised Activities Off the Premises:				
A written and signed statement from a parent that allows child(ren) to leave premises to go swimming and acknowledges the licensee is not responsible for supervision is available for review	☐	☐	☐	☐
3-006.25D Permission for Center-Supervised Activities Off the Premises:				
A written, signed and dated statement from parent giving permission to take the child(ren) swimming off the premises, including location of pool and whether child(ren) can be in water over his/her head, is available and updated annually	☐	☐	☐	☐
3-006.25E Licensure of Swimming Pools:				
Children are taken only to a pool licensed by the Department	☐	☐	☐	☐
3-006.25F Water Safety: When depth of water is over four feet:				
An individual is on duty who has completed a swimming water safety course	☐	☐	☐	☐
Required staff to child ratio is maintained	☐	☐	☐	☐
Above-Ground or In-Ground Swimming Pool on Premises:				
NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.				
3-006.25G Pool on the Premises Not Used by Children in Care:				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
3-006.25H Pool on the Premises Used by Children in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on duty at all times	☐	☐	☐	☐
Required staff-to-child ratio is maintained; ___ staff needed; ___ staff present	☐	☐	☐	☐
Transportation:				
☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
3-006.26 Transportation:				
Children are not left alone in the vehicle	☐	☐	☐	☐
Smoking does not occur in the vehicle	☐	☐	☐	☐
Door(s) are locked when the vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Car seats are federally approved and correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are properly restrained in the vehicle	☐	☐	☐	☐
Child(ren) are not transported to any location without prior knowledge of the parent	☐	☐	☐	☐
Child(ren) are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Child(ren) younger than school-age are not transported in bus without required restraint system	☐	☐	☐	☐

Department of Health & Human Services
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Division of Public Health

Child Care Center Short Checklist

Medications:

☐ **CHILD CARE CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-006.27A Giving or Applying Medication:				
Staff giving/applying medications know the five rights	☐	☐	☐	☐
3-006.27C Confidentiality:				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
3-006.27D Written Permission and Instructions: Staff:				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parent(s) of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to child(ren) and return/destroy it	☐	☐	☐	☐
3-006.27E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
3-006.27F Hand Washing: Staff properly wash hands:				
Before giving/applying medication	☐	☐	☐	☐
Before and after giving/applying medications, if handling of bodily fluids is involved	☐	☐	☐	☐
3-006.27H Record-Keeping:				
A written record is kept of time and amount of medication given/applied	☐	☐	☐	☐

3-006.29 Food Safety:				
The Center stores, prepares, protects, serves, and disposes of food in a safe and sanitary manner	☐	☐	☐	☐
3-006.29A Storage of Breast Milk and Formula:				
All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen	☐	☐	☐	☐
Unfrozen breast milk is discarded after 48 hours and frozen breast milk is kept in freezer for no more than three months	☐	☐	☐	☐
Formula provided by the licensee is made from commercially prepared products and unused prepared formula is discarded as indicated by the label	☐	☐	☐	☐
3-006.30A Telephone:				
A working telephone available at all times	☐	☐	☐	☐
Emergency numbers are prominently posted	☐	☐	☐	☐
3-006.30B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month	☐	☐	☐	☐
At least one fire drill per year is completed during naptime	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
At least one tornado drill per year is completed during naptime	☐	☐	☐	☐
3-006.30C Fire and Tornado Safety Diagrams:				
Include a layout of the child care area and are prominently posted	☐	☐	☐	☐
Explain the evacuation of children with special needs	☐	☐	☐	☐

3-006.30D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review by the Department	☐	☐	☐	☐
3-006.30E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of any child	☐	☐	☐	☐
Injury to a child that requires hospitalization or treatment at a medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility which results in inability of the licensee to comply with regulations	☐	☐	☐	☐
3-006.30F First Aid Kit:				
Is available on the premises and is inaccessible to children	☐	☐	☐	☐
3-006.31 Environmental Services:				
Every area and building on the entire child care premises complies with regulations. Child care is provided in a safe, clean and comfortable environment	☐	☐	☐	☐
3-006.31A Housekeeping and Maintenance:				
Center and grounds are clean, safe, and in good repair, and free of exposed lead-based paint surfaces	☐	☐	☐	☐
3-006.31B Maintenance of Equipment, Fixtures, Furnishings, and Toys:				
Equipment, fixtures, furnishings, and toys are clean, safe, and in good repair	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
The Center has a process is in place for routine and preventive maintenance of equipment, fixtures, furnishings, and toys	☐	☐	☐	☐
3-006.32A Smoking:				
Smoking does not occur indoors in the Child Care Center	☐	☐	☐	☐
3-006.32B Alcohol and Controlled Substances:				
Alcohol is not present in any area used for child care while children are in care	☐	☐	☐	☐
Use of or possession of unlawful controlled substances not allowed on center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on center premises	☐	☐	☐	☐
Animals:				
☐ **LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONSARE NOT APPLICABLE.**				
3-006.32C Animals/Pets:				
Animals in the center do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations is available	☐	☐	☐	☐
3-006.32D Prohibited Animals:				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation or determined to be dangerous by the Health Authority are not on premises during hours of operation	☐	☐	☐	☐
3-006.32E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription are kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for medications required to be refrigerated	☐	☐	☐	☐

Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
3-007.02B Water Supply:				
Water temperature at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
3-007.03C Outdoor Play Equipment:				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
3-007.03D Playground Surfaces:				
Playground surface under climbing equipment, swings, slides and other equipment is made of resilient material	☐	☐	☐	☐
3-007.04 Toilets and Sinks:				
A sufficient number of toilets/ sinks are conveniently located, clean, operable, and in good repair	☐	☐	☐	☐
Doors opening directly to a food service area are self-closing and tight-fitting	☐	☐	☐	☐
Staff and children properly wash hands prior to resuming work or play	☐	☐	☐	☐
3-007.05 Fire Safety:				
Licensee maintains fire safety approval	☐	☐	☐	☐
3-007.06 Sanitation:				
Licensee maintains sanitation approval	☐	☐	☐	☐

Child Care Center Located in the Residence of the Licensee or Another Person:

☐ **CHILD CARE CENTER IS NOT LOCATED IN RESIDENCE OF LICENSEE OR OTHER PERSON. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

3-004.06 Notification of Changes: Change of household members' age:				
13 and older is reported to Department five working days before date of change	☐	☐	☐	☐
12 or younger is reported to Department within two working days	☐	☐	☐	☐
3-006.03 Criminal History Record Checks:				
Criminal history record check is conducted on new household members age 19 or older, (effective on May 20, 2013)	☐	☐	☐	☐
3-006.03B Registry Checks:				
Child Abuse/Neglect Central Registry check on household members age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Register Check conducted on all household members age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry Checks conducted on new household members age 19 or older, (effective on or after May 20, 2013)	☐	☐	☐	☐
Any household member listed as a "perpetrator" on Child Abuse/Neglect, Adult Protective Services, and/or Nebraska State Patrol Sex Offender Registry is not on the premises during hours of operation	☐	☐	☐	☐
3-006.03D Notification of Law Enforcement Contact:				
Licensee reports law enforcement contact on household member to the Department as soon as he/she is made aware	☐	☐	☐	☐

Non-Public Water or Non-Public Sewer System:

☐ **CHILD CARE CENTER HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

Child Care Center Short Checklist

3-007.02B Water Supply: Non-Public Water:				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
3-007.02C Sewer Requirements: Non-Public Sewage System:				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality Regulations	☐	☐	☐	☐
Neb. Rev. Stat. 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐
Other Regulations Evaluated and/or Comments:				

CRITERIA FOR USING CHILD CARE LICENSING SHORT CHECKLIST

1. **Prior to using a shortened checklist a Child Care Licensing Specialist must be fully trained and have been on the job for six months, unless approved to use the short checklist by his/her supervisor.**

2. **The licensee must, at the time of the inspection, be in compliance with ratio and not exceed capacity. If the licensee is not in compliance, CCIS must use the full checklist.**

3. **The licensee must not be on a disciplinary action.**

4. **The licensee must have at least one full checklist completed under the "new" regulations and all corrections made.**

5. **The licensee must have an operational license.**

6. **The shortened checklist may be used twice and then a full check list is required.**

7. **A minimum of three child's records must be reviewed.**

Department of Health & Human Services
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NEBRASKA

Division of Public Health

FCCH I and FCCH II Short Checklist
Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Type: _____ **License Number:** _____ **License Capacity** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

Alternative Compliance Requested: ☐ Yes ☐ No

Type of Inspection: ☐ Annual

☐ Amendment (Describe): _____

Date Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

Department of Health & Human Services
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FCCH I and FCCH II Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
1-006.01/2-006.01 Licensee Qualifications & Requirements: The licensee:				
Is responsible for day-to-day operation	☐	☐	☐	☐
Has read, understands and is familiar with regulations	☐	☐	☐	☐
Is in compliance with all regulations whenever child(ren) are in care	☐	☐	☐	☐
Allows parents immediate and unlimited access to their child(ren)	☐	☐	☐	☐
Allows access to the premises by agent or employee of the Department	☐	☐	☐	☐
Does not knowingly allow an individual to be on the premises that has been convicted of, admitted to, or there was substantial evidence of, crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her child	☐	☐	☐	☐
Immediately reports suspected child abuse/neglect or sexual abuse of a child	☐	☐	☐	☐
1-006.02C/2-006.02C Reports of Law Enforcement Contact:				
The applicant / licensee completes a Report of Law Enforcement contact on him/herself and obtains a completed report for each staff member, volunteer, and household member. Each report is updated, signed, and dated annually	☐	☐	☐	☐
1-006.02F/2-006.02F Health Information Report:				
Licensee updates Health Information Report annually	☐	☐	☐	☐
2-006.03A Primary Provider: **FCCH II ONLY**				
Is at least 19 years of age	☐	☐	☐	☐
Is of good moral character	☐	☐	☐	☐
Does not engage in or have a history of behavior injurious to or which may endanger health/ morals of children	☐	☐	☐	☐
Is on the child care premises sufficient hours to permit adequate attention to the management of the program	☐	☐	☐	☐
Has read, understands, and is familiar with the regulations	☐	☐	☐	☐
1-006.04B Safety Training:				
Programs licensed before May 20, 2013, provider must complete by May 20, 2016 and every 5 years	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 3 years of provisional license date and every 5 years	☐	☐	☐	☐
1-006.04C/2-006.04C Business Management Training:				
Programs licensed before May 20, 2013, provider must complete by May 20, 2018	☐	☐	☐	☐
Programs licensed on or after May 20, 2013, provider must complete within 5 years of provisional license date	☐	☐	☐	☐
1-006.04D/2-006.04D/2-006.04D Nebraska's Early Learning Guidelines Training:				
Programs licensed before May 20, 2013, provider must complete one domain by May 20, 2017 and one domain annually until complete	☐	☐	☐	☐
Programs licensed before May 20, 2013, provider must complete one domain within 4 years of provisional license date and one domain annually until complete	☐	☐	☐	☐

FCCH I and FCCH II Short Checklist

1-006.04E/2-006.04E Annual Training:	☐	☐	☐	☐
Primary Provider obtains 12 clock hours of in-service training in previous calendar year and documentation is available	☐	☐	☐	☐
Each staff working more than 20 hours each week obtained 12 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
Each staff working 20 hours or less each week obtained 6 clock hours of documented in-service training in the previous year	☐	☐	☐	☐
1-006.04F /2-006.04F Cardiopulmonary Resuscitation (CPR) and First Aid Training:	☐	☐	☐	☐
The licensee / primary provider maintains current CPR and First Aid training and documentation is available for review	☐	☐	☐	☐
1-006.05A/2-006.05A Primary Provider and Staff: Records include, except substitutes and volunteers:				
Name, Address, Telephone number, Social Security number, and Hire/termination date	☐	☐	☐	☐
Report of Law Enforcement Contact is updated annually	☐	☐	☐	☐
Criminal History Record check (staff who started May 20, 2013 or after)	☐	☐	☐	☐
Documentation of Registry checks with no adverse findings.	☐	☐	☐	☐
Health Information Report (if works more than 20 hours/wk.)	☐	☐	☐	☐
Documentation of required training	☐	☐	☐	☐
1-006.06/2-006.06 Child's Record:				
Is completed before enrollment, kept current, and available for review by the Department	☐	☐	☐	☐
1-006.07/2-006.07 Parent Information brochure:				
Parent Information Brochure receipt signed, dated, and available for review	☐	☐	☐	☐
1-006.08A/2-006.08A Licensed Capacity:				
Licensee does not exceed license capacity	☐	☐	☐	☐
1-006.08B-006.08B Staff-to-Child Ratio:				
Licensee is in compliance with staff-to-child ratio	☐	☐	☐	☐
1-006.09A/2-006.09A Notification to Parents: The licensee:				
Notifies parents of ALL enrolled children on the same day licensee is informed of or observes the communicable disease	☐	☐	☐	☐
Posts notice of an outbreak in conspicuous place	☐	☐	☐	☐
1-006.09C/2-006.09C Health Authority:				
Licensee follows the health authority's directives in event of a communicable disease outbreak	☐	☐	☐	☐
1-006.10/2-006.10 Children Excluded Due to Illness:				
Licensee enforces written policy for exclusion of care due to illness	☐	☐	☐	☐
1-006.11/2-006.11 Immunizations:				
Immunization record for each child is obtained within 30 days of enrollment and is available for review	☐	☐	☐	☐
Immunization record is updated each time a child receives additional immunizations	☐	☐	☐	☐
Certification by medical personnel that immunization is not appropriate for the child; or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing the child(ren), if no immunization record	☐	☐	☐	☐
1-006.12-006.12 Supervision of Children: The Licensee:				
Knows whereabouts and is within sight or sound of all children at all times	☐	☐	☐	☐

FCCH I and FCCH II Short Checklist

Is alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protects or removes children from harm	☐	☐	☐	☐
1-006.12A/2-006.12A Supervision in the Absence of the Primary Provider: Substitutes:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
If a substitute is used, parents are notified in advance except in an emergency situation	☐	☐	☐	☐
1-006.12B/2-006.12B Permission for Off-Premises Supervision:				
Documentation of written parent permission to take children off-premises is available for review	☐	☐	☐	☐
1-006.12C/2-006.12C Permission for Child to Leave Premises:				
Written permission from parent for child to leave the premises, which includes the parent understands the licensee is not responsible for supervision, is available for review by the Department	☐	☐	☐	☐
1-006.12D1/2-006.12D1 Supervision During Outdoor Play with Fenced Play Area:				
In fenced area children under 2 years are accompanied and supervised and children 2 years of age or older are supervised at all times	☐	☐	☐	☐
1-006.12D2/2-006.12D2 Supervision During Outdoor Play with Unfenced Play Area:				
In unfenced area children under 4 years are accompanied and supervised and children 4 years of age or older are supervised at all times	☐	☐	☐	☐
1-006.13/2-006.13 Discipline:				
Provider uses appropriate methods of discipline	☐	☐	☐	☐
1-006.15A/2-006.15A Toys, Equipment and Materials:				
Licensee has enough age-appropriate toys, equipment, and materials	☐	☐	☐	☐
Child(ren) under 3 years of age do not have access to items that are a choking hazard	☐	☐	☐	☐
1-006.15B/2-006.15B Beds, Cribs, and Sleeping Surfaces:				
For all Children, licensee provides acceptable bed/cot/crib/playpen/sofa/sleeping bag/waterproof mat	☐	☐	☐	☐
Cribs or playpens are used for infants age 12 months and under for sleeping	☐	☐	☐	☐
Cribs are federally approved, equipped with tight-fitting mattress and fitted sheet	☐	☐	☐	☐
Playpen mattresses are designed for that playpen and covered with a fitted sheet	☐	☐	☐	☐
Cribs/playpens do not contain soft objects/bumper pad/toys/loose bedding. If used, blankets are secured under mattress of crib or playpen, and reach no higher than the chest of the infant	☐	☐	☐	☐
1-006.16/2-006.16 Infant/Toddler Care:				
Infant cries are investigated immediately	☐	☐	☐	☐
Infants are held, talked to, and are engaged in play every day	☐	☐	☐	☐
Infants under 6 months of age, or those not yet able to hold their own bottles, are held when fed and Infant bottles are not propped and are removed from sleeping infants	☐	☐	☐	☐
High chairs are equipped with three-point safety straps	☐	☐	☐	☐
A signed statement by parent describing formula and feeding schedule is available for review	☐	☐	☐	☐
Infants are placed on their back for sleeping or a medical note by physician, physician's assistant or nurse practitioner indicating another sleeping position, is available for review	☐	☐	☐	☐
1-006.16A/2-006.16A Diapering and Toileting:				
Diapering procedures are established and followed	☐	☐	☐	☐

Toilet training is done in agreement with the parent	☐	☐	☐	☐
Potty chairs are not present in play or eating areas	☐	☐	☐	☐
Licensee properly washes hands after helping child(ren) with toileting	☐	☐	☐	☐
Child(ren) properly wash hands after toileting	☐	☐	☐	☐
Overnight Child Care:				
☐ **LICENSEE DOES NOT PROVIDE CHILD CARE BETWEEN THE HOURS OF 9:00PM AND 6:00 AM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
1-006.17/2-006.17 Overnight Care:				
Licensee is awake until all children are asleep and sleeps on the same level as children	☐	☐	☐	☐
A portable fire extinguisher with minimum rating 2A10BC is located in licensee/staff sleeping room	☐	☐	☐	☐
Adequate smoke detection is present in sleeping room(s)	☐	☐	☐	☐
Fire extinguisher is properly maintained according to state fire code	☐	☐	☐	☐
Children Engage in Wading/Swimming Activities:				
☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF THE PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
1-006.18A/2-006.18A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tank, or decorative pond for wading or swimming activities	☐	☐	☐	☐
1-006.18B/2-006.18B Wading:				
Children are accompanied/directly supervised during wading and other water play	☐	☐	☐	☐
The wading pool is drained and sanitized daily and inaccessible when not in use	☐	☐	☐	☐
1-006.18C/2-006.18C Permission for Non-Licensee-Supervised Activities Off the Premises:				
Written and signed permission from parent to swim off premises is available for review and includes parent acknowledgement that licensee is not responsible for supervision when swimming off premises	☐	☐	☐	☐
1-006.18D/2-006.18D Permission for Licensee-Supervised Activities Off the Premises:				
A written, signed, and dated statement from a parent giving permission to take child swimming off premises, including location of pool and whether child(ren) can be in water over his/her head, is available for review and updated annually	☐	☐	☐	☐
1-006.18/2-006.18E Licensure of Swimming Pools:				
Children are taken only to a pool licensed by the Department	☐	☐	☐	☐
1-006.18F/2-006.18F Water Safety: When depth of the water is over four feet:				
An individual is on duty at all times who has satisfactorily completed swimming water safety course	☐	☐	☐	☐
Above-Ground Pool or In-ground Swimming Pool on Premises:				
☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
1-006.18G/2-006.18G Pool on the Premises Not Used by Children in Care:				
The pool enclosed by fence that is 4 feet high and flush with the ground	☐	☐	☐	☐
Above ground pool has non-climbable walls	☐	☐	☐	☐
If covered, the licensee uses manufacturer's recommended cover	☐	☐	☐	☐
Rescue equipment is readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
1-006.18H/2-006.18H Pool on the Premises Used by Children in Care:				

Pool has a permit issued by the Department	☐	☐	☐	☐
If over 4 ft. deep, a person who has completed a water safety course is on duty at all times	☐	☐	☐	☐
Staff to child ratio is maintained	☐	☐	☐	☐

Transportation:

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.19/2-006.19 Transportation:				
Children are not left alone in the vehicle	☐	☐	☐	☐
No smoking in the vehicle when children are transported	☐	☐	☐	☐
The vehicle doors are locked when the vehicle is in motion	☐	☐	☐	☐
The driver has current and valid driver's license for type of vehicle used to transport	☐	☐	☐	☐
The vehicle is properly registered, has a first aid kit, and has parent contact information for each child transported	☐	☐	☐	☐
The number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved and correct for child's age or developmental level	☐	☐	☐	☐
Permission to transport from the parent is available for review by the Department	☐	☐	☐	☐
Child(ren) are transported only with the prior knowledge of the parent	☐	☐	☐	☐

Medications:

☐ **LICENSEE DOES NOT GIVE OR APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.20A/2-006.20A Giving or Applying Medication:				
Licensee/Staff giving/applying medications know the five rights	☐	☐	☐	☐
1-006.20D/2-006.20D Written Permission and Instructions: Licensee/Staff:				
Inform parents of errors in the giving or applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label of medications.	☐	☐	☐	☐
Do not give expired medications and return/destroy it	☐	☐	☐	☐
1-006.20E/2-006.20E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
1-006.20F/2-006.20F Hand Washing: Licensee / staff properly wash hands:				
Before giving/applying medication	☐	☐	☐	☐
Before and after giving/applying medications if handling of bodily fluids is involved	☐	☐	☐	☐
1-006.20H/2-006.20H Record-Keeping:				
Licensee maintains a records of time and amount of medication given or applied	☐	☐	☐	☐

1-006.22/2-006.22 Food Safety:				
The licensee stores, prepares, protects, serves, and disposes of food in a safe and sanitary manner	☐	☐	☐	☐
Individuals handling food properly wash their hands before and after handling food	☐	☐	☐	☐
All prepared formula or breast milk is refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen	☐	☐	☐	☐

FCCH I and FCCH II Short Checklist

All food preparation areas are easily cleanable and in good repair	☐	☐	☐	☐
All utensils, equipment, and food storage areas are clean and in good repair	☐	☐	☐	☐
All dishes and utensils are properly washed, rinsed, sanitized, and air dried	☐	☐	☐	☐
1-006.23A/2-006.23A Telephone:				
A working telephone is available on the premises at all times	☐	☐	☐	☐
Emergency numbers area prominently posted	☐	☐	☐	☐
1-006.23B/2-006.23B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month	☐	☐	☐	☐
Tornado drills conducted with children four times March through September	☐	☐	☐	☐
1-006.23C/2-006.23C Fire and Tornado Safety Diagrams:				
Show the layout of child care area and are prominently posted/visible	☐	☐	☐	☐
Explain the evacuation plan for children with special needs	☐	☐	☐	☐
1-006.23D/2-006.23D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review	☐	☐	☐	☐
1-006.23E/2-006.23E Notification of Emergencies: Licensee notifies Department within 24 hours or the next business day of:				
A death of any child	☐	☐	☐	☐
Any accident/injury to a child which requires hospitalization or treatment at medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off the premises	☐	☐	☐	☐
Any damage to the facility that results in the inability of the licensee to comply with regulations	☐	☐	☐	☐
1-006.23F/2-006.23F First Aid Kit:				
Is available on premises and inaccessible to children	☐	☐	☐	☐
1-006.242-006.24 Environmental Services:				
Every area and building, including accessible outbuildings on the premises, is in compliance with regulations. Childcare is provided in safe, clean, and comfortable environment	☐	☐	☐	☐
1-006.24A2-006.24A Housekeeping and Maintenance:				
The licensee provides the necessary housekeeping and maintenance to protect the health and safety of the children in care. The child care home and grounds are kept clean, safe, and in good repair	☐	☐	☐	☐
1-006.24B2-006.24B Maintenance of Equipment, Fixtures, Furnishings, and Toys:				
Equipment, fixtures, toys kept clean, safe, and in good repair	☐	☐	☐	☐
Furniture/equipment do not interfere with or block exits	☐	☐	☐	☐
1-006.25A/2-006.25A Smoking:				
Smoking does not occur indoors in child care home during hours of operation	☐	☐	☐	☐
Parent(s) are notified prior to enrollment that licensee or household member smokes	☐	☐	☐	☐
1-006.25B/2-006.25B Alcohol and Controlled Substances:				
Alcohol is not consumed in the area used for child care when children are in care	☐	☐	☐	☐
If not a private residence, alcohol is not present in area used for childcare when child(ren) are in care	☐	☐	☐	☐
There is no evidence of controlled substance not legally prescribed on premises	☐	☐	☐	☐

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Animals and Pets:

☐ **LICENSEE DOES NOT HAVE ANIMALS/PETS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-006.25C/2-006.25C Animals/Pets:				
Any animal in the home does not negatively affect child(ren)	☐	☐	☐	☐
Pet(s) are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations is available	☐	☐	☐	☐
1-006.25D/2-006.25D Prohibited Animals:				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Any animal that has bitten or attacked someone without provocation or is determined to be dangerous by the Health Authority is not on premises during hours of operation	☐	☐	☐	☐
1-006.25E/2-006.25E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges/mold/dirt/or other conditions that may pose a potential risk	☐	☐	☐	☐
Cleaning agents and poisonous materials are kept in locked storage	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for refrigerated medications	☐	☐	☐	☐
Firearms, weapons, accessories, and ammunition are kept in locked storage	☐	☐	☐	☐
Firearms are stored unloaded and ammunition is stored separate from firearms	☐	☐	☐	☐
1-007.02A/2-007.02A Water Supply:				
Is accessible, adequate, and safe	☐	☐	☐	☐
Hot water temperature is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
1-007.03/2-007.03 Outdoor Play Areas:				
Outdoor play areas are clean, safe, and contain no accident hazards, debris, or stagnant water	☐	☐	☐	☐
1-007.06 Toilets and Sinks:				
Toilets and sinks are conveniently located, clean, and in good repair	☐	☐	☐	☐
1-007.07/2-007.07 Fire Safety: Fire Approval is maintained and:				
The Facility has two unblocked exits approved by the State Fire Marshall	☐	☐	☐	☐
Furnaces, wood burning stoves, and heaters are inaccessible to children when used	☐	☐	☐	☐
Candles/incense are not used while children are in care	☐	☐	☐	☐
Open flames are not present while children in are in care	☐	☐	☐	☐
All storage areas are free of excessively combustible or highly flammable materials	☐	☐	☐	☐
Smoke detectors are properly mounted and operable	☐	☐	☐	☐

Non-Public Water & Non-Public Sewage System:

☐ **LICENSEE HAS PUBLIC WATER AND PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

1-007.02A/2-007.02A Water Supply:				
Non-Public water is tested annually and results available for review	☐	☐	☐	☐
1-007.02B/2-007.02B Sewer Requirements: Non-Public Sewage System:				
If the licensee uses a non-public sewage system, there is no evidence of open sewage discharge on premises	☐	☐	☐	☐

FCCH I and FCCH II Short Checklist

Neb. Rev. Stat. § 71-1911.03 Proof of Child Care Liability Insurance:

The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Regulations Evaluated and/or Comments:

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NEBRASKA

Division of Public Health

Preschool Short Checklist

Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number: _____ **License Capacity:** _____

Ages of Children Served: _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation: _____

Alternative Compliance Requested: ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual

☐ Amendment (Describe): _____

_____

_____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____
Date **Director / Licensee**

_____ _____
Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____
Date **Child Care Inspection Specialist**

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Preschool Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
5-006.01 Licensee Requirements: Licensee ensures:				
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
5-006.02 Director Requirements: Director:				
Is responsible for day-to-day operations of Preschool	☐	☐	☐	☐
Is responsible for compliance with rules and regulations	☐	☐	☐	☐
Ensures maximum capacity of the Preschool is not exceeded at any time	☐	☐	☐	☐
Ensures staff-to-child ratios are met at all times	☐	☐	☐	☐
5-006.03A Criminal History Record Checks: Licensee:				
Must complete pre-employment criminal history record checks on him/herself, each staff member or volunteer age 19 or older, and on each household member age 19 or older (if the Preschool is located in a private residence)	☐	☐	☐	☐
5-006.03B Registry Checks: Applicant/licensee, staff, volunteers, and household members (if Preschool is located in a private residence), are not listed as a perpetrator on:				
Child Abuse/Neglect Central Registry, age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Registry, age 18 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry	☐	☐	☐	☐
5-006.03C Report of Law Enforcement Contact: Licensee:				
If individual or partner, must complete a Report of Law Enforcement Contact on themselves annually	☐	☐	☐	☐
Must obtain a completed Report of Law Enforcement Contact for each staff, volunteers, and household members (if Preschool is in a private residence), age 19 years or older, and updated annually	☐	☐	☐	☐
5-006.03D Notification of Law Enforcement Contact:				
As soon as licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if Preschool located in a private residence) a report is made to the Department and requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
5-006.03 F Health Information Report: Licensee/Director:				
Obtains completed Health Information Reports within 30 days of hire and updates annually for self and all staff who are responsible for the supervision of children more than 20 hours a week	☐	☐	☐	☐
5-006.07A Safety Training-Directors:				
Preschools licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or within 3 years of hire date, and every 5 years	☐	☐	☐	☐
Preschools licensed before May 20, 2013, Director must complete child abuse/neglect/reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
5-006.07B Nebraska's Early Learning Guidelines Training-Directors:				
Preschools licensed before May 20, 2013, Director must complete one domain by May 20, 2017, or within 4 years of hire date, and one domain annually	☐	☐	☐	☐
Preschools licensed on or after May 20, 2013, Director must complete one domain within 4 years of provisional/hire date, and one domain annually	☐	☐	☐	☐
5-008A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed all four hours	☐	☐	☐	☐

Preschool Short Checklist

5-008B Nebraska's Early Learning Guidelines Training-Teachers:				
By May 20, 2017, 25% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2018, 50% of all teachers must complete one domain	☐	☐	☐	☐
By May 20, 2019, 75% of all teachers must complete one domain	☐	☐	☐	☐
5-006.09A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse, neglect and sexual abuse of children and reporting requirements	☐	☐	☐	☐
Preschool regulations	☐	☐	☐	☐
Evacuation plans in event of fire	☐	☐	☐	☐
Safety plans in event of tornado	☐	☐	☐	☐
Emergency preparedness in event of disaster	☐	☐	☐	☐
Preschool's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
5-006.09B Transportation Training: Driver:				
Hired on/after 5/20/13 has completed required training within 90 days of employment	☐	☐	☐	☐
Hired before 5/20/13 has completed required training within one year	☐	☐	☐	☐
Has current CPR and First Aid certification	☐	☐	☐	☐
5-006.09C Annual Training of Direct Care Staff: Staff who work:				
21 or more hours a week obtains 12 clock hours of in-service training	☐	☐	☐	☐
20 or fewer hours a week obtains 6 clock hours of in-service training	☐	☐	☐	☐
5-006.09D CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
5-006.10A Staff Records: Records include:				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐
Documentation of staff qualifications	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understands regulations	☐	☐	☐	☐
Documentation of orientation training	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10B Substitute Records: Records include:				
Name, address, telephone number, and Social Security Number	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐

Preschool Short Checklist

Documentation substitute meets qualifications	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Documentation substitute has read and understands the regulations	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.10C Uncompensated Parent Helpers & Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and/or Adult Protective Services Registry checks conducted prior to hire with no adverse findings	☐	☐	☐	☐
Written schedule of volunteer	☐	☐	☐	☐
Criminal history record checks	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check	☐	☐	☐	☐
5-006.11 Child's Record: Child's record:				
Is completed before enrollment, for children enrolled, current and available for review	☐	☐	☐	☐
5-006.14B Staffing Requirements:				
At least 50% of Preschool staff meets teacher qualifications	☐	☐	☐	☐
Each room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
5-006.14C Staff-to-Child Ratio:				
Preschool in compliance with required staff-to-child ratio; or	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
5-006.15A Notification to Parents:				
Parents of all enrolled children are notified on the same day licensee is informed of any reportable communicable disease	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
5-006.15B Confidentiality:				
Licensee does not release name of ill children without permission	☐	☐	☐	☐
5-006.15C Health Authority:				
Licensee follows health authority's directives	☐	☐	☐	☐
5-006.16 Children Excluded Due to Illness: Preschool:				
Enforces written policy for exclusion due to illness	☐	☐	☐	☐
5-006.17 Immunizations:				
Immunization record is obtained within 30 days of enrollment	☐	☐	☐	☐
Immunization record is up-to-date	☐	☐	☐	☐
Certification by accepted medical personnel that immunization was not appropriate for child	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
5-006.18 Supervision of Children:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐

Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove child(ren) from harm	☐	☐	☐	☐
5-006.19 Discipline:				
Staff use appropriate discipline at all times	☐	☐	☐	☐
Wading and Swimming:				
☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.22 Wading and Swimming Activities:				
Children are accompanied, adequately supervised, and kept safe during wading/swimming	☐	☐	☐	☐
5-006.22A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds	☐	☐	☐	☐
5-006.22B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and are not accessible to children when not in use	☐	☐	☐	☐
5-006.22C Permission for Non-Preschool-Supervised Activities Off the Premises:				
Written/signed statement from parents available that allow children to leave premises to go swimming and acknowledges that licensee is not responsible for supervision	☐	☐	☐	☐
5-006.22D Permission for Preschool-Supervised Activities Off the Premises:				
Written/signed/dated statement from parent available giving permission to take child swimming off the premises which includes; location of swimming pool, whether child(ren) can be in water over their head, and is updated annually	☐	☐	☐	☐
5-006.22E Licensure of Swimming Pools:				
Preschool only takes child(ren) to swim in a pool licensed by the Department	☐	☐	☐	☐
5-006.22F Water Safety:				
An individual who has completed a swimming water safety course is at swimming pool deeper than 4 feet	☐	☐	☐	☐
Required staff-to-child ratio maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				
Pool on Premises:				
☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
5-006.22G Pool on the Premises Not Used by Preschool:				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
5-006.22H Pool on the Premises Used by Preschool in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety training is on premises	☐	☐	☐	☐
Maintains staff-to-child ratio	☐	☐	☐	☐
If non-compliance: ___children in care; ___ staff needed; ___ staff present.				

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Transportation::

☐ **LICENSEE DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.23 Transportation:

Children are not left alone in vehicle	☐	☐	☐	☐
Smoking does not occur in vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 19 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturer's seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved, correct for the child's age & developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Children are not transported to location without prior knowledge of parent	☐	☐	☐	☐
Children are not transported to avoid violation of capacity and/or staff-to-child ratio	☐	☐	☐	☐
Required staff-to-child ratio is maintained	☐	☐	☐	☐
If non-compliance: ___ children in care; ___ staff needed; ___ staff present.				

Medications:

☐ **PRESCHOOL DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-006.24A Giving or Applying Medication: Staff give/apply:

Medications know the Five Rights	☐	☐	☐	☐

5-006.24C Confidentiality:

Staff do not disclose information about children's medication, physical or mental condition	☐	☐	☐	☐

5-006.24D Written Permission and Instructions: Staff:

Give or apply medication with prior written permission from a parent	☐	☐	☐	☐
Comply with parent instructions or inform parent the medication will not be given/applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medications	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to child(ren) and return/destroy it	☐	☐	☐	☐

5-006.24E Unusual Circumstances: Medication given/applied:

As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐

5-006.24F Hand Washing:

Staff properly wash hands before giving/applying medication	☐	☐	☐	☐
If the handling of bodily fluids is involved, staff properly wash hands after giving/applying medications	☐	☐	☐	☐

5-006.24G Storage:

All prescription/non-prescription medications, including emergency medications are kept in locked storage at all times children are in care	☐	☐	☐	☐
Refrigerated medications are in separate locked storage	☐	☐	☐	☐

Medications are kept in original container, stored according to instruction, clearly labeled for named child, and returned to parent when no longer needed	☐	☐	☐	☐
Over the counter, non-toxic topical ointment is kept out of reach of children	☐	☐	☐	☐
5-006.24H Record-Keeping:				
Written record of time and amount of medication given or applied	☐	☐	☐	☐

5-006.25A Telephone:				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers prominently posted	☐	☐	☐	☐
5-006.25B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month Preschool is in session	☐	☐	☐	☐
Tornado drills conducted 2 times per year between March and September	☐	☐	☐	☐
5-006.25C Fire and Tornado Safety Diagrams:				
Fire and tornado safety diagrams include layout of Preschool area and are prominently posted/visible	☐	☐	☐	☐
Fire safety/Tornado safety diagrams explain the evacuation of children with special needs	☐	☐	☐	☐
5-006.25D Disaster Preparedness:				
Written Disaster Preparedness Plan available for review by the Department	☐	☐	☐	☐
5-006.25E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of child or accident/injury to child that requires medical attention	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility or inability to comply with regulation	☐	☐	☐	☐
5-006.25F First Aid Kit: First Aid Kit:				
Is available on premises and inaccessible to children	☐	☐	☐	☐
5-006.26 Environmental Services:				
Every area and building on the entire Preschool premises complies with regulations. Preschool is provided in a safe, clean and comfortable environment	☐	☐	☐	☐
5-006.26A Housekeeping and Maintenance:				
Preschool and grounds are clean, safe, in good repair, and free of lead-based paint surfaces	☐	☐	☐	☐
5-006.26B Maintenance of Equipment, Fixtures, Furnishings and Toys:				
Process in place for routine and preventive maintenance of materials, equipment, fixtures, furnishings	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Toys, equipment, fixtures, and furnishings do not have sharp edges, rust, or loose parts	☐	☐	☐	☐
Furniture and equipment do not block exits	☐	☐	☐	☐
5-006.27A Smoking:				
Smoking does not occur indoors in the Preschool	☐	☐	☐	☐
5-006.27B Alcohol and Controlled Substances:				
Alcohol is not present in any area used for Preschool while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on Preschool premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on Preschool premises	☐	☐	☐	☐
Animals and Pets:				
☐ **LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				

Preschool Short Checklist

5-006.27C Animals/Pets:				
Animals in Preschool do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations available	☐	☐	☐	☐
5-006.27D Prohibited Animals:				
Exotic/unusual animals are not on premises during hours of operation	☐	☐	☐	☐
Animals that have bitten someone without provocation are not on premises during hours of operation	☐	☐	☐	☐
Animals determined to be dangerous by Health Authority are not on premises during hours of operation	☐	☐	☐	☐

5-006.27E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges, mold, dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while children are in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Medications required to be refrigerated are kept in locked storage	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided	☐	☐	☐	☐
5-007.02B Water Supply:				
Drinking water is provided by sanitary drinking fountains or disposable cups	☐	☐	☐	☐
Hot and cold water are available at all washing/bathing stations	☐	☐	☐	☐
Water is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
Soap is available at hand washing sinks	☐	☐	☐	☐

Non-Public Water & Non-Public Sewage System:

☐ **PRESCHOOL HAS A PUBLIC WATER AND/OR PUBLIC SEWAGE SYSTEM. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

5-007.02B Water Supply: Non-Public Water:				
Water is tested annually and results are available for review	☐	☐	☐	☐
Contaminated water supply not used	☐	☐	☐	☐
Drinking water is obtained from Department approved source or commercial source	☐	☐	☐	☐
5-007.02C Sewer Requirements: Non-Public Sewage System:				
Open sewage discharge not on premises	☐	☐	☐	☐
Sewage disposal system conforms to Department of Environmental Quality regulations	☐	☐	☐	☐

5-007.03A Outdoor Play Equipment:				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐
Swing seats are made of pliable material	☐	☐	☐	☐
Equipment is free of rust, and sharp hazardous edges	☐	☐	☐	☐
5-007.03B Playground Surfaces:				
Playground surface under climbing equipment is resilient material	☐	☐	☐	☐
5-007.04 Toilets and Sinks:				
Sufficient number of operable toilets and sinks for children's use	☐	☐	☐	☐

Preschool Short Checklist

Toilets/sinks are conveniently located, clean, operable, in good repair and designed for children with special needs, (if applicable)	☐	☐	☐	☐
Doors opening to the toilet room directly from a food service area are self-closing and tight fitting	☐	☐	☐	☐
Adults and children wash hands after using bathroom prior to resuming work or play	☐	☐	☐	☐
5-007.05 Fire Safety:				
Licensee maintains fire safety approval	☐	☐	☐	☐
Neb. Rev. Stat. §71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Comments:

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School-Age-Only Short Checklist

Cover Sheet

Name of Program:			Street Address:
City:	County:	Zip Code:	Telephone Number:
Date and Time of Initial Visit:			Dates and Times of Follow-Up Visits:

License Number _____ **License Capacity:** _____

Ages of Children Served _____ **to** _____ **Hours of Operation:** _____ **to** _____

Days of Operation _____

Alternative Compliance Requested ☐ **Yes** ☐ **No**

Type of Inspection: ☐ Annual ☐ Semi-Annual _____ Facility _____ Records

☐ Amendment (Describe) _____

_____

Date(s) Last Full Inspection Checklist Completed: _____

Licensee's / Director's Statement:

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

_____ _____

Date **Director / Licensee**

_____ _____

Date **Child Care Inspection Specialist**

Evaluation Complete:

_____ _____

Date **Child Care Inspection Specialist**

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School-Age-Only Short Checklist

	In Compliance	Not In Compliance	Not Applicable	Not Observed
4-004.06 Notification of Changes: Change:				
Of location, building, or building usage reported to the Department 90 days before date of change	☐	☐	☐	☐
In hours/days/age of children reported to the Department five working days before date of change	☐	☐	☐	☐
In director reported to the Department within two working days	☐	☐	☐	☐
4-006.01 Licensee Requirements: The Licensee ensures:				
SAO Center is administered/managed appropriately	☐	☐	☐	☐
SAO Center is in compliance with all state statutes and regulations	☐	☐	☐	☐
Someone who manages day-to-day operations is on site	☐	☐	☐	☐
4-006.02 Director Requirements: The Director:				
Is responsible for day-to-day operations of SAO Center	☐	☐	☐	☐
Is responsible for compliance with statutes and regulations	☐	☐	☐	☐
Is on site a sufficient time period to attend to the management of SAO Center	☐	☐	☐	☐
Has a designee in charge when absent from the center	☐	☐	☐	☐
Develops and implements written procedures that require the reporting of any evidence of physical abuse, neglect, or sexual abuse of any child in care at the SAO center	☐	☐	☐	☐
Develops and uses written criteria to assess the ability of staff to safely give or apply medication(s)	☐	☐	☐	☐
Immediately reports suspected child abuse of a child in care	☐	☐	☐	☐
Does not knowingly allow an individual who is a registered sex offender on the premises except to pick up and drop off his/her own children	☐	☐	☐	☐
Ensures that parents have access to their children at all times	☐	☐	☐	☐
Ensures that staff-to-child ratio is maintained and capacity is not exceeded	☐	☐	☐	☐
4-006.03B Registry Checks:				
Child Abuse/Neglect Central Registry check on staff, volunteers, and household members age 13 and older	☐	☐	☐	☐
Adult Protective Services Central Register Check conducted on all staff, volunteers, and household members age 19 and older	☐	☐	☐	☐
Nebraska State Patrol Sex Offender Registry Checks conducted on staff, volunteers and household members, age 19 or older (effective May 20, 2013)	☐	☐	☐	☐
Any person listed as a "perpetrator" on Child Abuse/Neglect, Adult Protective Services, and/or Nebraska State Patrol Sex Offender Registry is not on the premises during hours of operation except a parent only to pick up / drop off his/her child(ren).	☐	☐	☐	☐
4-006.03C Report of Law Enforcement Contact: The Licensee:				
Completes a Report of Law Enforcement Contact on themselves and updates it annually	☐	☐	☐	☐
Obtains a completed Report of Law Enforcement Contact for each staff, volunteer, and household member age 19 years or older, and updates it annually	☐	☐	☐	☐
4-006.03D Notification of Law Enforcement Contact:				

As soon as Licensee/Director is aware of occurrence of law enforcement contact on self, staff, volunteers, and household members (if located in a private residence) a report is made to the Department and the licensee/Director requests a criminal history records check on that individual within 5 working days	☐	☐	☐	☐
4-006.03E Investigations and Repeat Registry Checks:				
Licensee reports staff/volunteers who are being investigated for abuse, neglect, or sexual abuse of a child/vulnerable adult	☐	☐	☐	☐
Individuals under investigation for abuse/neglect/sexual abuse of a child or vulnerable adult are not left alone with children.	☐	☐	☐	☐
4-006.07A Safety Training-Directors:				
Centers licensed before May 20, 2013, Director must complete child abuse/neglect and reporting by May 20, 2016, or 3 years from hire date, and every 5 years	☐	☐	☐	☐
Centers licensed on or after May 20, 2013, Director must complete child abuse/neglect and reporting within 3 years of provisional license date/hire date and every 5 years	☐	☐	☐	☐
4-006.08A Safety Training-Teachers:				
By May 20, 2016, 50% of all teachers must have completed child abuse/neglect and reporting training	☐	☐	☐	☐
4-006.09A Orientation: Orientation includes:				
Job duties and responsibilities	☐	☐	☐	☐
Infection control practices	☐	☐	☐	☐
Information on abuse/neglect of children and reporting requirements	☐	☐	☐	☐
SAO center regulations	☐	☐	☐	☐
Evacuation plans in the event of a fire	☐	☐	☐	☐
Safety plans in the event of a tornado	☐	☐	☐	☐
Emergency preparedness in the event of a disaster	☐	☐	☐	☐
SAO Center's method of interaction with children	☐	☐	☐	☐
Discipline policies for children	☐	☐	☐	☐
4-006.09B Nutrition and Food Safety Training:				
4 clock hours of food training for all food personnel within 30 days of employment if hired after May 20, 2013	☐	☐	☐	☐
4 clock hours of food training for all food personnel each year, effective May 20, 2014.	☐	☐	☐	☐
4-006.09C Transportation Training:				
Driver hired on/after May 20, 2013 has completed required transportation training within 90 days of employment	☐	☐	☐	☐
Driver has current CPR and First Aid certification	☐	☐	☐	☐
4-006.09E CPR and First Aid Training:				
At least one staff member with current CPR and First Aid training is on the premises at all times children are in care	☐	☐	☐	☐
4-006.10A Staff Records: Records include:				
Name, address, telephone number, and Social Security Number of staff	☐	☐	☐	☐
Date of hire/termination	☐	☐	☐	☐
Report of Law Enforcement Contact updated annually	☐	☐	☐	☐
Health Information Report updated annually	☐	☐	☐	☐

School-Age-Only Short Checklist

Documentation of staff qualifications for the position	☐	☐	☐	☐
Documentation of annual in-service training	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry checks conducted prior to hire with no adverse finding	☐	☐	☐	☐
Documentation staff read and understand regulations	☐	☐	☐	☐
Documentation of orientation training (effective 5/20/13)	☐	☐	☐	☐
Criminal history record checks (effective 5/20/13)	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (effective 5/20/13)	☐	☐	☐	☐
4-006.10C Volunteer Records: Records include:				
Name, address, and telephone number	☐	☐	☐	☐
Start date	☐	☐	☐	☐
Report of Law Enforcement Contact	☐	☐	☐	☐
Documentation of Child Abuse/Neglect and Adult Protective Services registry with no adverse finding	☐	☐	☐	☐
Documentation of Nebraska State Patrol Sex Offender Registry check (Effective 5/20/13)	☐	☐	☐	☐
4-006.11 Child's Record: Child's record:				
Is completed before enrollment, current, and available for review	☐	☐	☐	☐
4-006.12 Parent Information Brochure:				
Parent Information Brochure receipt signed, dated, and available for review	☐	☐	☐	☐
4-006.13B Center Policies:				
SAO Center policies are available for Department review	☐	☐	☐	☐
4-006.14A Licensed Capacity:				
Licensed capacity is not exceeded	☐	☐	☐	☐
4-006.14B Staffing Requirements:				
Staff are awake and alert to the needs of children at all times	☐	☐	☐	☐
Every room where children are receiving care is staffed by at least one teacher who is directly involved with the care of children	☐	☐	☐	☐
4-006.14C Staff-to-Child Ratio:				
SAO Center is in compliance with required staff-to child ratio	☐	☐	☐	☐
Based on the numbers and ages of children in care; _____staff needed; _____ staff present	☐	☐	☐	☐
4-006.15A Notification to Parents:				
Parents of ALL enrolled children are notified on the same day licensee is informed of or observes illness	☐	☐	☐	☐
Licensee posts notice of outbreak in conspicuous place	☐	☐	☐	☐
4-006.15B Confidentiality:				
Licensee does not release the name of ill child(ren) without permission	☐	☐	☐	☐
4-006.15C Health Authority:				
Licensee follows the health authority's directives in the event of a communicable disease outbreak	☐	☐	☐	☐
4-006.16 Children Excluded Due to Illness:				
SAO Center enforces written policy for exclusion due to illness	☐	☐	☐	☐
4-006.17 Immunizations:				
Immunization record is updated each time a child receives additional immunizations	☐	☐	☐	☐

Certification by accepted medical personnel that immunization was not appropriate for child; or	☐	☐	☐	☐
Written statement by parent/guardian with reason for not immunizing child(ren)	☐	☐	☐	☐
4-006.18 Supervision of Children: Staff:				
Know whereabouts and are within sight or sound of all children at all times	☐	☐	☐	☐
Are alert, attentive, and responsive to the needs of all children	☐	☐	☐	☐
Protect or remove children from harm	☐	☐	☐	☐
4-006.18A Permission for Off-Premises Supervision:				
Parents are informed when child(ren) are taken outside premises of SAO Center and supervised by staff	☐	☐	☐	☐
Documentation of written parent permission to take child(ren) off SAO Center premises is available	☐	☐	☐	☐
4-006.18B Permission for Child to Leave Premises:				
Documentation of written parental permission for child to leave the SAO Center premises to participate in activities not provided by the center, which includes the parent understands the licensee is not responsible for supervision is available for review	☐	☐	☐	☐
4-006.19 Discipline:				
Staff use appropriate forms of discipline	☐	☐	☐	☐
4-006.21A Children's Equipment and Materials:				
SAO Center has enough age-appropriate equipment and materials	☐	☐	☐	☐
Wading and Swimming:				
☐ **LICENSEE DOES NOT ALLOW CHILDREN TO WADE OR SWIM ON OR OFF PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.22 Wading and Swimming Activities:				
Children are accompanied, adequately supervised, and kept safe during wading/swimming activities while in care	☐	☐	☐	☐
4-006.22A Prohibited Water Sources:				
Children are not allowed to use a natural body of water, hot tub, spa, sauna, livestock tanks, or decorative ponds for swimming or wading activities	☐	☐	☐	☐
4-006.22B Wading:				
Children are accompanied/directly supervised during wading or other water play	☐	☐	☐	☐
Wading pools are drained and sanitized daily and inaccessible to children when not in use	☐	☐	☐	☐
4-006.22C Permission for Non-Center-Supervised Activities off the Premises:				
A written and signed statement from a parent that allows child(ren) to leave premises to go swimming and acknowledges the licensee is not responsible for supervision, is available for review	☐	☐	☐	☐
4-006.2D Permission for Center-Supervised Activities off the Premises:				
A written, signed and dated statement from a parent giving permission to take the child(ren) swimming off the premises which includes, location of pool and whether child(ren) can be in water over his/her head, is available for review and is updated annually	☐	☐	☐	☐
4-006.22E Licensure of Swimming Pools:				
Child(ren) are taken only to a pool licensed by the Department	☐	☐	☐	☐
4-006.22F Water Safety: When depth of water is over four feet:				
An individual is on duty who has completed a swimming water safety course	☐	☐	☐	☐
Required staff-to-child ratio is maintained.	☐	☐	☐	☐

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Above-Ground or In-Ground Swimming Pool on Premises:

☐ **NONE ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.22G Pool on the Premises Not Used by Children in Care:				
Pool is enclosed by fence which is at least 4 feet high and flush with the ground	☐	☐	☐	☐
Pool has non-climbable walls	☐	☐	☐	☐
When pool is covered, the manufacturer's recommended cover is used	☐	☐	☐	☐
Rescue equipment readily available	☐	☐	☐	☐
Children are accompanied/directly supervised when pool is located in play area	☐	☐	☐	☐
4-006.22H Pool on the Premises Used by Children in Care:				
Pool has a permit issued by the Department	☐	☐	☐	☐
If swimming pool is deeper than 4 feet an individual with certified water safety is on duty at all times	☐	☐	☐	☐
Required staff-to child ratio is maintained; _____staff needed; ____ staff present	☐	☐	☐	☐

Transportation:

☐ **SCHOOL AGE ONLY CENTER DOES NOT PROVIDE TRANSPORTATION SERVICES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**

4-006.23 Transportation:				
Transportation policy is available to staff who transport, parents, and the Department	☐	☐	☐	☐
Transportation Policy describes: restraints and safety equipment, procedures to ensure children are never left alone in a vehicle at any time, emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident/or other emergencies	☐	☐	☐	☐
Children are not left alone in the vehicle	☐	☐	☐	☐
Smoking does not occur in the vehicle	☐	☐	☐	☐
Doors are locked when vehicle is in motion	☐	☐	☐	☐
Driver is age 18 or older and has current and valid driver's license for the type of vehicle used to transport	☐	☐	☐	☐
Vehicles are properly registered, insured, contain first aid kit, and parent contact information for each child transported	☐	☐	☐	☐
Number of children transported does not exceed manufacturers seating capacity	☐	☐	☐	☐
Children are properly restrained in vehicle	☐	☐	☐	☐
Car seats are federally approved and correct for child's age and developmental level	☐	☐	☐	☐
Written parental permission to transport is available for review	☐	☐	☐	☐
Child(ren) are not transported to any location without prior knowledge of parent	☐	☐	☐	☐

Medications:

☐ **SCHOOL-AGE-ONLY CENTER DOES NOT GIVE/APPLY MEDICATIONS. THE FOLLOWING REGULATIONS ARE NOT APPPLICABLE.**

4-006.24A Giving or Applying Medication:				
Staff giving or applying medications know the five rights	☐	☐	☐	☐
4-00614C Confidentiality:				
Staff do not disclose information about children's medication, physical, or mental health condition	☐	☐	☐	☐
4-006.24D Written Permission and Instructions: Staff:				
Give or apply medication with prior written permission from a parent	☐	☐	☐	☐

Comply with parent instructions or inform parent the medication will not be given / applied	☐	☐	☐	☐
Inform parents of errors in the giving/applying of medication	☐	☐	☐	☐
Do not exceed dosage printed on the label	☐	☐	☐	☐
Do not give expired medication to children and return/destroy it	☐	☐	☐	☐
4-006.24E Unusual Circumstances: Medication given or applied:				
As needed (PRN) has written statement from prescribing health care professional describing what symptoms need to exist in order for medication to be given/applied	☐	☐	☐	☐
By a route other than oral, topical, inhalant, or instillation has written statement from prescribing health care professional allowing medication to be given and description of route	☐	☐	☐	☐
4-006.24F Hand Washing: Staff properly wash hands:				
Before giving/applying medications	☐	☐	☐	☐
Before and after giving/applying medications if bodily fluids involved	☐	☐	☐	☐
4-006.24H Record-Keeping:				
A written record is kept of time and amount of medication given/applied	☐	☐	☐	☐
4-006.25 Food Service: Meals and snacks:				
Are served to all children in attendance	☐	☐	☐	☐
Are appropriate to age or development of child	☐	☐	☐	☐
Addresses child's allergies/food intolerance	☐	☐	☐	☐
Meet USDA requirements and a weekly menu is provided to parent(s) upon request	☐	☐	☐	☐
If provided by a parent, are supplemented to meet USDA guidelines or a statement from a physician must be available indicating it is acceptable for the child to be served a snack/ meal that does not meet USDA requirements	☐	☐	☐	☐
4-006.26 Food Safety:				
The licensee stores, prepares, protects, serves, and disposes of food in a safe and sanitary manner	☐	☐	☐	☐
4-006.27A Telephone:				
A working telephone is available at all times	☐	☐	☐	☐
Emergency numbers are prominently posted.	☐	☐	☐	☐
4-006.27B Fire and Tornado Drills: Written documentation of:				
Fire drills conducted with children each month SAO Center is operating	☐	☐	☐	☐
Tornado drills conducted 4 times March through September	☐	☐	☐	☐
4-006.27C Fire and Tornado Safety Diagrams:				
Include layout of SAO Center area and are prominently posted/visible	☐	☐	☐	☐
Explain the evacuation plan for children with special needs	☐	☐	☐	☐
4-006.27D Disaster Preparedness:				
A written Disaster Preparedness Plan is available for review by the Department	☐	☐	☐	☐
4-006.27E Notification to the Department of Emergencies: Licensee/Director notifies Department within 24 hours of:				
A death of child	☐	☐	☐	☐
Any accident/injury to child that requires hospitalization or treatment at a medical facility	☐	☐	☐	☐
Any child missing/lost/left unsupervised on/off premises	☐	☐	☐	☐
Any damage to facility resulting in the inability of the licensee to comply with regulations	☐	☐	☐	☐

School-Age-Only Short Checklist

4-006.27F First Aid Kit:				
Is available on premises and is inaccessible to children	☐	☐	☐	☐
4-006.28 Environmental Services:				
Every area and building on the entire SAO center premises complies with regulations. Child care is provided in a safe, clean, and comfortable environment	☐	☐	☐	☐
4-006.28A Housekeeping and Maintenance:				
SAO Center and grounds are clean, safe, and in good repair and free of exposed lead-based paint surfaces	☐	☐	☐	☐
4-006.28B Maintenance of Materials, Equipment Fixtures, Furnishings:				
Materials, equipment, fixtures, and furnishings are clean, safe, and in good repair	☐	☐	☐	☐
Furniture and equipment do not interfere with or block exits.	☐	☐	☐	☐
The SAO Center has a process in place for routine and preventive maintenance of materials, equipment fixtures, and furnishings	☐	☐	☐	☐
4-005.29A Smoking:				
Smoking does not occur indoors in the SAO Center	☐	☐	☐	☐
4-006.29B Alcohol and Controlled Substances:				
Alcohol is not present in any area used for child care while children are in care	☐	☐	☐	☐
Use/possession of unlawful controlled substances are not on SAO Center premises	☐	☐	☐	☐
Controlled substances not legally prescribed are not on SAO Center premises	☐	☐	☐	☐
Animals:				
☐ **LICENSEE DOES NOT HAVE ANIMALS ON PREMISES. THE FOLLOWING REGULATIONS ARE NOT APPLICABLE.**				
4-006.29C Animals/Pets:				
Animals in the SAO center do not negatively affect children	☐	☐	☐	☐
Pets are examined annually by licensed veterinarian and documentation is available	☐	☐	☐	☐
Documentation of all recommended vaccinations is available	☐	☐	☐	☐
4-006.29D Prohibited Animals:				
Exotic/unusual animals are not on the premises during hours of operation	☐	☐	☐	☐
Animals that have bitten or attacked someone without provocation or determined to be dangerous by the Health Authority, are not on premises during hours of operation	☐	☐	☐	☐
4-006.29E Other Environmental Safety Requirements:				
Surfaces are smooth, free of sharp edges, mold, or dirt and other conditions that pose a risk	☐	☐	☐	☐
Cleaning agents and/or poisonous materials are kept locked while children in care	☐	☐	☐	☐
Medications, both prescription and non-prescription, are kept in locked storage	☐	☐	☐	☐
Separate locked storage is provided for medications required to be refrigerated	☐	☐	☐	☐
Clean and adequate storage for personal items of staff and children are provided and not located where food/medications are stored	☐	☐	☐	☐
4-007.02B Water Supply:				
Water temperature is at least 100 degrees but no more than 120 degrees Fahrenheit	☐	☐	☐	☐
4-007.03B Outdoor Play Equipment:				
Climbing apparatus, swings, and slides are located away from traffic areas in the play area	☐	☐	☐	☐
Stationary equipment is securely anchored unless designed to be portable	☐	☐	☐	☐

Swing seats are made of pliable material	☐	☐	☐	☐
4-007.03C Playground Surfaces:				
The playground surface under climbing equipment, swings, slides, and other equipment, is made of resilient material	☐	☐	☐	☐
4-007.04 Toilets and Sinks:				
A sufficient number of operable toilets and sinks are conveniently located, clean, and in good repair	☐	☐	☐	☐
4-007.05 Fire Safety:				
Licensee maintains fire safety approval	☐	☐	☐	☐
4-007.06 Sanitation:				
Licensee maintains sanitation approval	☐	☐	☐	☐
Neb. Rev. Stat. § 71-1911.03 Proof of Child Care Liability Insurance:				
The licensee obtains and maintains required liability insurance coverage	☐	☐	☐	☐

Other Regulations Evaluated and/or Comments:

Title 404 NAC Abuse and Neglect Investigations Review

Provider: _____

Surveyor: _____

On-site review dates: _____

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence			
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):			
						Investigation #1	Investigation #2	Investigation #3
4-008.01	**<u>The incident reporting system must include</u>**: 1. Identification of incidents that require completion of an incident report to the Department that includes: b. Suspected cases of abuse, neglect, exploitation, and mistreatment; and *(Did the provider complete a GER, identifying that abuse or neglect was suspected?)* 2. Recording the essential facts of the incident, including the results of the incident and any actions which might have prevented the incident; 3. An action plan that includes the provider's immediate effort to address the situation and prevent recurrence; 4. Establish timelines to ensure prompt reporting of incidents as appropriate, including reporting to: a. Provider management; b. The individual who receives services involved in the incident; c. Family member/legal representative as appropriate; d. Child and Adult Abuse/Neglect in the Department; and e. Law enforcement.				**1**			
					2			
					3			

Title 404 NAC Abuse and Neglect Investigations Review

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence			
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):			
	(Review the provider's policies and procedures to identify the timeline expectations set for each of these notifications; then verify each notification for the investigations.) 5. Reporting requirements; a. A verbal report to the Department upon becoming aware of the incident; b. A written report using the Department approved format within 24 hours of the verbal report; c. A written summary submitted to the Department of the provider's investigation and action taken within 14 days; and d. (is evaluated in the admin interview) (#6 review and analyze is evaluated under QI regs)				**4**			
					5			

Title 404 NAC Abuse and Neglect Investigations Review

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
					Investigation #1	Investigation #2	Investigation #3
4-010	**<u>Abuse and Neglect</u>**: The provider must develop a system to detect and prevent abuse and neglect and to handle allegations of abuse, neglect, and exploitation. The provider must ensure: 1. The provider's definition of abuse and neglect is consistent with these regulations; *(verify in policies and procedures)* 2. The description of the process and timelines for prompt and accurate reporting of allegations or suspicion of abuse or neglect to appropriate outside authorities in accordance with Neb. Rev. Stat. §28-372 of the Adult Protective Services Act or, in the case of a child, in accordance with Neb. Rev. Stat. §28-711; *(verify in policies and procedures)*				**1**		
					2		

Title 404 NAC Abuse and Neglect Investigations Review

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
	3. Description of measures and timelines for reporting of suspicion of abuse and neglect to appropriate provider administrative staff; the legal representative, if appropriate, and service coordinator; *(verify in policies and procedures)* 4. Description of the process to conduct a timely, thorough, and objective investigation of all allegations or suspicions of abuse and neglect, including protection of individuals during the investigation; *(It is helpful to review policies and procedures to verify how the provider will complete a timely, thorough, and objective investigation; after which, review the investigations to verify compliance.)* 5. Description of the process for disciplinary action taken when staff are found to have engaged in abusive or neglectful behavior; 6. Appropriate corrective or disciplinary action is taken in response to the investigation;				**3**		
					4		
					5		
					6		

Title 404 NAC Abuse and Neglect Investigations Review

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
	7. Review by the director of the entity, or designee, of all allegations and investigations and make decisions on the action to be taken; 8. Identification of the means to lessen the likelihood of further incidents if the allegation is substantiated; 9. Documentation of the allegation, investigation, conclusion, action taken, and means to prevent further incidents; and 10. The rights review committee must evaluate all allegations and investigations of abuse and neglect for any violation of an individual's rights.				**7**		
					8		
					9		
					10		

Provider Name:
Interview Date:
Surveyor(s) and Provider Representative(s) Present: (name and title for provider representatives)

Financial:

What is the date range for your fiscal year?

Was an audit submitted to the Department? If so, when was it submitted? *(If not, refer this information to Kim McFarland, DD Contract Coordinator).*

How do you fulfill the regulatory requirements for a written notice of costs to individuals/guardians?

Policies and Procedures:

When are the agency's policies and procedures given to staff? And if they are revised?

Where and how are policies and procedures available to staff after initial training?

How often are policies and procedures reviewed for compliance with Title 404 NAC?

Explain your process to make changes to policies and procedures.

Community Involvement:

How do you support individuals choosing and accessing community events, social activities and other opportunities?

Background checks:

What process is employed to ensure staff do not work alone with individuals until they are permitted to do so?

How are staff expected to inform the agency if they have a conviction after hire?

Do you retain the results of the background checks for a year following the termination of employment?

What is your plan - How often are you checking abuse registry screenings for staff who have been employed? (Correct answer is "annually") As of 6-1-18; Show me evidence. (This is from the new waiver so if the provider is NOT compliant, we report this to DDD, do not issue a citation)

Injuries and Incidents:

Who or what entity is responsible for reviewing patterns or trends regarding injuries and incidents?

Where can I find evidence of this?

Who is responsible for completing & submitting the quarterly aggregate reports to DD?

What do you do internally with the quarterly aggregate reports in addition to submitting them to DD?

Restrictions:

How often are restrictions reviewed?

and if they are recurring/continuing?

When and how is a consent for restrictions obtained?

How often are they renewed?

How do you protect individual's rights when they are restricted?

Abuse and Neglect:

Explain how an allegation or suspicion of abuse or neglect would be handled.

Quality Assurance:

How are individuals, family members, and/or guardians, as applicable, involved in the QA process?

What are your quality assurance activities indicating?

How has the agency looked for significant areas of concern, identified concerns, and taken action to correct them on a system-wide basis?

How is information about, or the results of, QA activities shared with the agency staff?

With the governing board and/or advisory committee?

With teams, individuals, and families?

Complaints/Grievances:

Have there been any grievances filed with the agency since the last certification review?

Describe the process you follow for complaints or grievances.

I will be reviewing your documentation for the most recent complaint or grievance that was filed as part of the certification review. (Request file now if you had not already done so during the entrance conference). If no complaints or grievances were filed since the last review, no file review is necessary unless other information indicates there had been 1 or more complaints or grievances since the last review. If this was the case, a focus review would be indicated.

Subcontracts:

Do you utilize any subcontracted specialized services (transportation, EFH, nursing, etc.)?

If so, do you have evidence this subcontract was submitted to the Department (SC or other DD) prior to the utilization of the service?

How do you document evidence that monthly monitoring is occurring? (Examine evidence as needed based on sample)

How do you document evidence the subcontracted staff have the same qualifications, training, and service provision expectations as other staff? (Examine evidence as needed)

Health Services:

Who is responsible for providing direction and supervision of medication aides?

How do they ensure compliance with regulations for licensed medication aides? (Interview person named above to confirm and clarify the competence and monitoring. It is suggested that asking a staff who is a licensed medication aide who provides their competence testing and monitoring is another opportunity to confirm the process is operationalized)

Title 404 NAC Administrative Review Form

Provider: _____

Surveyor: _____

On-site review dates: _____

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
1-003	**ALTERNATIVE COMPLIANCE PROCEDURE:** *(Has the provider been granted alternative compliance for any regulations? If so, verify the "expiration" date of that correspondence, as they are usually time limited.)*				
4-002.09	**Certification Renewal:** All certified providers must submit a renewal application to the Department 90 days prior to the expiration date of the current certification. *See regulation for complete requirements.*				
4-003.02	**Director**: Each provider must have a director who is responsible for overall management of the provision of services, establish policies and procedures as specified in 404 NAC 4-003.04, and ensure compliance with applicable requirements in 404 NAC. The director must: 1. Protect and promote the health, safety, and well-being of each individual; and 2. Ensure quality services are provided to meet the needs of all individuals whether services are provided directly by provider staff or through subcontract. *(It is helpful to complete the entire administrative review and individual sample review prior to measuring compliance for this regulation.)*				

Title 404 NAC Administrative Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
4-003.03	**<u>Local Governing Board or Advisory Committee</u>**: The specialized provider must comply with Neb. Rev. Stat. §§ 83-1217 and 83-1218. *(In a memo to providers sent on 7/2/10, it was clarified that a provider needs more than one member in each of the following categories to meet the intent of the statute: persons with developmental disabilities; family members or legal guardians of persons with developmental disabilities; and persons who are interested community members.)*				
4-003.04	**<u>Provider Policies and Procedures</u>**: The provider must establish and implement written policies and procedures that are: 1. Available to staff; *(verify in the administrative interview)* 2. Describe provider's operation and how systems are set up to meet individuals' needs; *(Policies and procedures should be reviewed for areas of concern found during the certification review.)* 3. In compliance with 404 NAC; and *(Policies and procedures should be reviewed for areas of concern found during the certification review.)* 4. Reviewed at least annually and revised if needed. *(verify in the administrative interview)*				
4-005.07	**<u>Disaster Preparedness and Management</u>**: The provider must establish and implement disaster preparedness plans and procedures to ensure that individual's care, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar				

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
	situations. These plans and procedures must address and delineate: 1. How the provider will maintain the proper identification of each individual to ensure that care coincides with the individual's needs; 2. How the provider will move individuals to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster; 3. How the provider will protect individuals during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials; 4. How the provider will provide food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster; and 5. How the provider will provide for the comfort, safety, and well-being of individuals served in the event of 24 or more consecutive hours of: a. Electrical or gas outage; b. Heating, cooling, or sewer system failure; or c. Loss or contamination of water supply. *(It is helpful to review the provider's policies and procedures for this area to measure compliance.)*				
4-008	**<u>The incident reporting system must include:</u>** 5. Reporting requirements; d. An aggregate report of critical incidents must be submitted to the Department on a quarterly basis. Each report must be received by the Department no later than 30 days after the last day of the previous quarter. The reports must include a				

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
	compilation, analysis, and interpretation of data, and include evidentiary examples to evaluate performance that result in a reduction in the number of critical incidents over time. (This is typically reviewed as a QA/QI function, confirm during administrative interview) 6. Review and analyze information from incident reports to identify trends and problematic practices which may be occurring and take appropriate corrective actions to address problematic practices identified.				
4-009	**<u>The provider must promptly address complaints and grievances filed with the provider on behalf of individuals served</u>**: 1. The process must be made available to individuals, legal representatives, staff, and other representatives. Utilization of the provider's process is voluntary and is not meant to deny or delay an individual's right to file a complaint elsewhere or to access the legal system; 2. The process must be convenient to the individual; 3. The process must include time frames and procedures for review of complaints and grievances and the provision of a response; 4. The provider must review the complaint and grievance process, including the right to go to court, with each individual receiving services and the legal representative at the time the individual enters services and annually thereafter; and 5. The provider must maintain documentation of the receipt of all complaints and grievances, the resolution, and the response to the complainant.				

Title 404 NAC Administrative Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
	(It is helpful to review the provider's policies and procedures for this area to measure compliance, as often there are not situations permitting a surveyor to review the system; however, it is important to ensure there are policies and procedures in place to implement should an event occur.				
4-010	**Abuse and Neglect**: The provider must develop a system to detect and prevent abuse and neglect and to handle allegations of abuse, neglect, and exploitation. The provider must ensure: (see reg) Complete a review of the 3 most recent abuse/neglect allegations this provider has received. Use the form titled "Abuse and neglect cert review form"				
4-011	**Rights Review Committee**: The provider must establish a rights review committee that meets no less than semi-annually. The function of this committee is to review any situation requiring an emergency safety intervention, the use of psychotropic medication as outlined in 404 NAC 5-003.02E and 404 NAC 6-005, any restrictive measure as outlined in 404 NAC 6-004, and any situation where violation of an individual's rights occurred. The review may include obtaining additional information and gathering input from the affected individual and his/her legal representative, if applicable, to make recommendations to the provider. The rights review committee may utilize sub-committees to complete its work, but must document reports of the sub-committees to the overall committee in the minutes of meetings held. Interim approvals of psychotropic medications and restrictive measures are allowed in circumstances that require immediate attention. The interim				

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
	approvals of psychotropic medications and restrictive measures are allowed in circumstances that require immediate attention. The interim approval may be done by a documented designee of the committee, who must be a current member of the rights review committee, and the meeting minutes must document final approval by the overall committee at its next meeting. *(At a minimum, ensure this committee:* • *meets no less than semi-annually;* • *has a documented, interim approval designee (if applicable); and* • *if a sub-committee is used, its activities are reviewed (documentation of that) by the overall committee.)*				
4-011.01	**Membership of the Rights Review Committee**: The committee members must be persons free from conflict of interest and who will ensure the confidentiality of information related to individuals served. The person responsible for approving the individual's program and any staff who provides direct services to the individual cannot participate as decision makers. At least half of the committee members must be individuals, family, or other interested persons who are not provider staff.				
4-014	**Quality Assurance/Quality Improvement (QA/QI)**: The provider must have a process for: 1. Ongoing proactive internal review of the quality and individualization of services; 2. Continuous quality review of the services provided; 3. The provider must provide evidence that individuals served and their families are involved in the QA/QI process.				

Title 404 NAC Administrative Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
	(It is helpful to review the provider's QA/QI Plan to measure compliance.)				
4-014.01	**QA/QI Structural Components**: The provider must create the structural components of the QA/QI process. The process must be applied on a provider-wide basis and include: 1. Areas of services to be monitored and evaluated to determine the quality of these services through identification of patterns and trends of the provider services. 2. Provisions for reviewing QA/QI policies and procedures at least annually and revising as needed.				
4-014.02	**The QA/QI activities must result in**: 1. Ensuring compliance with applicable requirements in Title 404; 7. Identification and correction of problems in a timely manner and on a provider-wide basis; and 8. Use of information from reviews, results, and recommendations to correct problems, improve services to individuals served, and revise policies and procedures, if necessary.				
4-014.03	**Documentation of QA/QI Activities**: The provider must maintain documentation of all QA/QI activities, including the results of reviews, recommendations, action taken, effectiveness of action taken, review by the director and certified provider, and other relevant information.				
11-002	**11-002 SUBCONTRACTS:** Only agencies and programs certified by the Department may enter into subcontracts for specialized services.				

Title 404 NAC Administrative Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
	<u>11-002.01 Provider Responsibility Regarding Subcontracts:</u> The provider must ensure that: 1. The services to be delivered through a subcontract are permitted under 404 NAC; 2. Policies and procedures include a section that addresses development, training, oversight, and service monitoring components for subcontracted services; a. Subcontractors will have the same qualifications, staff training and service provision expectations as employees of the provider. b. Service provision monitoring of the subcontractor's performance is completed on-site at a minimum of one time per month; 3. Copies of subcontracts are submitted to the Department prior to utilization of the subcontractor's services; and 4. Subcontracts are subject to the requirements of relevant statutes, regulations, and other policies and procedures of the Department. *(First, verify in the administrative interview if the provider has any subcontracted services such as transportation, EFH, etc. If those subcontracts include EFH services, please also complete the staff review form and the Subcontractor Focus form in addition to completing this section).*				
11-005	*11-005 FISCAL ACCOUNTABILITY: Each provider must have fiscal and budgetary financial systems that provide accounting for funds administered by and disbursed from the Department. Fiscal accountability must be consistent with generally accepted principles and*				**11-005.01 4 is optional to review and suggested for provider agencies in business 1 year or less. Non-compliance in this area may be referred to DDD and other regulatory sources. Consult with manager for questions. Do not collect records of compliance which would include employee information such as SS#s, home address, etc. If you examine evidence of compliance, check "yes" and make a brief comment about the documents examined.**

Title 404 NAC Administrative Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
	standards set by the American Institute of Certified Public Accountants (AICPA). *11-005.01 Accounting System: The accounting system must:* *1. Produce a complete, annual financial report;* *2. Permit ready accountability of all sources of funding from the respective funding source;* *3. Effect proper control of salaries and wages;* *4. Produce payroll vouchers or statements for salaries and wages which:* *a. Are prepared at the end of each pay period;* *b. Show the employee's:* *(1) Name;* *(2) Position number;* *(3) Gross salary;* *(4) Taxes; and* *(5) All other deductions or contributions; and* *c. Are approved by the appropriate authority of the provider*				

Per Waiver – Verify that DDD has completed CBS final setting rule evaluation for providers initially certified after 3-17-14 by contacting DDD and documenting the name and date of the DDD contact here.

Core Record Audit

Agency/Area Program:	**Reviewer Name:**
Core Sample Individual Name/#:	**Review Date:**
Date of Annual IPP:	**Date of Semi-Annual:**

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
RECORD KEEPING (404 NAC 4-013)					
Current IPP/ISP					
Date of entry to services					
Name, gender, birth date					
Current physical description and current photo					
Language or means of communication utilized					
Legal status and name/phone #/address of legal guardian					
Name/phone #/address of person(s) to contact in an emergency					
Name/phone # of Service Coordinator					
Social history information					
Individual record is accurate, current, complete					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
CONSENTS (404 NAC 4-013)					
Consents as appropriate					
Personal funds/property for restitution, as applicable					
Release of information, including release of photographs					
NOTICE OF COSTS (404 NAC 4-005.04)					
Notice of charges (see also 4-013.01 #15)					
Written notice of costs, given to the individual and legal representatives, of any associated cost for service or items and terms of payment.					
Must specify that individuals will not be charged for services or items that are covered through other funding sources, including items necessary for habilitation and transportation related to habilitation.					
Designation of responsibility for replacing/compensation when individual's personal items are damaged or missing.					
Designation of responsibility for compensation when staff or other individuals in service (who do not reside in the location) use the environment and eat food paid for by the individuals, excludes any visitors/guests invited by individuals to socialize in his/her residence.					
COMPLAINTS AND GRIEVANCES (404 NAC 4-009)					
The provider must review the complaint and grievance process, including the right to go to court, with each individual receiving services and the legal representative at the time the individual enters services and annually thereafter;					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
RIGHTS (404 NAC 4-007; 4-013.01 #14)					
Each individual served, parent if a minor, or legal representative is informed of the individual's rights and responsibilities: a. Information must be given at the time of entry to services, annually thereafter, and when significant changes occur; and b. Information is provided in a manner that is easily understood.					
Rights must not be treated as privileges.					
MEDICAL/HEALTH SERVICES (404 NAC 4-005.06; 4-013.01 #8)					
Unless otherwise identified in IPP, the provider takes reasonable steps to assist and support individuals in obtaining health services consistent with his/her needs.					
Name/phone # of current personal physician and any other applicable health care professionals					
History of seizures					
Illness					
Documentation of treatment and medication administration					
Medication side effects					
Medication history					
Immunizations					
Physician contacts/current physician orders for care, treatments, medications, and therapies					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
Counseling visits					
Medical evaluation, current within 12 months unless otherwise specified by physician					
Dental evaluation, current within 12 months unless otherwise specified by physician					
Psychological evaluation/recommendations					
Physical therapy evaluation/recommendations					
Occupational therapy evaluation/recommendations					
Speech therapy evaluation/recommendations					
Audiology evaluation/recommendations					
Nutrition therapy evaluation/recommendations					
Documentation of provision of health-related services					
Information related to hospitalization, nursing facility stays, or other types of health care providers					
INCIDENT REPORTING (404 NAC 4-013)					
Records of emergency safety intervention usage and rationale for use					
Records of incidents, including notification, review, and resolution					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
FBA/BSP/SAFETY PLAN (404 NAC 4-005.03)					Based on waiver changes – if no, report to DDD, can't cite provider for clinician work
The assessment must attempt to define the communicative function of the behavior for the individual;					
The assessment must focus on what purpose the identified behavior serves in the individual's life;					
A review of the individual's day supports, residential supports, and other relevant data that must be incorporated in the assessment process;					
A plan must be developed that emphasize positive meaningful activities and options that are inconsistent with the behavior targeted for change;					
There must be a combination of a planned meaningful day and individualized supports for the individual;					
The plan must include a description of potential stressors and triggers that may lead to the individual experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented;					
There must be a meaningful and individualized data collection, data analysis that track the progress of the individual. The data must be presented in a useful manner and collected through a range of methods that are valid and meaningful for planning and evaluation efforts.					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
RESTRICTIVE MEASURES (404 NAC 6-004.01) K:\CBS Surveyors\DD Surveyor\Reference Tools\Restrictions\DD Restriction Grid.pdf for "restriction guide" reference					This only applies to operator owned/controlled settings, except if the person gets ISO services and has documented restrictions
The restrictive measures determined necessary for one individual, must not affect other individuals who receive services in that environment;					
The restrictive measure must not be used as punishment, or for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan;					
The restrictive measure must be the least restrictive and intrusive as possible;					
There is a goal of reducing and eliminating the restrictive measure;					
Prior to proposing a restrictive measure, there must be documented evidence that shows other less restrictive methods have been regularly applied by trained staff and failed;					
The individual or their legal representative, if applicable, must give consent to the restrictive measure;					
The restrictive measure is safe for the individual,					
The restrictive measure and the above considerations must be documented in the IPP.					
Prior to implementation of a restrictive measure, the provider must ensure review and approval by the IPP team and rights review committee as outlined in 404 NAC 4-011.					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
PSYCHOTROPIC MEDICATION (404 NAC 6-005)					This only applies to operator owned/controlled settings
Only be given as prescribed by a physician who has authority in his/her scope of practice to determine the diagnosis. (see provider bulletin 17-11 for PRN medication infor)					
Be reviewed by the IPP team to determine if the benefits outweigh the risks and potential side effects;					
Be supported by evidence that a less restrictive and more positive technique has been tried and shown ineffective;					
Be reviewed by the rights review committee in accordance with 404 NAC 4-011;					
There must be an annual review by the prescribing physician;					
A semi-annual review by the IPP team of all psychotropic medications utilized. (see provider bulletin 17-17) There must be a clear and convincing evidence that the individual has a person-centered plan demonstrated by data and outcome measures;					
Not be used as a way to deal with under-staffing; ineffective, inappropriate or other nonfunctional programs or environments;					
Have a positive behavioral support plan in place to address the symptoms when they occur if symptoms reappear and the ongoing use of medication is no longer effective; **this could be an intervention plan, safety plan, formal or informal supports					

Be monitored and documented on an ongoing basis by the provider to provide the IPP team and the physician sufficient information regarding: a. The effectiveness of and any side effects experienced from the medication b. Frequency and severity of symptoms c. The effectiveness of the positive behavioral support plan;					
There is a plan to reduce and eliminate the medication;					
The drug used in conjunction with a positive behavioral support plan as outlined in 4-005.03.					
RECORD ITEM	**YES**	**NO**	**N/A**	**DATE ITEM UPDATED**	**COMMENTS**
PERSONAL FUNDS/PROPERTY (404 NAC 4-005.05)					
Must not use the individuals' funds and property as a reward or punishment; or as payment for damages unless the team reviewed, on a case by case basis, whether it is appropriate;					
Must not be charged for management of funds/property;					
Documentation of the extent in which the individual can participate in management of his/her finances;					
Documentation of all cash funds, savings & checking accounts, deposits, and withdrawals;					
Individual ledger providing a record of all funds received & disbursed and current balance;					
Must provide account balances and records to each individual or legal representative at least quarterly, unless otherwise requested; and minimum of annual review by IPP team of funds/property management;					
Non-routine expenditures exceeding $100 have prior authorization from individual/legal representative and IPP team notified;					

RECORD ITEM	YES	NO	N/A	DATE ITEM UPDATED	COMMENTS
ASSESSMENTS (404 NAC 4-005.01A)					
Contain individual's history					
Identify individual's preferences, strengths, and abilities and needed services.					
Are the basis of development of the IPP					
Completed within 30 calendar days of entry to service, if applicable, and completed at least annually					
Reviewed and updated to reflect individual's current status					
PROGRAMS/SUPPORTS/HABILITATION (404 NAC 4-005.01; 4-005.01C)					
Specific written plan with enough detail to consistently implement services					
Based on prioritized needs					
Documented in the IPP					
Comprehensive assessments					
Individualized plan					
Training and supports					
Documentation of service delivery					
Measured progress of plan					
Monitoring of service, cause actions to occur as needed					

Objectives as Indicated in the IPP	Data for the last 6 months					

Additional Comments or Follow-up Recommendations:

Record Audit Completed by: _____Date:_____

EXIT CONFERENCE ISSUES IDENTIFIED

AREA NOTED AT EXIT	Survey Team:	DATE:	PROVIDER:
	4-003 ADMINISTRATION STANDARDS		
	4-003.01		
	4-003.02 Director		
	4-003.03 Local Governing Board or Advisory Committee		
	4-003.04 Provider Policies and Procedures		
	4-003.05 Entry to Service		
	4-003.06 Termination of Services		
	4-003.07 Information Available to Public		
	4-003.08 Access to DD Provider		

EXIT CONFERENCE ISSUES IDENTIFIED

4-004 STAFF REQUIREMENTS

4-004.01

4-004.02 Age Requirements

4-004.03 Background Checks

4-004.04 Staff Training and Competency

4-004.05 Staff Credentials

4-004.06 Sufficient Staff

4-004.07 Direction and Supervision of Unlicensed Staff Providing Non-Complex Nursing Interventions

4-004.08 Medication Aides

4-004.09 Staff Records

EXIT CONFERENCE ISSUES IDENTIFIED

4-005 SPECIALIZED PROVIDER SERVICE STANDARDS

4-005.01 Habilitation

4-005.02 IPP Team Process

4-005.03 Positive Behavioral Supports

4-005.04 Notice of Costs to the Individual

4-005.05 Individuals' Personal Funds and Property

4-005.06 Health Services

4-005.07 Disaster Preparedness and Management

4-006 TRANSPORTATION

EXIT CONFERENCE ISSUES IDENTIFIED

4-007 RIGHTS OF INDIVIDUALS RECEIVING SERVICES

4-007.01 Procedural Requirements Regarding Rights

4-007.02

4-008 INCIDENT REPORTING SYSTEM

4-009 COMPLAINTS AND GRIEVANCES

4-009.01

4-010 ABUSE AND NEGLECT

4-011 RIGHTS REVIEW COMMITTEE

4-011.01 Membership of the Rights Review Committee

4-012 CONFIDENTIALITY

4-012.01

EXIT CONFERENCE ISSUES IDENTIFIED

4-013 RECORD KEEPING

4-013.01 Individual Record

4-013.02 General Record Keeping Requirements

4-014 QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI)

4-014.01 QA/QI Structural Components

4-014.02

4-014.03 Documentation of QA/QI Activities

EXIT CONFERENCE ISSUES IDENTIFIED

5-001 SCOPE

5-002 PURPOSE

5-003 CERTIFICATION OF INDIVIDUAL SUPPORT OPTIONS PROVIDERS

- 5-003.01 Certified Provider Responsibilities
- 5-003.02 Certification Requirements
- 5-003.03 Residence Safety

EXIT CONFERENCE ISSUES IDENTIFIED

6-001 SCOPE

6-001.01

6-001.02

6-001.03

6-002

6-003 RESIDENTIAL AND DAY SERVICES

6-004 GENERAL STANDARDS

6-004.01 Restrictive Measures

6-005 PSYCHOTROPIC MEDICATION

6-005.01

6-005.02

EXIT CONFERENCE ISSUES IDENTIFIED

6-005.03

6-006 RESTRAINTS

6-006.01 Prohibited Methods

6-007 PHYSICAL LOCATION REQUIREMNTS

EXIT CONFERENCE ISSUES IDENTIFIED

11-001 BILLING AND PAYMENT PROCEDURES

11-002 SUBCONTRACTS

11-002.01 Providers Responsibility Regarding Subcontracts

11-002.02 Subcontractor Responsibility Regarding Subcontracts

11-003 DATA COLLECTION AND REPORTING

11-003.01 Provision of Information

11-003.02 Payroll

11-004 DEPARTMENT ACCESS

11-004.01

11-005 FISCAL ACCOUNTABILITY

11-005.01 Accounting System

EXIT CONFERENCE ISSUES IDENTIFIED

	11-005.02 Annual Audit
	11-005.03
	11-006 COMPLIANCE AUDIT
	11-006.01
	11-006.02
	11-006.03
	11-007 REQUESTS FOR HEARING

* This document reflects the surveyors' initial impressions. Following this review, your agency will be sent a report that reflects deficiencies that may or may not be included within this document.

GIVEN TO _____

SIGNATURE_____

DATE_____

LEAD SURVEYOR_____

Extended Family Home

Agency/Area Program:	**Reviewer Name:**
Individual name/#:	**Review Date:**
BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
SUBCONTRACTS (404 NAC 11-002)	
Services delivered by the subcontractor are permitted under 404 NAC.	**Subcontractor name:**
The agency has **policies and procedures including a section that addresses:** • **Development;** • **Training;** • **Oversight; and** • **Service Monitoring components.**	
Subcontractors have: • **The same qualifications;** • **Staff training;** (may use "staff review form" to review) **and** • **Service provision expectations as employees of the provider.**	
Service provision monitoring of the subcontractor's performance is completed on-site at a minimum of one time per month	

Extended Family Home

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
Copies of subcontracts are **submitted to the Department PRIOR to the utilization of the subcontractor's services.**	
The subcontractor **does NOT serve as the legal guardian of the individual served.**	
The subcontractor **is NOT an immediate family member of the individual served.** (chapter 2 defines immediate family member as parent, child, or spouse)	
Health and safety concerns are addressed; and the individual is free from abuse/neglect: Service provision monitoring of the subcontractor's performance is completed on-site at a minimum of **one time per month** by the agency provider.	
Service Coordination monitoring occurs as required.	
Review of **abuse/neglect allegations.**	
Review of **high level GERs**.	
Review of **complaints**.	

FOCUS SAMPLE REVIEW CHECKLIST

Agency/Area Program:	**Reviewer Name:**
Focus Area & Sample Individual Name#: **Positive Behavior Supports**	**Review Date:**

REGULATION FOR FOCUS AREA	YES/NO/NA – NOTES FROM
BASED ON OBSERVATIONS/INTERVIEWS/RECORDS REVIEW – THE FOLLOWING IS PRESENT	
4-005.03 Positive Behavioral Supports: In addressing behaviors, the provider must develop and implement policies, procedures, and practices that emphasize positive approaches directed towards maximizing the growth and development of each individual. The provider must ensure the following behavior supports and emergency safety interventions for emergency safety situations are in place:	
1. The assessment must attempt to define the communicative function of the behavior for the individual;	
2. The assessment must focus on what purpose the identified behavior serves in the individual's life;	
3. A review of the individual's day supports, residential supports, and other relevant data must be incorporated in the assessment process;	
4. A plan for the individual must be developed that emphasizes positive meaningful activities and options that are inconsistent with the behavior targeted for change;	
5. There must be a combination of a planned meaningful day and individualized supports for the individual;	

6. The plan must include a description of potential stressors and triggers that may lead to the individual experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented; and	
7. There must be meaningful and individualized data collection and data analysis that track the progress of the individual. The data must be presented in a useful manner and collected through a range of methods that are valid and meaningful for planning and evaluation efforts.	

FOCUS SAMPLE REVIEW CHECKLIST

Agency/Area Program:	**Reviewer Name:**
Focus Area & Sample Individual Name#:	**Review Date:**

REGULATION FOR FOCUS AREA	YES/NO/NA – NOTES FROM
BASED ON OBSERVATIONS/INTERVIEWS/RECORDS REVIEW – THE FOLLOWING IS PRESENT	
PSYCHOTROPIC MEDICATION (404 NAC 6-005.01)	
1. Only be given as prescribed by a physician who has authority in his/her scope of practice to determine the diagnosis. PRN (as needed) psychotropic medications are prohibited	
2. Be reviewed by the IPP team to determine if the benefits outweigh the risks and potential side effects.	
3. Be supported by evidence that a less restrictive and more positive technique has been tried and shown ineffective.	
4. Be reviewed by the rights review committee in accordance with 404 NAC 4-011.	
There must be an annual review by the prescribing physician.	
A semi-annual review by the IPP team of all psychotropic medications utilized. There must be a clear and convincing evidence that the individual has a person-centered plan demonstrated by data and outcome measures.	
5. Not be used as a way to deal with under-staffing; ineffective, inappropriate or other nonfunctional programs or environments.	
6. Have a positive behavioral support plan in place to address the symptoms when they occur if symptoms reappear and the ongoing	

use of medication is no longer effective. *(this could be an intervention plan, safety plan, formal or informal supports)*	
7. Be monitored and documented on an ongoing basis by the provider to provide the IPP team and the physician sufficient information regarding:	
7 a. The effectiveness of and any side effects experienced from the medication;	
7 b. Frequency and severity of symptoms;	
7 c. The effectiveness of the positive behavioral support plan.	
PSYCHOTROPIC MEDICATION (404 NAC 6-005.02)	
1. There is a plan to reduce and eliminate the medication.	
2. The drug used in conjunction with a positive behavioral support plan (as outlined in 4-005.03).	

FOCUS SAMPLE REVIEW CHECKLIST

COMPLAINTS/GRIEVANCES

BASED ON **OBSERVATIONS/INTERVIEWS --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS**
COMPLAINTS AND GRIEVANCES (404 NAC 4-009)	
The complaints/grievance process is **made available to:** **Individuals;** **Legal representatives;** **Staff; and** **Other representatives.**	
Individuals, legal representatives, staff, and other representatives are **able to file complaints elsewhere or access the legal system.**	
The agency's process is **convenient to the individual.**	
The agency **reviews the complaint and grievance process (including the right to go to court) with the individual and his/her legal representative.**	
The agency **prohibits retaliation against individual's services and supports due to advocating rights and initiating complaints.**	

FOCUS SAMPLE REVIEW CHECKLIST

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
The agency's process **includes time frames and procedures for review of complaints and grievances and the provision of a response.**	
The agency **reviews the complaint and grievance process (including the right to go to court) with the individual and his/her legal representative at entry to services and annually thereafter.**	
The agency **maintains documentation of the receipt of all complaints and grievances, the resolution, and the response to the complainant.**	

Disaster Preparedness Focus P.II-F i

Agency/Area Program:	**Reviewer Name:**
Staff Name/Title/Date of Hire:	**Review Date:**
Focus sample individual name #:	**Observation Setting or address #:**
BASED ON INTERVIEW AND OBSERVATION--	YES/NO/NA-NOTES
4-004.04 Staff Training and Competency	
4-004.04B Required Training	
1. Emergency Procedures	
Staff has received training in the agencies emergency/disaster preparedness emergency procedures and competency verified within 30 days of hire or before working alone with an individual. (May be noted on staff review)	
4-005.07 Disaster Preparedness and Mgt	YES/NO/NA-NOTES
1. The provider's plan includes how the provider will maintain the proper identification of each individual to ensure care coincides with the individual's needs.	
2. The provider's plan includes how the provider will move individuals to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster.	
3. The provider's plan includes how the provider will protect individuals during the threat of exposure to ingestion absorption or inhalation of hazardous substances or materials.	
4. The providers plan includes how the provider will provide food, water, medicine, medical supplies and other necessary items for care in the event of natural or other disaster.	
5. The provider's plan includes how the provider will provide for the comfort safety	

and well-being of individuals served in the event of 24 or more consecutive hours of: a. Electrical or gas outage b. Heating, cooling, or sewer system failure; or c. Loss or contamination of water supply.	
Preparedness	YES/NO/NA-NOTES
Does the provider follows its own policy for disaster preparedness specific to tornado drills? (i.e., tornado kits, tornado drills) Look at six months of tornado drills for the months tornado drills are run	
Does the provider follow its own policy for disaster preparedness specific to fire drills? (i.e., evacuation plans, documentation of fire drills)	
Staff interviews	YES/NO/NA-NOTES
Is the staff able to explain the fire safety plan?	
Is the staff able to explain the tornado safety plan?	
Is the staff able to explain what would happen in the event of a flood	
Is the staff able to explain what would happen in the event of water outage or water contamination?	
Is the staff able to explain what would happen in the event of heating or cooling outage?	
Is the staff able to explain what would happen in the event of ingestion of hazardous materials?	
Is the staff able to explain how they will provide food, water, medicine, medical supplies and other necessary items for care in the event of natural or other disaster?	

FOCUS SAMPLE REVIEW CHECKLIST

ENTRY TO SERVICE

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**
BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
ENTRY TO SERVICE (404 NAC 4-003.05)	
The provider gathered and reviewed referral information regarding the individual, to the greatest extent possible, so that the provider is aware of the individual's preferences, strengths, and needs to make a determination as to whether their agency is capable of providing services to meet the individual's needs.	
The provider considered the safety of all individuals in the decision to accept new individuals to service or the location for the services.	
The provider considered whether they have the capacity, commitment, and resources necessary to provide supports to the individual for the long term.	

FOCUS SAMPLE REVIEW CHECKLIST

ENTRY TO SERVICE

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
ASSESSMENTS (404 NAC 4-005.01A)	
The provider conducted assessments for the individual to obtain accurate and complete information related to the individuals history, preferences, strengths, and abilities and needed services within 30 calendar days of entry to services.	
IPP (404 NAC 4-005.01B)	
The provider participated in the development of the annual IPP and took necessary steps to ensure the IPP documents the IPP team review, discussions, and decisions.	
PROGRAMS AND SUPPORTS (404 NAC 4-005.01C)	
The provider developed a specific written plan with enough detail to consistently implement these services.	
Programs are based on the goals identified in the IPP for the development of functional skills.	
POSITIVE BEHAVIORAL SUPPORTS (404 NAC 4-005.03)	
If applicable for addressing behaviors, the provider ensured behavior supports and emergency safety interventions for emergency safety situations are in place.	

FOCUS SAMPLE REVIEW CHECKLIST

ENTRY TO SERVICE

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
NOTICE OF COSTS TO THE INDIVIDUAL (404 NAC 4-005.04)	
Written notice was provided to the individual before initiation of services specifying that individuals will not be charged for services or items that are covered through other funding sources, including items necessary to provide habilitation and transportation related to habilitation	
The written notice specifies who is responsible for replacement or compensation when individual's personal items are damaged or missing.	
The written notice specifies how individuals will be compensated when staff o other individuals in services who do not reside in the location (i.e. respite) utilize the environment and eat food paid for by individuals. (*Note – this excludes any visitors/guests invided by the individuals to socialize in the residence.)*	
PROVIDER MANAGEMENT OF INDIVIDUAL'S FINANCES (404 NAC 4-005.05D)	
If the provider is responsible for handling the individual's funds, they maintain a financial record for the individual including: **1. Documentation of all cash funds, savings, and checking accounts, deposits, and withdrawals; and** ***2.* An individual ledger which provides a record of all funds received and disbursed and the current balance.**	

FOCUS SAMPLE REVIEW CHECKLIST

ENTRY TO SERVICE

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
HEALTH SERVICES (404 NAC 4-005.06)	
Unless otherwise assigned in the IPP, the provider has taken reasonable steps to assist and support the individual in obtaining health services consistent with his/her needs. This includes: **1. Medication administration and monitoring;** **2. Medical services;** **3. Dental services;** **4. Nutritional services;** **5. Health monitoring and supervision;** **6. Assistance with personal care, personal health care and education, exercise, and other therapies.**	
Unless otherwise assigned in the IPP, the provider has arranges for or assists the individual in obtaining evaluations and services based on the individuals need, such as: **1. Physical exams;** **2. Dental services;** **3. Psychological services;** **4. Physical and occupational therapy;** **5. Speech therapy;** **6. Audio logical services;** **7. Vision services;** **8. Nutritional therapy;** **9. Any other related evaluations and services.**	

FOCUS SAMPLE REVIEW CHECKLIST

ENTRY TO SERVICE

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
Unless otherwise assigned in the IPP, the provider ensures the individual receives: **1. A medical evaluation every 12 months; and** **2. A dental evaluation every 12 months.** ***(Note – exception is when the medical practitioner or dentist has identified the need for the evaluation on an alternate schedule.)***	
The provider ensures observing, reporting, and responding to the individual's health service needs to ensure needs can be appropriately met.	
The provider ensures the individual receives care, treatment, and medications in accordance with orders from a medical practitioner. Recommendations from other health care professionals must be reviewed by the IPP team and incorporated into the IPP as determined by the IPP team.	
If applicable, the assists the individual with utilization of assistive and adaptive devices as needed and as identified on the IPP.	
The provider maintains health-related records for the individual to document the provision of services and the individual's response to services.	

FOCUS SAMPLE REVIEW CHECKLIST

ENTRY TO SERVICE

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
RIGHTS OF INDIVIDUALS RECEIVING SERVICES (404 NAC 4-007)	
The individual (parent if minor, or legal representative) is informed of the individual's rights and responsibilities, and was given verbally and in writing in a manner that is easily understood.	
COMPLAINTS AND GRIEVANCES (404 NAC 4-009)	
The provider reviewed the complaint and grievance process, including the right to go to court, with the individual and his/her legal representative.	
RIGHTS REVIEW COMMITTEE (404 NAC 4-011)	
If the individual takes psychotropic medication or has restrictions, the rights review committee has approved the restrictive measures (or there is interim approval by a documented designee of the committee and there are meeting minutes documenting final approval by the overall committee at its next meeting)	
CONFIDENTIALITY (404 NAC 4-012)	
The provider ensures protection of the confidentiality of the individual's information, including verbal, electronic, and written form.	

FOCUS SAMPLE REVIEW CHECKLIST

ENTRY TO SERVICE

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
INDIVIDUAL RECORD (404 NAC 4-013.01)	
The provider has a record for the individual including (but not limited to): **1. Date of entry to services;** **2. Name, gender, and birth date;** **3. Current physical description or current photo;** **4. The language or means of communication;** **5. Legal status and name/telephone #/address of legal representative, if applicable;** **6. Emergency contact name/phone #/address;** **7. Individual's current personal physician name/phone # (and other health care professionals, if applicable);** **8. Relevant medical information (history of seizures, illness, physician orders, treatments, medications, medication history, immunizations, physician contacts, emergency room visits, dental visits, counseling visits, and hospitalizations);** **9. Records of incidents and accidents;** **10. Records of emergency safety intervention usage and rationale for use;** **11. IPP;** **12. Documentation of delivery of services and supports;** **13. Individual's rights notification;** **14. Notice of charges;** **15. Name of Service Coordinator and phone #;** **16. Accounting of the individual's funds, if managed by the provider;**	

17. Notification of termination of services (if applicable); and **18. Social history information.**	

FOCUS SAMPLE REVIEW CHECKLIST
HABILITATION

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**
BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
HABILITATION (404 NAC 4-005.01)	
The individual receiving services must receive habilitation services to acquire, retain, and improve the skills necessary so the individual is able to function with as much independence as possible; enhance choice and self-management; and participate in the rights and responsibilities of community membership.	
Habilitation must be observable in daily practice and identifiable in the IPP and supporting documentation.	
The habilitation plan is developed based on the individual's preferences with input from the IPP team members, and strengths and needs that are accurately assessed.	
The IPP team must prioritize needs so that: • The individual is challenged to overcome barriers that result in the need for specialized services; and • The highest level of independence in all areas of community living is achieved.	

FOCUS SAMPLE REVIEW CHECKLIST
HABILITATION

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
Strategies and supports must be developed that are: • Based on prioritized needs; • Relevant to the IPP; • Functional; • Tailored to individual needs, and respectful of individual choice; and • Documented in the IPP.	
Training and supports are consistently implemented in all settings as the need arises and as opportunities occur. Incidental learning and appropriate behaviors are encouraged and reinforced.	
Activities and environments must facilitate acquisition of skills, appropriate behavior, greater independence, and personal choice.	
Performance is accurately measured and training or supports or both are modified based on data and changes in individual circumstances;	
Monitoring of service delivery must be provided and, if needed, cause actions to occur to ensure needs are addressed.	
Individuals with conditions that make further growth or development unlikely must receive training and supports designed to maintain skills and functioning and to prevent further regression to the extent possible.	

FOCUS SAMPLE REVIEW CHECKLIST P.II-F h
PROVIDER ASSISTED FINANCIAL SERVICES

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**

BASED ON **OBSERVATIONS/INTERVIEWS --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS**
Individuals' Personal Funds and Property (404 NAC 4-005.05B-D)	
The temporary transfer of control of the individual's finances to the provider is documented in the individual's IPP. (404 NAC 4-005.05C)	
The IPP Team determined and documented the following: 1. The extent in which the individual can participate in management of their finances; 2. The individual's informed choice; 3. Rationale for the transfer of control; 4. The support plan that leads to returning control of the finances to the individual; and 5. The IPP team reviews the plan at least annually. (404 NAC 4-005.05C)	

PROVIDER ASSISTED FINANCIAL SERVICES

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
The transfer of control of an individual's financial resources: 1. Must not be for a convenience of staff, or as a substitute for habilitation; 2. Must be temporary; 3. Must be based on the choice of the individual and the extent to which the individual can participate. 4. Must not be transferred to another entity and the individual must not be charged for the service. (404 NAC 4-005.05B)	
The provider must maintain a financial record for each individual for which they are responsible for handling the funds that includes: 1. Documentation of **all** cash funds, savings, and checking accounts, deposits, and withdrawals; and 2. An individual ledger which provides a record of all funds received and disbursed and the **current balance**. (404 NAC 4-005.05D)	
The provider ensures that all record entries are dated, legible, and clearly identify the person making the entry. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent. (404 NAC 4-013.02H)	

PROVIDER ASSISTED FINANCIAL SERVICES

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
The provider must maintain a financial record for each individual for which they are responsible for handling the funds that includes: 1. Provision of account balances and records of transactions to each individual or legal representative at least quarterly, unless otherwise requested; 2. Must ensure that all non-routine expenditures exceeding $100 are reviewed and prior authorized by the individual or legal representative, and the IPP Team notified. (404 NAC 4-005.05D)	
When the provider is maintaining individuals' personal funds in a common trust, a separate accounting is maintained for each individual or for his/her interest in a common trust fund. (404 NAC 4-005.05D)	

RESPITE SERVICES FOCUS REVIEW

Residential or Day Program Setting/Address:	Reviewer Name:
Core sample individual name/#:	

Date and time (start and finish) of observations/interviews:

Describe setting, location and who was present during observations:

Cleanliness or environmental concerns noted (obstructions to exits, are smoke detectors working, are safe practices observed, is the environment safe, clean, and adapted to individual needs, is protective equipment available on-site [fire extinguishers, equipment guards, etc.]):

Summary of comments/recommendations for action based on completion of form: (Note facility and staff strengths and suggested follow-up items)

RESPITE SERVICES FOCUS REVIEW

BASED ON **OBSERVATIONS** – THE FOLLOWING IS PRESENT (404 NAC 8)	YES/NO/NA – NOTES FROM **OBSERVATIONS**
Respite services are intermittent, temporary supervision, tasks related to the individual's physical and psychological needs, and social/recreational activities and are documented in the IPP.	
The adult or child lives with a non-paid caregiver.	
Respite is NOT available when the caregiver is paid to deliver services.	
Respite for adults is ONLY provided by specialized DD providers.	
Respite for children can be provided by specialized DD providers or non-specialized providers (if living in their family home).	
Services are provided in a manner demonstrating acceptance of, respect for, and a positive attitude toward people who are disabled.	
The respite provider has training or experience in the performance of the service(s) being provided and is able to perform tasks required for the individual's needs.	
The respite provider exhibits the capacity to: • Assume responsibility; • Follow emergency procedures; • Maintain schedules; and • Adapt to new situations.	

RESPITE SERVICES FOCUS REVIEW

BASED ON **OBSERVATIONS** – THE FOLLOWING IS PRESENT (404 NAC 8)	YES/NO/NA – NOTES FROM **OBSERVATIONS**
Habilitation is observed throughout the visit. • What activities are taking place? • Are they active or passive? • What materials/supplies are in use? • Is the environment supportive of learning? (e.g. noise, odors, equip.)	
Staff provides individuals with many opportunities to have choices and participate actively in their day.	
During the observation, individuals are working on skills and programs that are verified in the individual records.	
Interventions to manage inappropriate behaviors are not for staff convenience & individuals are supported in finding other appropriate options to the behavior.	
Individuals are actively encouraged by staff to learn new skills and programs. (Can staff explain the purpose of the activities?)	
From observations only, all individuals appear healthy and have no obvious health needs.	
From observations only adaptive equipment appears to be in good condition and properly maintained.	
Individuals are being taught how to use specific specialized equipment and assistive devices (i.e. hearing aids, dentures, wheelchairs, etc.)	

RESPITE SERVICES FOCUS REVIEW

DURING **INTERVIEWS** with staff and/or individuals, it is apparent: (404 NAC 4 & DDD Specialized Services Description)	YES/NO – NOTES FROM **INTERVIEWS**
The respite provider observes and reports all changes which affect the individual and/or the individual's plan to the service coordinator, taking action as necessary.	
The respite provider has knowledge and understanding of the needs of individuals with intellectual or developmental disabilities.	
The respite provider accepts responsibility for the individual's safety and/or property.	
The respite provider has knowledge of basic first aid skills and of emergency responses.	
The respite provider has obtained adequate information on the supports necessary to meet the medical and personal needs of the individual.	
Services are flexible and person centered.	
Services promote the freedom for an individual to live a meaningful life and participate as a member of the community.	
The facility promotes social activities in the community reflecting the preferences of the individuals living there.	

RESPITE SERVICES FOCUS REVIEW

DURING **INTERVIEWS** with staff and/or individuals, it is apparent: (404 NAC 4 & DDD Specialized Services Description)	YES/NO – NOTES FROM **INTERVIEWS**
Individuals are encouraged to express a choice of personal belongings, decorations, & clothing.	
Family is notified promptly of incidents/injuries.	
The use of restraints is prohibited. Individuals report that they are free from restraints.	
Individuals communicated that they (individuals) were free from abuse and neglect. They do not appear fearful of staff or housemates.	

FOCUS SAMPLE REVIEW CHECKLIST

RIGHTS RESTRICTIONS

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**

BASED ON **OBSERVATIONS/INTERVIEWS --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS**
INDIVIDUAL RIGHTS AND RESTRICTIONS (404 NAC 4-011, 5-003.02B,6-004.01)	
Individuals are aware of their rights and responsibilities.	
Individuals are informed of their rights and responsibilities **in a manner that is easily understood.**	
Supports are given to individuals in exercising their rights.	
Rights are not treated as privileges.	
The agency **prohibits retaliation against individual's services and supports due to advocating rights and initiating complaints.**	

FOCUS SAMPLE REVIEW CHECKLIST

RIGHTS RESTRICTIONS

BASED ON YES/NO/NA – NOTES FROM THE FOLLOWING IS PRESENT	**OBSERVATIONS/INTERVIEWS -- OBSERVATIONS/INTERVIEWS**
If the individual is receiving **Supported Living and/or Supported Day, restriction of rights, person, or property is NOT allowed.**	
If the individual is receiving **Provider Operated/Controlled Residential and/or Day Services, *restrictive measures:*** **• Do not affect other individuals receiving services in that setting;** **• Are not used as:** ○ **Punishment;** ○ **Staff convenience;** ○ **Due to shortage of staff;** ○ **As a substitute for habilitation;** ○ **Or as an element of a positive behavior support plan;** ○ **Are least restrictive and intrusive possible;** ○ **Have a goal of reducing and eliminating the restrictive measure;** **Are safe for the individual.**	

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
The agency gives information to individuals regarding their rights and responsibilities at entry to services and annually thereafter.	
The **rights review committee reviewed and has documented approval of the rights restriction before it is implemented.**	
The **IPP team has reviewed and approved the restrictive measure before it is implemented.**	
If the individual is receiving **Provider Operated/Controlled Residential and/or Day Services:** • **There is documented evidence that other less restrictive methods had been regularly applied by trained staff and failed;** • **The individual or his/her legal representative gave consent to the restrictive** measure**;** • **The restrictive measure and considerations are documented in the IPP.**	

FOCUS SAMPLE REVIEW CHECKLIST
SUBCONTRACTS

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**
BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
SUBCONTRACTS (404 NAC 11-002)	
Services delivered by the subcontractor are permitted under 404 NAC.	
The agency has **policies and procedures including a section that addresses:** • **Development;** • **Training;** • **Oversight; and** • **Service Monitoring components.**	
Subcontractors have: • **The same qualifications;** • **Staff training; and** • **Service provision expectations as employees of the provider.**	
Service provision monitoring of the subcontractor's performance is completed on-site at a minimum of one time per month	

FOCUS SAMPLE REVIEW CHECKLIST
SUBCONTRACTS

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
Copies of subcontracts are **submitted to the Department PRIOR to the utilization of the subcontractor's services.**	
The subcontractor **does NOT serve as the legal guardian of the individual served.**	
The subcontractor **is NOT an immediate family member of the individual served.**	

FOCUS SAMPLE REVIEW CHECKLIST
TERMINATION OF SERVICES BY PROVIDER

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**

BASED ON **OBSERVATIONS/INTERVIEWS** – THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS**
TERMINATION OF SERVICES (404 NAC 4-003.06)	
Strategies and supports are given by the current provider to continue to meet the needs of the individual during the transition period prior to the termination date.	

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
The individual's file includes **documentation regarding notification of termination of services.**	
If the services were terminated by the agency, **written notification was given to the individual or his/her legal representative no less than 60 days prior to the final day of services outlining the reasons for termination of services.**	

FOCUS SAMPLE REVIEW CHECKLIST
INDIVIDUALS PREPARING FOR TRANSITION

BASED ON FILE REVIEW – THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
If the services were terminated by the agency, development of a **transition plan in conjunction with the individual's IPP team and the new provider including:** • **Primary focus on the individual's needs and preferences;** • **Timelines;** • **Supports/strategies needed for the new provider;** • **Supports/strategies needed for the current provider during the transition period.**	
If the services were terminated by the individual or legal representative, **written notification was received by the provider no less than 30 days prior to the final day of services.**	

FOCUS SAMPLE REVIEW CHECKLIST

TRANSPORTATION SERVICES

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**

BASED ON **OBSERVATIONS/INTERVIEWS** – THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS**
TRANSPORTATION OF SERVICES (404 NAC 4-006)	
Vehicles are **adapted to meet the needs of individuals served.**	
Individuals are **NOT denied transportation services due to lack of adaptation of vehicles.**	
Adequate measures are taken to provide a **sufficient number of staff in the vehicle to ensure safety and to meet the needs of each individual being transported.**	
Staff transporting individuals are **capable of assisting individuals in and out of vehicles and to and from parking places.**	
Staff transporting individuals **have knowledge of state and local traffic rules.**	

FOCUS SAMPLE REVIEW CHECKLIST

TRANSPORTATION SERVICES

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
Staff transporting individuals **have a valid driver's license with the appropriate class code.**	
Staff transporting individuals **have received training in:** • **First aid;** • **CPR; and** • **In meeting the needs of the specific individuals for whom transportation is provided.**	

INDIVIDUAL INTERVIEW FORM Rev. /25/19

Name of Person Served:	
Surveyor:	Date:

Tell me what you like about working or living here?

Who is your favorite staff?
Why?

Are there any staff you don't like?
Why?

What are your goals?

What is your job here?

What do staff help you to do or to learn?

What do you do for fun?

Who are your closest friends?

Is there anything else you want to tell me about?

Residential or Day Program Setting/Address:	Reviewer Name:
Core sample individual name & #:	

Date and time (start and finish) of observations/interviews:

Describe setting, location and who was present during observations:

Cleanliness environmental concerns noted (obstructions to exists, are smoke detectors working, are safe practices observed, is the environment safe, clean, and adapted to individual needs, is protective equipment available on site [fire extinguishers, equipment guards, etc?]):

Summary of comments/recommendations for action based on completion of form:

(Note facility and staff strengths and suggested follow-up items)

BASED ON **OBSERVATIONS** – THE FOLLOWING IS PRESENT (404 NAC 6)	YES/NO/NA – NOTES FROM **OBSERVATIONS**
Individuals have personal possessions and enough personal clothing. • How are individuals dressed? (neat, clean, good repair, appropriate to the season and setting or occasion) Are there personal hygiene concerns noted?	
Overall, interactions between individuals and staff are genuine, respectful and sincere. • Do staff talk with individuals? • Is the tone friendly? Does it appear people have privacy as desired?	
Habilitation is observed throughout visit. • What activities are taking place? • Are they active or passive? • What materials/supplies are in use? Is the environment supportive of learning? (e.g. noise, odors, equip.)	
During the observation, individuals are working on skills and programs that are verified in the individual records.	
Interventions to manage inappropriate behaviors are not for staff convenience & individuals are supported in finding other appropriate options to the behavior.	
From observations only, all individuals appear healthy and have no obvious health needs.	
From observations only, adaptive equipment appears to be in good condition and properly maintained.	
Individuals' environments reflect choices of personal belongings, decorations, & clothing.	

BASED ON **OBSERVATIONS** – THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS**
Are approved restrictions implemented?	
Review Petty Cash	
Review Medication	

Provider Name: Date on site conducted:

Onsite Follow Up to Plan of Improvement (evaluate individual, systemic, and preventative corrections)

404 Regulation	Individual or Staff	Requested Documentation	Completion date per accepted POI	Surveyor	Received?	Progress Notes

July 3, 2019

Agency: _____

Agency Representative(s):_____

Surveyor: _____

Date: _____

Abuse and Neglect:

If an allegation of abuse or neglect was made for an individual, what would you do? How would you protect the individual(s) during the course of an investigation?

Disaster Preparedness:

What is the disaster preparedness plan for each specific setting?

Health Services:

Describe how medication aides will be overseen. What type of arrangement, contract or employment, will the licensed health professional (LHP) have with your agency, who will oversee the LHP and what will that oversight look like?

Title 403-404 NAC Policy and Procedure Review Worksheet

The Division of Public Health has reviewed your agency's Policies and Procedures (P&P) for compliance with Title 404 NAC regulations. This worksheet highlights the areas of the regulations that need additional attention within your P&P as you continue to be considered for provisional certification as a provider of DD services in Nebraska. Please review the areas requiring further attention and make revisions or changes as necessary.

Applicant agency: _____

Agency director: _____

Agency contact for draft P & P: _____

Person completing review: _____

Date Review Started: _____

Date Review Completed: _____

*NOTE: Provider gives reference numbers for policies and examples for each regulation. See their worksheet.

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
Core Requirements for Specialized Providers of Services	**Yes**	**No**	**Yes**	**No**		**Yes**	**No**	
4-003.05 Entry to Service: The provider must: 1. Gather and review referral information regarding the individual, to the greatest extent possible, so the provider is aware of the individual's preferences, strengths, and needs to make a determination as to whether their agency is capable of providing services to meet the individual's needs; 2. Consider the safety of all individuals in the decision to accept new individuals to service or the location for the services; and 3. Consider whether the provider has the capacity, commitment, and resources necessary to provide supports to the individual for the long term. The provider must not admit an individual to services if it cannot reasonably assure that it has the ability to meet the individual's needs.					**Consent forms?** **Notification of rights?** **Notice of Costs?** **Notification of complaints & grievances?** **Assessments?** **Additional p&p requirements, if applicable?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
4-004.03A Register/Registry Check: The provider must: 1. Check the Central Register of Child Protection Cases and the Adult Protective Services Central Registry in the Department. The provider must initiate checks with the Department within ten calendar days of employment and as necessary to verify a staff person is not on the registry/register. The provider must initiate checks on all staff. The provider must initiate checks on household members (excluding individuals served) of a household in an extended family home or respite provider's home (if services are delivered in the provider's home) as follows: checks on the Central Register of Child Protection Cases for members age 13 or older and checks on the Adult Protective Services Registry for members age 18 or older; 2. Check the Nebraska State Patrol Sex Offender Registry; and 3. Retain results of registry/register checks for one year following the termination of the staff person's employment.					**Additional p&p requirements, if applicable?**			
4-004.03E Alternative Method of Criminal History Check: The provider may employ a person pending the results of the criminal history background checks if they have utilized an alternative method of criminal history background checks at its own expense until the results of the required criminal history check are received. The alternative method of criminal history checks must be approved by the Department. **If the results of the alternative method indicate that the person has not been convicted of any crimes listed in 404 NAC 4-004.03F, that person may work along with individuals served by the provider. ****Note 4-004.03B no longer applies, instead the alternative method is used. Ensure the alternative check vendor is approved by DDD Liaison.**					**Additional p&p requirements, if applicable?**			
4-004.03C Employees who provide direct support services may not work alone with individuals served until the results of the registry checks and the criminal history background checks as specified in 404 NAC 4-004.03A and 4-004.03B are reviewed by the provider.					**Additional p&p requirements, if applicable?**			
4-004.03D The provider must determine whether employees found to be listed on the Central Register of Child Protection Cases or the Adult Protective Services Central Registry in the Department or the Nebraska State Patrol Sex Offender Registry or found to have with a criminal history present risk of abuse, neglect, exploitation, or sexual misconduct to individuals served. The provider must document any provider decision to maintain a staff person listed on a registry or found to have a criminal history as outlined in 404 NAC 4-004.03F, including how that decision was made and the provider's plan to reduce risks to individuals and to provide protections, as necessary.					**Additional p&p requirements, if applicable?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
4-004.03F Specific Crimes: The provider must not allow employees found to be convicted of the following crimes to work alone with individuals served by the provider: 1. Child pornography; 2. Abuse of a child or vulnerable adult; 3. Felony domestic assault; 4. Misdemeanor domestic assault within the last five years; 5. Shoplifting after age 19 and within the last three years; 6. Felony fraud within the last ten years; 7. Misdemeanor fraud within the last five years; 8. Possession of any controlled substance within the last five years; 9. Possession of any controlled substance with intent to deliver within the last ten years; 10. Felony assault without a weapon within the last ten years; 11. Felony or misdemeanor assault with a weapon in the last 15 years; 12. Prostitution or solicitation of prostitution within the last five years; 13. Felony or misdemeanor robbery or burglary within the last ten years; 14. Rape or sexual assault; or 15. Homicide.					**Additional p&p requirements, if applicable?**			
4-004.03G All employees must notify the provider immediately if convicted of any of the crimes listed in 404 NAC 4-004.03F or if his/her name is placed on any of the Department's registries.					**Additional p&p requirements, if applicable?**			
4-004.04 Staff Training and Competency: The provider must ensure that employees, including subcontractors and management, responsible for providing supports and services to individuals with developmental disabilities are educated/trained on the minimum requirements necessary to address the individual's needs prior to working with individuals in services. Staff responsible for providing direct services must demonstrate the competence to support individuals as part of a required and on-going training program. The provider must ensure staff receive training and demonstrate competencies under the guidance of an already trained and proficient staff member prior to working alone with individuals. The provider must document in the employee's personnel record that required orientation and training was completed and competency was demonstrated. It is the responsibility of the provider to ensure that training and verification of such is completed by persons with expertise who are qualified by education, training, or experience in those areas.					**Evidence of training material and documented process for ensuring competency?** **Additional p&p requirements, if applicable?**			
4-004.04A Initial Orientation Requirements: Initial orientation must be completed by all new employees prior to working alone with individuals. Employees must complete the following training requirements: 1. Individual's choice; 2. Individual's rights in accordance with state and federal laws; 3. Confidentiality; 4. Dignity and respectful interactions with individuals; and					**Does the training material include these regulatory requirements?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
5. Abuse, neglect, and exploitation and state law reporting requirements and prevention.								
4-004.04B Required Training: Employees must be trained to respond to injury, illness, and emergencies, and competency verified **within 30 days of hire or before working alone with an individual.** The following training areas must be addressed: 1. Emergency procedures; 2. Cardiopulmonary resuscitation; 3. Basic first aid; 4. Infection control; 5. Individuals' medical protocols as applicable; and 6. Individuals' safety protocols as applicable.					**Does the training material include these regulatory requirements?**			
4-004.04C Employees must be trained and demonstrate competency **within 180 days of hire** regarding the implementation of the provision of services to individuals. This training must include: 1. Implementation and development of the IPP and interdisciplinary process; 2. Positive support techniques; 3. Approved emergency safety intervention techniques; 4. Concepts of habilitation, socialization, and age-appropriateness, depending on the needs of the individual; 5. Use of adaptive and augmentative devices used to support individuals, as necessary; 6. Other training required by the provider; and 7. Other training as required by the specific service options.					**Does the training material include these regulatory training requirements?** **Note- ensure the training material includes training for emergency safety interventions.**			
4-004.04D Training and verification of competencies in the above areas must be conducted by persons with expertise who are qualified by education, training, or expertise in those areas.					**Additional p&p requirements, if applicable?**			
4-004.04E The provider must document in the staff personnel record that training and demonstration of competency were successfully completed. Documentation must include: 1. Topic; 2. Date staff attended training; 3. Date competencies verified; 4. Name of person conducting training; and 5. Verification of competencies.					**Additional p&p requirements, if applicable?**			
4-004.08 Medication Aides: When the provider is responsible for provision of medication to individuals as identified in the IPP and uses unlicensed staff, the provider must comply with 172 NAC 95 and 96.					**Licensed Health Professional contract or job description including specific direction and monitoring responsibilities?** **Additional p&p requirements, if applicable?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
4-005.01 Habilitation: Each individual receiving services must receive habilitation services to acquire, retain, and improve the skills necessary so the individual is able to function with as much independence as possible; enhance choice and self management; and participate in the rights and responsibilities of community membership. Habilitation must be observable in daily practice and identifiable in the IPP and supporting documentation. Habilitation must be an ongoing planned process that includes: comprehensive assessments, an individualized plan, training and supports, service delivery, documentation of the service delivery, measuring progress of the plan; monitoring the service to determine if the services continue to meet the needs of the individual. Habilitation requires that: 1. The individual's program plan is developed based on the individual's preferences with input from the IPP team members, and strengths and needs that are accurately assessed. 2. The IPP team must prioritize needs so that: a. The individual is challenged to overcome barriers that result in the need for specialized services; and b. The highest level of independence in all areas of community living is achieved. 3. Strategies and supports must be developed that are: a. Based on prioritized needs; b. Relevant to the IPP; c. Functional; d. Tailored to individual needs, and respectful of individual choice; and e. Documented in the IPP. 4. Training and supports are consistently implemented in all settings as the need arises and as opportunities occur. Incidental learning and appropriate behaviors are encouraged and reinforced. 5. Activities and environments must facilitate acquisition of skills, appropriate behavior, greater independence, and personal choice. 6. Performance is accurately measured and training or supports or both are modified based on data and changes in individual circumstances; 7. Monitoring of service delivery must be provided and, if needed, cause actions to occur to ensure needs are addressed. Individuals with conditions that make further growth or development unlikely must receive training and supports designed to maintain skills and functioning and to prevent further regression to the extent possible.					**Habilitation program template including data collection forms, or a description of what mechanism the provider intends to utilize for habilitation programs and data collection.** **Assessment tools the provider will be using to identify needs.** **Performance or program monitoring forms.**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
<u>4-005.07 Disaster Preparedness and Management:</u> The provider must establish and implement disaster preparedness plans and procedures to ensure that individual's care, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations. These plans and procedures must address and delineate: 1. How the provider will maintain the proper identification of each individual to ensure that care coincides with the individual's needs; 2. How the provider will move individuals to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster; 3. How the provider will protect individuals during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials; 4. How the provider will provide food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster; and 5. How the provider will provide for the comfort, safety, and well-being of individuals served in the event of 24 or more consecutive hours of: a. Electrical or gas outage; b. Heating, cooling, or sewer system failure; or c. Loss or contamination of water supply.					**Additional p&p requirements, if applicable?**			
<u>4-008.01 The incident reporting system must include</u>: 1. Identification of incidents that require completion of an incident report to the Department that includes: a. Situations that adversely affect the physical or emotional well-being of an individual served; b. Suspected cases of abuse, neglect, exploitation, and mistreatment; and c. Emergency safety situations that require the use of emergency safety interventions; 2. Recording the essential facts of the incident, including the results of the incident and any actions which might have prevented the incident; 3. An action plan that includes the provider's immediate effort to address the situation and prevent recurrence; 4. Establish timelines to ensure prompt reporting of incidents as appropriate, including reporting to: a. Provider management; b. The individual who receives services involved in the incident; c. Family member/legal representative as appropriate; d. Child and Adult Abuse/Neglect in the Department; and e. Law enforcement. 5. Reporting requirements; a. A verbal report to the Department upon becoming aware of the incident; b. A written report using the Department approved format within 24 hours of the verbal report;					**Additional p&p requirements, if applicable?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
c. A written summary submitted to the Department of the provider's investigation and action taken within 14 days; and d. An aggregate report of critical incidents must be submitted to the Department on a quarterly basis. Each report must be received by the Department no later than 30 days after the last day of the previous quarter. The reports must include a compilation, analysis, and interpretation of data, and include evidentiary examples to evaluate performance that result in a reduction in the number of critical incidents over time. 6. Review and analyze information from incident reports to identify trends and problematic practices which may be occurring and take appropriate corrective actions to address problematic practices identified.								
4-010 Abuse and Neglect: The provider must develop a system to detect and prevent abuse and neglect and to handle allegations of abuse, neglect, and exploitation. The provider must ensure: 1. The provider's definition of abuse and neglect is consistent with these regulations; 2. The description of the process and timelines for prompt and accurate reporting of allegations or suspicion of abuse or neglect to appropriate outside authorities in accordance with Neb. Rev. Stat. §28-372 of the Adult Protective Services Act or, in the case of a child, in accordance with Neb. Rev. Stat. §28-711; 3. Description of measures and timelines for reporting of suspicion of abuse and neglect to appropriate provider administrative staff; the legal representative, if appropriate, and service coordinator; 4. Description of the process to conduct a timely, thorough, and objective investigation of all allegations or suspicions of abuse and neglect, including protection of individuals during the investigation; 5. Description of the process for disciplinary action taken when staff are found to have engaged in abusive or neglectful behavior; 6. Appropriate corrective or disciplinary action is taken in response to the investigation; 7. Review by the director of the entity, or designee, of all allegations and investigations and make decisions on the action to be taken; 8. Identification of the means to lessen the likelihood of further incidents if the allegation is substantiated; 9. Documentation of the allegation, investigation, conclusion, action taken, and means to prevent further incidents; and 10. The rights review committee must evaluate all allegations and investigations of abuse and neglect for any violation of an individual's rights.					**Investigation form/format?** **Additional p&p requirements, if applicable?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
4-011 RIGHTS REVIEW COMMITTEE: The provider must establish a rights review committee that meets no less than semi-annually. The function of this committee is to review any situation requiring an emergency safety intervention, the use of psychotropic medication as outlined in 404 NAC 5-003.02E and 404 NAC 6-005, any restrictive measure as outlined in 404 NAC 6-004, and any situation where violation of an individual's rights occurred. The review may include obtaining additional information and gathering input from the affected individual and his/her legal representative, if applicable, to make recommendations to the provider. The rights review committee may utilize sub-committees to complete its work, but must document reports of the sub-committees to the overall committee in the minutes of meetings held. Interim approvals of psychotropic medications and restrictive measures are allowed in circumstances that require immediate attention. The interim approval may be done by a documented designee of the committee, who must be a current member of the rights review committee, and the meeting minutes must document final approval by the overall committee at its next meeting.					**Method of documenting RRC activities?** **Additional p&p requirements, if applicable?**			
4-011.01 Membership of the Rights Review Committee: The committee members must be persons free from conflict of interest and who will ensure the confidentiality of information related to individuals served. The person responsible for approving the individual's program and any staff who provides direct services to the individual cannot participate as decision makers. At least half of the committee members must be individuals, family, or other interested persons who are not provider staff.					**Additional p&p requirements, if applicable?**			
4-014 Quality Assurance/Quality Improvement (QA/QI): The provider must have a process for: 1. Ongoing proactive internal review of the quality and individualization of services; 2. Continuous quality review of the services provided; 3. The provider must provide evidence that individuals served and their families are involved in the QA/QI process.					**Additional p&p requirements, if applicable?**			
4-014.01 QA/QI Structural Components: The provider must create the structural components of the QA/QI process. The process must be applied on a provider-wide basis and include: 1. Areas of services to be monitored and evaluated to determine the quality of these services through identification of patterns and trends of the provider services. 2. Provisions for reviewing QA/QI policies and procedures at least annually and revising as needed.					**Additional p&p requirements, if applicable?**			
4-014.02 The QA/QI activities must result in: 1. Ensuring compliance with applicable requirements in Title 404; 7. Identification and correction of problems in a timely manner and on a provider-wide basis; and 8. Use of information from reviews, results, and recommendations to correct problems, improve services to individuals served, and revise policies and procedures, if necessary.					**Additional p&p requirements, if applicable?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
4-014.03 Documentation of QA/QI Activities: The provider must maintain documentation of all QA/QI activities, including the results of reviews, recommendations, action taken, effectiveness of action taken, review by the director and certified provider, and other relevant information.					**Additional p&p requirements, if applicable?**			
5 Individual Support Options (ISO)								
5-003.02C Restriction of rights, person, or property is not allowed in Individual Support Options services.					**Additional p&p requirements, if applicable?**			
6 Provider Operated/Controlled Community Based Residential and Day Service Options								
6-004.01 Restrictive Measures: To the fullest extent possible, an individual's rights may not be suspended or restricted. In the event where a restrictive measure is considered: 1. The restrictive measure determined necessary for one individual must not affect other individuals who receive services in that setting; 2. The restrictive measure must not be used as punishment, for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan; 3. The restrictive measure must be the least restrictive and intrusive possible; 4. There must be a goal of reducing and eliminating the restrictive measure; 5. Prior to proposing a restrictive measure, there must be documented evidence that other less restrictive methods had been regularly applied by trained staff and failed; and 6. The individual or their legal representative, if applicable, must give consent to the restrictive measure; 7. The restrictive measure must be safe for the individual; and 8. The restrictive measure and these considerations must be documented in the IPP.					**Consent form for the individual/guardian?** **Additional p&p requirements, if applicable?**			
6-004.01A Review and Approval of Restrictive Measure: Prior to implementation of a restrictive measure, the provider must ensure review and approval by the IPP team and rights review committee as outlined in 404 NAC 4-011.					**Additional p&p requirements, if applicable?**			

Regulatory Requirement	Is there a compliant policy?		Is there a compliant procedure?		Required forms, etc.			Notes: Including item(s) needing attention, revision or clarification
6-006 Restraints: The use of mechanical restraints is prohibited. If the provider agrees to serve an individual under 404 NAC 6 who has a physical restraint program in place at the time of the enactment of these regulations, then a program must be implemented within 180 days of enactment of these regulations which eliminates the use of such restraints. The use of physical restraints will be prohibited one year from the enactment of these regulations. An emergency safety intervention utilized pursuant to a safety plan is allowed to respond to an emergency safety situation. This is different than physical restraint because it is not used as a behavioral consequence. In instances where the individual must be kept from harm (i.e., running into traffic, leaving a moving car or other serious, unusual or life-threatening actions by the individual), the provider must use their reasonable and best judgment to intervene to keep the individual from injuring him/herself or others. This may include hands-on guidance to safely protect the individuals and others from immediate jeopardy or physical harm. These situations are not predictable, are unusual, and are usually not reoccurring. In any instances other than these, there must be a positive behavioral supports program in place to work with the individual on alternative positive displays of behavior that are incompatible with other negative behaviors. All such incidents must be documented and reviewed by the individual's IPP team and rights review committee to ensure that the emergency safety intervention was appropriate rather than an instance of mechanical or physical restraint.					**Additional p&p requirements, if applicable?**			
6-006.01 Prohibited Methods: The provider must prohibit the use of mechanical or physical restraints (except as noted above), aversive stimuli, corporal punishment, seclusion, verbal abuse, physical abuse, emotional abuse, denial of basic needs, discipline, or implementation of an intervention of an individual in services by another individual in services, or other means of intervention with the behavior that result in, or is likely to result in injury to the individual.					**Additional p&p requirements, if applicable?**			
Title 403 NAC; Chapters 1-5: List and reference all policy and procedure sections for your agency's services that have been revised or added to comply with Title 403, effective 7/16/18. (Note to surveyors – this section may not apply depending on a provider's services and other P&P)								

STAFF INTERVIEW

Agency/Area Program:	**Reviewer Name:**
Staff Name/Title/Date of Hire	**Review Date:**
Core Sample individual name/#:	**Observation Setting:**

BASED ON INTERVIEW AND OBSERVATION--	YES/NO/NA-NOTES
4-004.04 Staff Training and Competency	
4-004.04A Initial Orientation Requirements	
1. Individuals Choices	
What are some choices this individual gets to make on a daily basis?	
2. Individuals Rights	
Can you tell me about some of the rights this individual has?	
If you thought an individual's rights were being violated, what would you do?	
How do you teach individuals about their rights?	
3. Confidentiality	
Can you give me an example of information that should be kept confidential?	
Where are the records kept in this setting?	
4. Dignity and Respectful Interactions	

What do you think would be an example of an individual ***not*** being treated with dignity and respect?	
What would you do if you thought an individual was not being treated with dignity or respect?	
How do you teach an individual about their right to dignity and respect?	
5. Abuse, neglect and exploitation	
Can you give me some examples of what you would consider abuse ***besides*** physical abuse?	
What would you do if you witnessed abuse?	
Is it ever ok for you to call APS or CPS or does it have to be your supervisor?	
Can you explain to me what "exploiting" someone means?	
Can you give me some examples of what you would consider neglect?	
What would you do if you witnessed what you thought was neglect but you weren't sure it was?	
What if you reported it to your supervisor and they said they would take care of it and you didn't feel they did, what would you do?	

How do you teach an individual about what to do if they feel they are being abused or neglected?	
4-004.04B Required Training	
1. Emergency Procedures	
Can you tell me what you do in this setting in the event of a fire? • How do you ensure the individuals are safe? • What if someone refuses to leave? • How do you account for everyone? • Who do you contact to let people know where everyone is and who is accounted for?	
Can you tell me what you do in this setting in the event of a tornado in this setting? • How do you ensure the individuals are safe? • What if someone refuses to cooperate? • How do you account for everyone? • Who do you contact to let people know where everyone is and who is accounted for? • Is there an emergency supply case and where is it located? • Do you know what it is in it?	
Can you tell me what you would do if there was a flood? • How do you ensure the individuals are safe?	
Is there a policy for extreme heat or cold advisory? • Do the individuals still go out? • Who makes that decision?	

Do you know where the number to Poison Control is kept? • Can you show me in this setting? • If an individual ingested something like a housecleaning product, what would you do?	
2. Cardiopulmonary Resuscitation	
If an individual were to stop breathing, or not have a pulse, what would you do? (Look for: Start CPR)	
3. Basic First Aid	
Have you taken the First Aid Class?	
4. Infection Control	
When should you wear gloves?	
Can you tell me the #1 way to prevent the spread of infection? (handwashing)	
5. Individuals Medical Protocols (If applicable)	
Does this person have a medical protocol such as a seizure protocol, a bowel protocol, or a choking/aspiration protocol?	
Seizure Protocol **If yes:** (Compare all answers against seizure protocol) • What does their seizure typically look like? • What do you do if he/she has a seizure? • What do you do first? • Do you call the nurse? • Do you call 911? • When do you call 911 or the nurse?	

(Is there a specific amount of time before you call the nurse or 911?) • Does the person get a prn medication for it? • Who gives it? **Choking/Aspiration Protocol** **If yes:** (Compare all answers against choking/aspiration protocol) • What is the diet consistency for fluids? • What is the diet consistency for solids? • Who taught you how to prepare the food? • Did you have to demonstrate back how to prepare the food to ensure you knew the correct consistency? • Does the individual need to use any certain techniques when he/she eats? (i.e., chin tuck, sips of liquids between bites) • Can you tell me some of the potential signs of aspiration? o Coughing during meals o Watery eyes or drooling during meals o Refusal to eat certain foods o Sleepiness during or after meals o Coughing when lying down or sitting up quickly from lying position o Frequent colds/pneumonia o Frequent fevers	
If you suspect this individual has aspirated, what do you do?	
6. Individual Safety Protocol (If applicable)	
Does this individual have any safety protocols? (examples: diabetes, allergies, aspiration risk, special diet)	

Can you explain to me what the protocol is and what you are supposed to be watching for?	
4-004.04C (within 180 days of hire)	
1. Implementation and development of the IPP and interdisciplinary process;	
Can you tell me what you know about the ISP? For example: • Have you ever attended an ISP? • What kinds of things are discussed at the ISP? • What kinds of decisions are made at the ISP? • What do you think the goal of the ISP is? • When does the ISP take place? (Annually/Semi Annually)	
2. Positive support techniques	
Does this Individual have a Behavior Support Plan? • Can you explain it to me? • What behaviors are you working with the individual on? • Can you explain the program to me? • Are there prompts involved? • Is redirection used? • Is verbal praise used?	
Did the surveyor observe the staff utilize the BSP correctly?	

Does the surveyor observe interventions being implemented that are not part of the Behavior Support Plan? If observed, explain:	
Does this Individual have a Safety Plan? • Can you explain it to me? • How does it ensure the individuals safety?	
Did the surveyor observe the staff utilize the Safety Plan correctly?	
Does the surveyor observe interventions being implemented that are not part of the Safety Plan? If observed, explain:	
3. Approved emergency safety intervention techniques	
If Safety Plan involves emergency safety interventions: • Can you explain when you would use the intervention and how you would ensure the individual was safe? • Do you document this? If so, how and where? • Do you need to notify anyone that an emergency safety intervention was needed?	
Did the surveyor observe the staff utilize the use of an emergency safety intervention?	

If so, document what was observed:	
4. Concepts of habilitation, socialization, and age-appropriateness, depending on the needs of the individual;	
Can you tell me what the word "habilitation" means to you? What are some other informal ways the individual is receiving habilitation other than programs? Could you give me an example using: • Socialization/community inclusion	
What does it mean when you think of the term "age appropriateness"?	
How would you teach an individual what is age appropriate?	
5. Use of adaptive and augmentive devices to support individuals, as necessary;	
Do any individuals you work with use any adaptive devices? If yes, identify the individual and the adaptive device: Hoyer _____ Arm braces/splints_____ Leg braces/splints_____ Wheelchair_____ Shower chair/bench _____ Gait belt _____ Feeding devices _____ Speaking devices_____	

Other_____	
Who taught you how to use them and how did they teach you? (video, physical demonstration, written demonstration)	
Did you have to demonstrate back that you knew how to use them?	
If they are not fitting or working correctly, who do you notify? •Would you still use them?	
If they get soiled can you wash them? (example would be cushions in a splint or on a wheelchair)	
4-005.01 Habilitation	
Program name: _____ Can you explain to me what the long term goal is for this program?	
Can you explain to me how you run this or teach it?	
If there are changes made to the program or phase changes such as short term goals, how is that communicated to you?	
When a new program is initiated, how do you learn about how to run it? • Email • Verbally explained • Demonstrated	

• Placed in book to read	
Who can you ask questions about if you don't understand the program? How do you get ahold of them?	
Have you ever made suggestions for programs? Have they been taken into consideration?	
Have you ever completed any evaluations on any individuals? If so, what evaluations?	
4-004.07, 4-004.08 Medication Aides	
Are you a medication aide?	
If Yes: • If you need to give a prn medication, how do you do that? • Do you need to call the nurse first? • Do you chart when you give it? • Do you chart the outcome? • Do you need to call the nurse back? • What if it didn't work?	
What are some examples of medication errors? (wrong med, wrong time, wrong person, not giving, not documenting, wrong route)	
What do you do if there is a medication error made? Do you contact the nurse?	
If an individual is not feeling well, who do you contact and how?	

Title 404 NAC Staff Review Form

Provider: _____

Surveyor: _____

On-site review dates: _____

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
4.004	**<u>Staff Requirements</u>**: *The staff sample should include new hires since the last certification review and employed at least 180 days if possible. It is helpful to review staff providing both residential and vocational services, if applicable.*				**Staff A-** **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
4-004.01	Specialized providers must comply with the employee verification requirements of Neb. Rev. Stat. § 4-114. *(Please note, the presence of an I-9 form is not sufficient; there must be a verification code documented. Otherwise, e-verify (the electronic version of this same process) can be completed to obtain a confirmation page to verify if a staff is able to legally work in the United States.*						
4-004.02	**<u>Age Requirements</u>**: Staff providing direct services must be at least 18 years of age.						
4-004.03A	**<u>Register/Registry Check</u>**: The provider must: 1. Check the Central Register of Child Protection Cases and the Adult Protective Services Central Registry in the Department. **The provider must initiate**						

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
	checks with the Department within ten calendar days of employment and as necessary to verify a staff person is not on the registry/register. The provider must initiate checks on all staff. **The provider must initiate checks on household members** (excluding individuals served) of a household in an extended family home or respite provider's home (if services are delivered in the provider's home) as follows: checks on the Central Register of Child Protection Cases for members age 13 or older and checks on the Adult Protective Services Registry for members age 18 or older; *(It is helpful to record the date the provider initiated the check and when they received the results.) Note that these checks may be included in the criminal background checks.*				**Staff A-** **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
	2. Check the Nebraska State Patrol Sex Offender Registry; and (*see 4.004.03B)*						
4-004.03B	**<u>Criminal History Check</u>**: *<u>Please reference the regulation for additional criminal history check requirement.</u> (In a memo sent to providers on 3/31/14, providers can use Accurate Background, Inc. in lieu of fingerprints. Other approved companies include (note- this list changes):* Secured Data Services; HireRight, Inc. Corporate Headquarters; Protec Systems; One Source Background Check Co; Intellicorp Records, Inc.; CompuFACT Background						

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
	Checks; and Essential Screens. *If the surveyor finds that a provider is using another company not listed here, please contact Kim McFarland, Contract Coordinator, at 402-471-8783 to verify the sufficiency of that company.* Effective 6-1-18: Verify new waiver requirement to check abuse registry screenings for staff who have been employed (Correct answer is "annually") (This is from the new waiver so if the provider is NOT compliant, we report this to DDD, do not issue a citation)				**Staff A-** **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
4-004.03C	Employees who provide direct support services may not work alone with individuals served until the results of the registry checks and the criminal history background checks as specified in 404 NAC 4-004.03A and 4-004.03B are reviewed by the provider.						
4-004.03D	The provider must document any provider decision to maintain a staff person listed on a registry or found to have a criminal history as outlined in 404 NAC 4-004.03F, including how that decision was made and the provider's plan to reduce risks to individuals and to provide protections, as necessary.						
4-004.03F	**Specific Crimes**: The provider must not allow employees found to be convicted of the following crimes to work alone with individuals served by the provider: 1. Child pornography;						

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
	2. Abuse of a child or vulnerable adult; 3. Felony domestic assault; 4. Misdemeanor domestic assault within the last five years; 5. Shoplifting after age 19 and within the last three years; 6. Felony fraud within the last ten years; 7. Misdemeanor fraud within the last five years; 8. Possession of any controlled substance within the last five years; 9. Possession of any controlled substance with intent to deliver within the last ten years; 10. Felony assault without a weapon within the last ten years; 11. Felony or misdemeanor assault with a weapon in the last 15 years; 12. Prostitution or solicitation of prostitution within the last five years; 13. Felony or misdemeanor robbery or burglary within the last ten years; 14. Rape or sexual assault; or 15. Homicide.				**Staff A-** **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
4-004.03G	All employees must notify the provider immediately if convicted of any of the crimes listed in 404 NAC 4-004.03F or if his/her name is placed on any of the Department's registries.						
4-004.04	**<u>Staff Training and Competency</u>**: *(It is helpful to review the provider's training plan, as some providers title and group the training requirements differently than the regulations have them listed.)*						

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence			
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):			
						Staff A- **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
4-004.04A	**<u>Initial Orientation Requirements</u>**: Initial orientation must be completed by all new employees prior to working alone with individuals. Employees must complete the following training requirements: (*follow provider P&P)* 1. Individual's choice; 2. Individual's rights in accordance with state and federal laws; 3. Confidentiality; 4. Dignity and respectful interactions with individuals; and 5. Abuse, neglect, and exploitation and state law reporting requirements and prevention.				**1**			
					2			
					3			
					4			
					5			
4-004.04B	**<u>Required Training</u>**: Employees must be trained to respond to injury, illness, and emergencies, and competency verified **within 30 days of hire or before working alone with an individual.** (interpreted as whichever comes first) The following training areas must be addressed: 1. Emergency procedures; 2. Cardiopulmonary resuscitation;				**1**			
					2			

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence			
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):			
						Staff A- **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
	3. Basic first aid;				**3**			
	4. Infection control;				**4**			
	5. Individuals' medical protocols as applicable; and				**5**			
	6. Individuals' safety protocols as applicable;				**6**			
4-004.04C	Employees must be trained and demonstrate competency **within 180 days of hire** regarding the implementation of the provision of services to individuals. This training must include: 1. Implementation and development of the IPP and interdisciplinary process;				**1**			
	2. Positive support techniques;				**2**			
	3. Approved emergency safety intervention techniques;				**3**			
	4. Concepts of habilitation, socialization, and age-appropriateness, depending on the needs of the individual;				**4**			
	5. Use of adaptive and augmentative devices used to support individuals, as necessary;				**5**			

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence			
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):			
						Staff A- **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
4-004.04C	6. Other training required by the provider; and 7. Other training as required by the specific service options.				**6**			
					7			
4-004.04E	The provider must document in the staff personnel record that training and demonstration of competency were successfully completed. Documentation must include: 1. Topic; 2. Date staff attended training; 3. Date competencies verified; 4. Name of person conducting training; and 5. Verification of competencies.				**1**			
					2			
					3			
					4			
					5			
4-004.05	**<u>Staff Credentials</u>**: Any person who provides a service for which a license, certification, registration, or other credential is required must hold the license, certification, registration, or credential in accordance with applicable state laws. The provider must maintain documentation of the staff credentials.							
4-004.06	**<u>Sufficient Staff</u>**: The provider must at all times maintain enough staff to provide services, supports, and supervision to meet the needs of each individual served.							

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
					Staff A- **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
4-004.07	**<u>Direction and Supervision of Unlicensed Staff Providing Non-Complex Nursing Interventions</u>**: When the provider intends to have unlicensed staff provide non-complex nursing interventions to individuals served, the provider must comply with 172 NAC 99.						
4-004.08	**<u>Medication Aides</u>**: When the provider is responsible for provision of medication to individuals as identified in the IPP and uses unlicensed staff, the provider must comply with 172 NAC 95 and 96.						
4-004.09B	**<u>Staff Employment Records</u>**: The provider must maintain a current employment record for each staff person that includes: 1. Date of hire; 2. Initial and ongoing training; 3. Certification or licensing information, if applicable; 4. Background checks as specified at 404 NAC 4-004.03; 5. Job qualifications; and 6. Personnel actions, if applicable.			**1**			
				2			
				3			
				4			
				5			
				6			
11-002	**<u>11-002 SUBCONTRACTS:</u>** Only agencies and programs certified by the Department may enter into subcontracts for specialized services.						

Title 404 NAC Staff Review Form

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence		
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):		
					Staff A- **Date of hire-**	**Staff B-** **Date of hire-**	**Staff C-** **Date of hire-**
	<u>11-002.01 Provider Responsibility Regarding Subcontracts:</u> The provider must ensure that: 2. Policies and procedures include a section that addresses development, training, oversight, and service monitoring components for subcontracted services; a. Subcontractors will have the same qualifications, staff training and service provision expectations as employees of the provider.						

NAME and ADDRESS OF FACILITY

Reviewed by _____ Pharmacy Inspector

Nebraska Revised Statutes 71-8901 to Section 79-8929 are known as the Veterinary Drug Distribution Licensing Act.

71-8914 requires written policies and procedures. A veterinary drug distributor shall establish, maintain, and adhere to written policies and procedures for the receipt, storage, security, inventory, and distribution of veterinary legend drugs, including policies for identifying, recording, and reporting destruction, losses, or thefts of veterinary legend drugs and for correcting all errors and inaccuracies in inventories. The policies shall contain a provision for annual review at which time the policies shall be updated as necessary. A record documenting the review shall be kept with the policies and procedures and shall indicate the date of the review and the signature of the designated representative of the veterinary drug distributor. The determination of the passage or failure of these requirements is based on 71-8914, the standards under 181-005 below and documentation provided by the applicant.

71-8915 enables the Department to issue a provisional license to any applicant who meets the following conditions:

1. The applicant has not been found to have committed any of the acts or offenses described in Section 71-8917;
2. The applicant has established written policies and procedures as required by section 71-8914; and
3. The applicant has paid a fee of five hundred dollars. The determination of the failure or passage of these requirements is based on 71-8915, the standards under 181-005 below and documentation provided by the applicant.

71-8923 Establishes Limitations on Veterinary Drug Distributors. A veterinary drug distributor shall not:

1. Operate from a place of residence. Pass _____ Fail _____
2. Possess, sell, purchase, trade or otherwise furnish controlled substances.
   Pass _____ Fail _____
3. Possesses, sell, purchase, trade or otherwise furnish human legend drugs.
   Pass _____ Fail _____

The determination of the passage or failure to meet these limitations is based upon 71-8923 and documentation submitted by the applicant.
(Note: Failure of any limitation of 71-8923 shall result in denial of the issuance of the Veterinary Drug Distributor License.

The following draft regulations shall be used by the State Pharmacy Inspectors to screen/review the documents, policies and procedures and other requested information submitted by the applicant for the Veterinary Drug Distribution License, until such time as the regulations are finalized. Based upon the Pharmacy Inspectors review and their recommendation the Department may issue the provisional license.

181-005 STANDARDS FOR ENGAGING IN VETERINARY DRUG DISTRIBUTION

181-005.01 Personnel: A veterinary drug distributor must employ staff to operate the veterinary drug distribution facility pursuant to 172 NAC 181. To this end, the veterinary drug distributor must designate a representative to be in charge of veterinary drug distribution and the storage and handling of all drugs. Such designated representative must:

1. Have knowledge of federal and state statutes applicable to veterinary drug distribution; Pass _____ Fail _____
   Not Applicable/Reason _____

2. Have had no convictions under any federal, state, or local laws relating to veterinary drug distribution or human legend drug distribution; Pass ____ Fail ____
   Not applicable _____
3. Have a minimum of two years of verifiable full-time managerial or supervisory experience in a veterinary drug distributor or human legend drug distributor licensed in this state or another state, where the designated representative's responsibilities included but were not limited to recordkeeping, storage, and shipment of veterinary legend drugs or human legend drugs; Pass _____ Fail _____
   Not applicable _____
4. Be actively involved in and aware of the actual daily operations of the veterinary drug distributor:
   a. Employed full-time in a managerial position by the veterinary drug distributor; Pass_____ Fail _____
      Not applicable _____
   b. Physically present at the veterinary drug distributor during normal business hours, except for time periods when absent due to illness, family illness or death, scheduled vacation, or other authorized absence; Pass _____ Fail _____ Not applicable _____and
   c. Aware of, and knowledgeable about, all policies and procedures pertaining to the operations of the veterinary drug distributor. Pass _____Fail _____
      N/A and reason
      N/A_____

<u>181-005.02 Facility:</u> All facilities at which veterinary legend drugs are received, stored, warehoused, handled, held, offered, marketed, displayed, or transported from must:

1. Be of suitable construction to ensure that all veterinary legend drugs in the facilities are maintained in accordance with the product labeling of such veterinary legend drugs, or in compliance with official compendium standards such as the United States Pharmacopeia–USP/NF; Pass _____ Fail _____
   Not applicable _____
2. Be of suitable size and construction to facilitate cleaning, maintenance, and proper veterinary drug distribution operations;
3. Have adequate storage areas to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions; Pass _____ Fail _____
   Not applicable _____
   _____
4. Have a quarantine area for storage of veterinary legend drugs that are outdated, damaged, deteriorated, misbranded, adulterated, counterfeit, or suspected of being counterfeit, otherwise unfit for distribution or veterinary drug distribution, or that are in immediate or sealed secondary containers that have been opened;
   Pass ____ Fail _____
   Not applicable _____
   _____
5. Be maintained in a clean and orderly condition; Pass _____ Fail _____
   Not applicable _____
   _____
6. Be free from infestation of any kind; Pass _____ Fail _____ Not applicable
   _____
   _____
7. Be a commercial location and not a personal dwelling or residence;
   Pass _____ Fail _____

Not applicable _____
_____

8. Provide for the secure and confidential storage of information with restricted access and policies and procedures to protect the integrity and confidentiality of the information; Pass _____ Fail _____
Not applicable _____
_____
; and
9. Provide and maintain appropriate inventory controls in order to detect and document any theft, counterfeiting, or diversion of veterinary legend drugs. Pass _____ Fail _____
Not applicable _____
_____

Inspector Overall Review of Facility Standard Documentation: _____Pass _____Fail _____N/A & Reason N/A

<u>181-005.03 Policies and Procedures:</u> Veterinary drug distributors must establish, maintain, and adhere to written policies and procedures. The policies and procedures must contain a provision for annual review and update, and documentation of the review must be maintained with the policies and procedures and include date and signature of the designated representative. The written policies and procedures must include the following:

1. A procedure to be followed for handling recalls and withdrawals of veterinary legend drugs. Such procedure must be adequate to deal with recalls and withdrawals due to:
   a. Any action initiated at the request of FDA or any other federal, state, or local law enforcement or other government agency, including the Department; or
   b. Any volunteer action by the manufacturer to remove defective or potentially defective veterinary legend drugs from the market. Pass _____ Fail _____
   Not applicable _____
   _____
2. A procedure for guarding against losses and/or employee theft. Pass ____ Fail _____
3. A procedure for identifying, recording, and reporting destruction, losses or thefts of veterinary legend drugs, and for correcting all errors and inaccuracies in inventories. Pass _____ Fail _____
4. A procedure for reporting criminal or suspected criminal activities involving the inventory of veterinary legend drug(s) to the Department within five business days. Pass _____ Fail _____
5. A procedure to ensure that veterinary drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of a strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency. Pass _____ Fail _____
6. A procedure that provides for inspection of all incoming and outgoing veterinary legend drug shipments. Pass _____ Fail _____
7. A procedure to ensure that any outdated veterinary legend drugs must be segregated from other veterinary legend drugs and are then either returned to the manufacturer or a reverse distributor or destroyed in accordance with federal and state laws, including all necessary documentation and the appropriate witnessing. This procedure must provide for written documentation of the disposition of outdated veterinary legend drugs. This documentation must be maintained for two years after disposition of the outdated veterinary legend drugs. Pass _____ Fail _____
8. A procedure for the destruction of outdated veterinary legend drugs in accordance with federal and state laws, including all necessary documentation, maintained for a minimum of three years, and the appropriate witnessing of the destruction of outdated veterinary legend drugs in accordance with all applicable federal and state requirements. Pass _____ Fail _____
9. A procedure for the disposing and destruction of containers, labels, and packaging to ensure that the containers, labels, and packaging cannot be used in counterfeiting activities, including all necessary documentation, maintained for a minimum of three

years, and the appropriate witnessing of the destruction of any labels, packaging, immediate containers, or containers in accordance with all applicable federal and state requirements. Pass _____ Fail _____

10. A procedure for identifying, investigating and reporting significant veterinary legend drug inventory discrepancies involving counterfeit, suspect of being counterfeit, contraband, or suspect of being contraband, in the inventory and reporting of such discrepancies within five business days to the Department and/or appropriate federal or state agency upon discovery of such discrepancies. Pass _____ Fail _____

Inspector Overall Review of Policy and Procedure Standard: Pass _____ Fail _____

181-005.04 Records: A veterinary drug distributor must have records to document all drug purchases and sales.

181-005.04A Veterinary drug distributors must establish and maintain inventories and records of all transactions regarding the receipt and veterinary drug distribution or other disposition of veterinary legend drugs. These records must include dates of receipt and veterinary drug distribution or other disposition of the veterinary legend drugs; Pass _____ Fail _____ and

181-005.04B Such records must include the inventories and records must be made available for inspection and photocopying by any authorized official of any state or federal governmental agency for a period of three years following their creation date. Pass _____ Fail _____

181-005.04C Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means must be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable must be made available for inspection within 48 hours of a request by an authorized official of any state or federal governmental agency charged with enforcement of these rules. Pass _____ Fail _____

181-005.04D Veterinary drug distributors and manufacturers must maintain an ongoing list of persons with whom they do business to sell or purchase veterinary legend drugs. Pass _____ Fail _____

181-005.04E All facilities must establish and maintain procedures for reporting counterfeit and contraband or suspected counterfeit and contraband drugs or counterfeiting and contraband or suspected counterfeiting and contraband activities to the Department and FDA. Pass _____ Fail _____

181-005.04F Veterinary drug distributors must maintain a system for the mandatory reporting of significant shortages or losses of veterinary legend drugs where it is known or suspected that diversion is occurring to the Department and FDA, and, where applicable, to DEA. Pass _____ Fail _____

181-005.04G Records must be maintained by the veterinary drug distributor to document all purchases, sales, destruction, transfer, loss, and return of veterinary legend drugs. Pass _____ Fail _____

181-005.04H Records may be kept manually or by electronic or automated means. When an automated recordkeeping system is used, there must be a complete back-up system every seven days that is verifiable to prevent loss of records. Pass _____ Fail _____

Inspector Overall Review of Records Standard: Pass _____ Fail _____

INSPECTOR OVERALL REVIEW OF THE APPLICATION: Pass _____ Fail _____

More information is required as follows:

NAME and ADDRESS OF FACILITY

Reviewed by _____ Pharmacy Inspector Date:_____

Nebraska Revised Statutes 71-8901 to Section 79-8929 are known as the Veterinary Drug Distribution Licensing Act.

71-8914 requires written policies and procedures. A veterinary drug distributor shall establish, maintain, and adhere to written policies and procedures for the receipt, storage, security, inventory, and distribution of veterinary legend drugs, including policies for identifying, recording, and reporting destruction, losses, or thefts of veterinary legend drugs and for correcting all errors and inaccuracies in inventories. The policies shall contain a provision for annual review at which time the policies shall be updated as necessary. A record documenting the review shall be kept with the policies and procedures and shall indicate the date of the review and the signature of the designated representative of the veterinary drug distributor. The determination of the passage or failure of these requirements is based on 71-8914, the standards under 181-005 below and documentation provided by the applicant.

71-8915 enables the Department to issue a provisional license to any applicant who meets the following conditions:

1. The applicant has not been found to have committed any of the acts or offenses described in Section 71-8917;
2. The applicant has established written policies and procedures as required by section 71-8914; and
3. The applicant has paid a fee of five hundred dollars. The determination of the failure or passage of these requirements is based on 71-8915, the standards under 181-005 below and documentation provided by the applicant.

71-8923 Establishes Limitations on Veterinary Drug Distributors. A veterinary drug distributor shall not:

1. Operate from a place of residence. Pass _____ Fail _____
2. Possess, sell, purchase, trade or otherwise furnish controlled substances.
   Pass _____ Fail _____
3. Possesses, sell, purchase, trade or otherwise furnish human legend drugs.
   Pass _____ Fail _____

The determination of the passage or failure to meet these limitations is based upon 71-8923 and documentation submitted by the applicant.
(Note: Failure of any limitation of 71-8923 shall result in denial of the issuance of the Veterinary Drug Distributor License.

The following draft regulations shall be used by the State Pharmacy Inspectors to screen/review the documents, policies and procedures and other requested information submitted by the applicant for the Veterinary Drug Distribution License, until such time as the regulations are finalized. Based upon the Pharmacy Inspectors review and their recommendation the Department may issue the provisional license.

181-005 STANDARDS FOR ENGAGING IN VETERINARY DRUG DISTRIBUTION

181-005.01 Personnel: A veterinary drug distributor must employ staff to operate the veterinary drug distribution facility pursuant to 172 NAC 181. To this end, the veterinary drug distributor must designate a representative to be in charge of veterinary drug distribution and the storage and handling of all drugs. Such designated representative must:

1. Have knowledge of federal and state statutes applicable to veterinary drug distribution; Pass _____ Fail _____
   Not Applicable/Reason _____

2. Have had no convictions under any federal, state, or local laws relating to veterinary drug distribution or human legend drug distribution; Pass ____ Fail ____
   Not applicable _____
3. Have a minimum of two years of verifiable full-time managerial or supervisory experience in a veterinary drug distributor or human legend drug distributor licensed in this state or another state, where the designated representative's responsibilities included but were not limited to recordkeeping, storage, and shipment of veterinary legend drugs or human legend drugs; Pass _____ Fail _____
   Not applicable _____
4. Be actively involved in and aware of the actual daily operations of the veterinary drug distributor:
   a. Employed full-time in a managerial position by the veterinary drug distributor; Pass_____ Fail _____
      Not applicable _____
   b. Physically present at the veterinary drug distributor during normal business hours, except for time periods when absent due to illness, family illness or death, scheduled vacation, or other authorized absence; Pass _____ Fail _____ Not applicable _____and
   c. Aware of, and knowledgeable about, all policies and procedures pertaining to the operations of the veterinary drug distributor. Pass _____Fail _____
      N/A and reason
      N/A_____

<u>181-005.02 Facility:</u> All facilities at which veterinary legend drugs are received, stored, warehoused, handled, held, offered, marketed, displayed, or transported from must:

1. Be of suitable construction to ensure that all veterinary legend drugs in the facilities are maintained in accordance with the product labeling of such veterinary legend drugs, or in compliance with official compendium standards such as the United States Pharmacopeia–USP/NF; Pass _____ Fail _____
   Not applicable _____
2. Be of suitable size and construction to facilitate cleaning, maintenance, and proper veterinary drug distribution operations;
3. Have adequate storage areas to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions; Pass _____ Fail _____
   Not applicable _____
   _____
4. Have a quarantine area for storage of veterinary legend drugs that are outdated, damaged, deteriorated, misbranded, adulterated, counterfeit, or suspected of being counterfeit, otherwise unfit for distribution or veterinary drug distribution, or that are in immediate or sealed secondary containers that have been opened;
   Pass ____ Fail _____
   Not applicable _____
   _____
5. Be maintained in a clean and orderly condition; Pass _____ Fail _____
   Not applicable _____
   _____
6. Be free from infestation of any kind; Pass _____ Fail _____ Not applicable
   _____
   _____
7. Be a commercial location and not a personal dwelling or residence;
   Pass _____ Fail _____

Not applicable _____

_____

8. Provide for the secure and confidential storage of information with restricted access and policies and procedures to protect the integrity and confidentiality of the information; Pass _____ Fail _____
Not applicable _____

_____

; and

9. Provide and maintain appropriate inventory controls in order to detect and document any theft, counterfeiting, or diversion of veterinary legend drugs. Pass _____ Fail _____
Not applicable _____

_____

Inspector Overall Review of Facility Standard Documentation: _____Pass _____Fail _____N/A & Reason N/A

181-005.03 Policies and Procedures: Veterinary drug distributors must establish, maintain, and adhere to written policies and procedures. The policies and procedures must contain a provision for annual review and update, and documentation of the review must be maintained with the policies and procedures and include date and signature of the designated representative. The written policies and procedures must include the following:

1. A procedure to be followed for handling recalls and withdrawals of veterinary legend drugs. Such procedure must be adequate to deal with recalls and withdrawals due to:
   a. Any action initiated at the request of FDA or any other federal, state, or local law enforcement or other government agency, including the Department; or
   b. Any volunteer action by the manufacturer to remove defective or potentially defective veterinary legend drugs from the market. Pass _____ Fail _____
   Not applicable _____

   _____
2. A procedure for guarding against losses and/or employee theft. Pass ____ Fail _____
3. A procedure for identifying, recording, and reporting destruction, losses or thefts of veterinary legend drugs, and for correcting all errors and inaccuracies in inventories. Pass _____ Fail _____
4. A procedure for reporting criminal or suspected criminal activities involving the inventory of veterinary legend drug(s) to the Department within five business days. Pass _____ Fail _____
5. A procedure to ensure that veterinary drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of a strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency. Pass _____ Fail _____
6. A procedure that provides for inspection of all incoming and outgoing veterinary legend drug shipments. Pass _____ Fail _____
7. A procedure to ensure that any outdated veterinary legend drugs must be segregated from other veterinary legend drugs and are then either returned to the manufacturer or a reverse distributor or destroyed in accordance with federal and state laws, including all necessary documentation and the appropriate witnessing. This procedure must provide for written documentation of the disposition of outdated veterinary legend drugs. This documentation must be maintained for two years after disposition of the outdated veterinary legend drugs. Pass _____ Fail _____
8. A procedure for the destruction of outdated veterinary legend drugs in accordance with federal and state laws, including all necessary documentation, maintained for a minimum of three years, and the appropriate witnessing of the destruction of outdated veterinary legend drugs in accordance with all applicable federal and state requirements. Pass _____ Fail _____
9. A procedure for the disposing and destruction of containers, labels, and packaging to ensure that the containers, labels, and packaging cannot be used in counterfeiting activities, including all necessary documentation, maintained for a minimum of three

years, and the appropriate witnessing of the destruction of any labels, packaging, immediate containers, or containers in accordance with all applicable federal and state requirements. Pass _____ Fail _____

10. A procedure for identifying, investigating and reporting significant veterinary legend drug inventory discrepancies involving counterfeit, suspect of being counterfeit, contraband, or suspect of being contraband, in the inventory and reporting of such discrepancies within five business days to the Department and/or appropriate federal or state agency upon discovery of such discrepancies. Pass _____ Fail _____

Inspector Overall Review of Policy and Procedure Standard: Pass _____ Fail _____

181-005.04 Records: A veterinary drug distributor must have records to document all drug purchases and sales.

181-005.04A Veterinary drug distributors must establish and maintain inventories and records of all transactions regarding the receipt and veterinary drug distribution or other disposition of veterinary legend drugs. These records must include dates of receipt and veterinary drug distribution or other disposition of the veterinary legend drugs; Pass _____ Fail _____ and

181-005.04B Such records must include the inventories and records must be made available for inspection and photocopying by any authorized official of any state or federal governmental agency for a period of three years following their creation date. Pass _____ Fail _____

181-005.04C Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means must be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable must be made available for inspection within 48 hours of a request by an authorized official of any state or federal governmental agency charged with enforcement of these rules. Pass _____ Fail _____

181-005.04D Veterinary drug distributors and manufacturers must maintain an ongoing list of persons with whom they do business to sell or purchase veterinary legend drugs. Pass _____ Fail _____

181-005.04E All facilities must establish and maintain procedures for reporting counterfeit and contraband or suspected counterfeit and contraband drugs or counterfeiting and contraband or suspected counterfeiting and contraband activities to the Department and FDA. Pass _____ Fail _____

181-005.04F Veterinary drug distributors must maintain a system for the mandatory reporting of significant shortages or losses of veterinary legend drugs where it is known or suspected that diversion is occurring to the Department and FDA, and, where applicable, to DEA. Pass _____ Fail _____

181-005.04G Records must be maintained by the veterinary drug distributor to document all purchases, sales, destruction, transfer, loss, and return of veterinary legend drugs. Pass _____ Fail _____

181-005.04H Records may be kept manually or by electronic or automated means. When an automated recordkeeping system is used, there must be a complete back-up system every seven days that is verifiable to prevent loss of records. Pass _____ Fail _____

Inspector Overall Review of Records Standard: Pass _____ Fail _____

INSPECTOR OVERALL REVIEW OF THE APPLICATION: Pass _____ Fail _____

More information is required as follows:

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
PO BOX 94986
LINCOLN NE 68509-4986

WHOLESALE DRUG DISTRIBUTOR INSPECTION REPORT

Legal Name of Business: _____

Street Address: _____

City, State, Zip: _____

Name of Designated Representative of Facility: _____

Telephone Number: _____

Wholesale Drug Distributor License #:_____

DEA Controlled Substances Registration # (if applicable): _____

Business Hours: _____

Type of Business Entity (circle one): Partnership Corporation Sole Proprietor

Type of Operation (circle all that apply): Wholesaler Manufacturer Medical Gas Distributor

Third-party Logistics Provider Reverse Distributors Other (specify)_____

Section cited	Requirement	P	F	*NA*
131-006.01	***Standards of Practice (personnel)***			
	1. DR has knowledge of federal and state statutes			
	2. DR has no convictions of any wholesale laws			
	3. DR has minimum of 2 years experience			
	4. DR employed full time as the manager			
	5. DR present during normal hours and actively involved			
	6. DR is aware of all contents of policies and procedures			
131-006.02	***Standards of Practice (facility)***			
	1. Must comply with USP/NF standards for construction			
	2. Allows for cleaning, maintenance & operations			
	3. Has adequate storage areas			
	4. Has a designated quarantine area			
	5. Be clean and orderly			
	6. Be free of infestation of any kind			
	7. Be a commercial location only			
	8. Information is secure and confidential/restricted access			
	9. Inventory controls to detect and documents loses			
	10. Able to provide pedigrees when applicable			
	11. Records maintained for 3 years			
	12. Registered with DEA when applicable			

Section cited	Requirement	P	F	*NA*
131-006.03	***Pedigree requirements***			
	1. Name of the prescription drug			
	2. Dosage form and strength of prescription drug			
	3. Size of the container			
	4. Number of containers			
	5. Lot number of the prescription drug			
	6. Manufacturer's name of finished form of drug			
	7. Name, address, phone #, e-mail of each owner of drug			
	8. Name and address of each shipping location			
	9. Transaction dates			
	10. Certification of authentication of each pedigree			
	11. Name of any repackager			
	12. Name and address of certifying person			
	13. Pedigrees maintained for 3 years			
	14. drug is quarantined if no authentication in 48 hours			
	15. report filed within 5 days if no authentication			
131-006.04	***Policies and Procedures***			
	1. Policy to handle all kinds of recalls			
	2. Procedure for guarding against losses/employee theft			
	3. Procedure to identify, record, report & correct losses			
	4. Procedure to report criminal activity to department			
	5 Procedure for drug security in natural disaster/emergency			
	6 Procedure to inspect all in and out shipments of drugs			
	7. Procedure to segregate all outdated drugs(2 yr records)			
	8. Procedure for destruction of outdated drugs(3 yr records)			
	9. Procedure for disposal of containers, labels, etc(3 yr records)			
	10. Procedure for identifying counterfeit drugs(5 day notify)			
	11. Procedure for authentication of pedigrees			
131-006.05	***Records***			
	1. Records kept of all drug purchases and sales			
	2. Records must include receipt date/other disposition			
	3. Records of pedigrees outside normal distribution chain			
	4. Records available for inspection for 3 years			
	5. Electronic records must be readily retrievable			
	6. Central records must be available within 2 working days			
	7. Ongoing list of persons facility does business with			
	8. Records kept for counterfeit reporting to FDA & Dept.			
	9. Losses reported to FDA, Dept. and DEA if needed			
	10. Purchases, sales, destructions, transfers, loss and returns			
	11. Back-up of electronic records every 7 days			

_____ _____

Designated Representative Date

PASS/FAIL

_____

Inspector

Comments_____

Rev. 9-22-08

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
PO BOX 94986
LINCOLN NE 68509-4986

WHOLESALE DRUG DISTRIBUTOR INSPECTION REPORT

Legal Name of Business: _____

Street Address: _____

City, State, Zip: _____

Name of Designated Representative of Facility: _____

Telephone Number: _____

Wholesale Drug Distributor License #:_____

DEA Controlled Substances Registration # (if applicable): _____

Business Hours: _____

Type of Business Entity (check one): Partnership Corporation Sole Proprietor

Type of Operation (check all that apply): Wholesaler Manufacturer Medical Gas Distributor

Third-party Logistics Provider Reverse Distributor Other (specify)_____

Section cited	Requirement	P	F	*NA*
131-006.01	***Standards of Practice (personnel)***			
	1. DR has knowledge of federal and state statutes			
	2. DR has no convictions of any wholesale laws			
	3. DR has minimum of 2 years experience			
	4. DR employed full time as the manager			
	5. DR present during normal hours and actively involved			
	6. DR is aware of all contents of policies and procedures			
131-006.02	***Standards of Practice (facility)***			
	1. Must comply with USP/NF standards for construction			
	2. Allows for cleaning, maintenance & operations			
	3. Has adequate storage areas			
	4. Has a designated quarantine area			
	5. Be clean and orderly			
	6. Be free of infestation of any kind			
	7. Be a commercial location only			
	8. Information is secure and confidential/restricted access			
	9. Inventory controls to detect and documents loses			
	10. Able to provide pedigrees when applicable			
	11. Records maintained for 3 years			
	12. Registered with DEA when applicable			

Section cited	Requirement	P	F	*NA*
131-006.03	***Pedigree requirements***			
	1. Name of the prescription drug			
	2. Dosage form and strength of prescription drug			
	3. Size of the container			
	4. Number of containers			
	5. Lot number of the prescription drug			
	6. Manufacturer's name of finished form of drug			
	7. Name, address, phone #, e-mail of each owner of drug			
	8. Name and address of each shipping location			
	9. Transaction dates			
	10. Certification of authentication of each pedigree			
	11. Name of any repackager			
	12. Name and address of certifying person			
	13. Pedigrees maintained for 3 years			
	14. drug is quarantined if no authentication in 48 hours			
	15. report filed within 5 days if no authentication			
131-006.04	***Policies and Procedures***			
	1. Policy to handle all kinds of recalls			
	2. Procedure for guarding against losses/employee theft			
	3. Procedure to identify, record, report & correct losses			
	4. Procedure to report criminal activity to department(5 day notify)			
	5 Procedure for drug security in natural disaster/emergency			
	6 Procedure to inspect all in and out shipments of drugs			
	7. Procedure to segregate all outdated drugs(2 yr records)			
	8. Procedure for destruction of outdated drugs(3 yr records)			
	9. Procedure for disposal of containers, labels, etc(3 yr records)			
	10. Procedure for identifying counterfeit drugs(5 day notify)			
	11. Procedure for authentication of pedigrees			
131-006.05	***Records***			
	1. Records kept of all drug purchases and sales			
	2. Records must include receipt date/other disposition			
	3. Records of pedigrees outside normal distribution chain			
	4. Records available for inspection for 3 years			
	5. Electronic records must be readily retrievable			
	6. Central records must be available within 2 working days			
	7. Ongoing list of persons facility does business with			
	8. Records kept for counterfeit reporting to FDA & Dept.			
	9. Losses reported to FDA, Dept. and DEA if needed			
	10. Purchases, sales, destructions, transfers, loss and returns			
	11. Back-up of electronic records every 7 days			

_____ _____

Designated Representative Date

_____ PASS/FAIL

Inspector

Comments_____

_____

_____

_____

Rev. 9-22-08

Service Name: _____License Type: _____Inspection Date_____

EMERGENCY MEDICAL SERVICES INSPECTION

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
402-471-0153

SERVICE DEMOGRAPHICS	
Inspection Type: *(Initial, Periodic, Follow Up/Re-Inspection, For Cause)*	
Service Name:	**License Type:**
Service Type:	**License Number:**
Service Contact Name:	**Phone Number:**
Service Contact E-Mail Address:	
Physician Medical Director:	**PMD Phone Number:**
PMD E-Mail Address:	
Service Owner/Entity:	
Service Owner/Entity Type:	

Present at Inspection:

Name of Inspector: _____

Signature of Inspector_____ **Date**_____

For Office Use Only:

In Compliance ☐ **Not In Compliance** ☐

Comments:

Service Name: _____License Type: _____Inspection Date_____

For the following areas of compliance indicate "Yes" if service is in compliance, "No" if service is not in compliance, or "N/A" if it does not apply to service. For each item not in compliance, document what the compliance issue is and the recommendation of how to correct it.

A – Service Qualifications – 12-003.01	**Yes**	**No**	**N/A**
1. If service is a non-transport service does it have a written agreement with a licensed transport service that meets the standards defined in 12-004?			
2. Service has at least one emergency care provider, except for an Emergency Medical Responder. (Basic Life Support shall have a minimum of an Emergency Medical Technician; Advanced Life Support shall have a minimum of an Advanced Emergency Medical Technician).			
3. If service is an Advanced Life Support service does it have a current Mid-Level Practitioner Controlled Substance Registration or verification of application?			
If Yes, what is DEA Number: or is application pending?			
4. The service has a current CLIA certificate that allows use of a glucose monitor.			
If Yes, What is the CLIA certificate number:			
5. If initial licensure, designate the service area that will be served by the emergency medical service.			

Comment/Recommendation:

B – Ambulance Standards – 12-004.01	**Yes**	**No**	**N/A**
1. All overland vehicles meet KKK-A-1822C or were owned by a licensed service prior to March 7, 1999 or purchased from another licensed service.			
2. Aircraft are in compliance with FAR 14 CFR 135.			

Comment/Recommendation:

C – Equipment Standards – 12-004.02		**Yes**	**No**	**N/A**
1. A PMD Signed equipment list is available to provide the following:	a. Patient assessment/diagnostic measurement			
	b. Airway Management			
	c. Bleeding control and wound management			
	d. Extremity fracture immobilization			
	e. Cervical and spinal immobilization			
	f. Burn Care			
	g. Cardiac Care			
	h. Care of ingested poisons			
	i. Obstetrics and gynecology care			
	j. Intravenous Administration sets and fluids			
	k. Medications/Controlled Substances			
2. Ambulances used for the transportation of patients have patient transport and patient comfort supplies and equipment.				
3. Ambulances used for the transportation of patients have supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety.				
4. Service has a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.				

Comment/Recommendation

Service Name: _____License Type: _____Inspection Date_____

D – Maintenance Standards – 12-004.03	Yes	No	N/A
1. Motor vehicles used for the transportation of patients are maintained as specified in the chassis manufacturer's owner's manual and the recommendations of the ambulance manufacturer/contractor and documentation is available and on file at the service's location and retained through the life of the ambulance.			
2. Aircraft used for the transportation of patients is maintained in accordance with Federal Aviation Regulation 14 CFR Part 135 and/or 14 CFR Part 91 and related bulletins and supplements.			
3. Operational equipment, used for patient care or support, are maintained in accordance with the manufacturer's recommended procedures and documentation is available and on file at the service's location and retained through the life of the operational equipment.			

Comment/Recommendation

E – Sanitation Standards – 12-004.04		Yes	No	N/A
1. The Service has written sanitation and infection control policies approved by the PMD that include:	a. Pre-Exposure Precautions			
	b. Post-exposure procedures for personnel must be in accordance with Neb. Rev. Stat. §§ 71-506 to 71-514.05			
	c. Procedures for decontamination/cleaning of the ambulance			
	d. Procedures for the decontamination/cleaning of equipment			
	e. Procedures for the disposal of contaminated equipment and supplies			
2. Equipment and supplies identified by the manufacturer as single use or disposable are NOT reused and are disposed of in accordance with written procedures approved by the PMD.				

Comment/Recommendation:

F – Inspection Standards – 12-004.05	Yes	No	N/A
1. Ambulances used for the transportation of patients, are checked at least monthly to assure that the vehicle's emergency warning devices, electrical systems, engine, and fuel systems are in proper working order.			
2. Operational equipment, used for patient care or support, is inspected and tested for proper operation or function at least monthly.			
3. Checklists are used by the service to conduct inspections of #1 & #2 and are available for review.			
4. Completed checklists are maintained for five years (12-004-09B).			
5. Controlled substances or prescription medications carried are inventoried/inspected monthly or more frequently if directed by the service's PMD.			

Comment/Recommendation:

Service Name: _____License Type: _____Inspection Date_____

G – Personnel Standards – 12-004.06	Yes	No	N/A
1. Does the service maintain a current roster of the names of its employees/members (electronic or paper)?			
2. All members of the service who provide care have current licenses.			
3. All out-of-hospital emergency care providers are only providing the level of care that the service is licensed to provide, i.e. basic or advanced.			
4. On all incidents an ambulance or aircraft is staffed by at least one EMT, AEMT, EMT-Intermediate, Paramedic or provider/individual as defined by 172 NAC 12-004-06C to provide patient care and a person to drive the ambulance or operate the aircraft.			
5. Did the service have any runs in which only EMR's staffed the ambulance? If yes, see 12-004.10(3) and EMR Transport Supplemental Form.			
If yes, was documentation of appropriate training and physician medical director approval for those individuals and requirements of 172 NAC 12-004.10 met and on file?			

Comment/Recommendation:

H – Personnel Training Standards – 12-004.07		Yes	No	N/A
Personnel records contain documentation that training has been provided within the last 2 years for service members in the following areas:	1. Emergency vehicle driving for operators of motor vehicles or aircraft safety for operators of aircraft			
	2. Infection control			
	3. Extrication			
	4. Extraction and victim recovery for special conditions as may be determined in the incident area of the emergency medical service			
	5. Procedures for dealing with hazardous materials			
	6. Personal safety issues			
	7. Other training as directed by the physician medical director of the service program.			
	8. Training is documented for each individual and maintained by the service for four years.			
**NOTE: Training documentation/roster must include all items in 12-004.09A(2).				

Comment/Recommendation:

I – Personnel Records – 12-004.09A		Yes	No	N/A
1. Personnel files are maintained by the service and contain the following information: All records must be maintained until superseded.	a. Name, address, and telephone number			
	b. Current level of licensure			
	c. Current cardiopulmonary resuscitation certification d. Other current certifications/endorsements as may be required by the physician medical director			
2. Each personnel file contains documentation of the member's emergency medical continuing education training that includes the following information:	a. Name of the course			
	b. Date of the course			
	c. Name of the instructors of the course			
	d. Number of hours of training for each course			
	e. Provider of the course **OR**			
	f. Certificate of attendance and/or participation			
3. If applicable, record of PMD option to verify personnel competency for renewal of a license in the members file.				

Comment/Recommendation:

Service Name: _____License Type: _____Inspection Date_____

J – Patient Care Records – 12-004.09c		Yes	No	N/A
1. A patient care record has been completed for each incident that the service made in the past three (3) years.				
2. All patient care records have as a minimum the following data completed on each record if applicable:	a. The name, age, and sex of the patient(s)			
	b. The address or location from which the patient(s) is taken			
	c. The date of the incident			
	d. The time of dispatch and the time the ambulance is en route to the incident			
	e. The time of arrival at the scene			
	f. A record of the chief complaint of the patient and/or the signs and symptoms of the patient			
	g. A record of the patient(s) vital signs and the times at which these were noted			
	h. A brief patient history			
	i. A description of the treatment provided and equipment used			
	j. A record or time, rate, type and delivery location of intravenous fluids administered			
	k. A record of time, dosage, and route of any medication			
	l. A record of the time of each electrotherapy attempt and the results of each administration			
	m. The name and address of the receiving facility or location			
	n. The name or code number of the individual providing the primary care for the patient			
	o. A record of any care provided to the patient prior to the arrival of the out of hospital personnel			
	p. Location type			
	q. Time unit left scene			
	r. Time arrival at destination			
	s. Time back in service			
	t. Race/ethnicity of the patient			
	u. Destination determination			
	v. No patient treatment/no patient transportation			
	w. Factors affecting EMS delivery			
	x. Time CPR discontinued in the field			
	y. Adult/pediatric Glasgow coma scale			
	z. Trauma score			
	aa. The name of the incident commander responsible for all incident activities			
	bb. Reading and unit for each use of the glucose monitoring device			
3. A record of each dry run, refused transportation and stand by service is maintained in the service office.				
4. If EMS performs no incidents during any month, that fact is reported at the end of the month.				
5. Patient care records are sent to the Department electronically within 72 hours after the incident (documented from time unit back in service).				
6. Medical records are destroyed only when they are in excess of the retention requirements specified in 12-004.09C3 Item 1 defined as "for a period of at least five years following each incident or in the case of minors, the records must be kept until three years after the age of majority has been attained."				
7. All medical records are kept confidential.				
8. All patient care data is made available to receiving health care facility or another emergency medical service if applicable.				

Comment/Recommendation:

Service Name: _____License Type: _____Inspection Date_____

K – Medical Direction Standards – 12-004.08

		Yes	No	N/A
1. (12-003.01(4) & 12-004.06A) Does service have a qualified physician medical director as defined in 12-002?				
2. A written document is on file in the service office that authorizes out-of-hospital emergency care providers to practice the additional skills as stated in 172 NAC 11-009 upon completion of training.				
3. Approved the medical protocols and standing orders by signing the documents.				
4. The service has a medical quality assurance/quality control program approved by the PMD. The quality assurance/quality control program includes, but is not limited to:	a. An annual review of protocols and standing orders			
	b. Medical care audits as needed			
	c. Continuing medical education for the emergency medical services personnel			
5. The PMD provides monitoring and supervision of the medical quality assurance program or it has been delegated in writing to a qualified physician surrogate.				
6. If applicable, a written document that delegates responsibilities to the physician surrogate and is on file in the service office.				
7. The PMD has ensured that each written standing order and/or protocol is appropriate for the certification and skill level of each of the individuals to whom the performance of medical acts is delegated and authorized.				
8. If applicable, documentation is on file in the service office for providers that the PMD opted to attest on member's renewal notice that they are competent to practice and meet the requirements for renewal.				

Comment/Recommendation:

L – Practices and Procedure Standards – 12-004.10

	Yes	No	N/A
1. Service has a written back-up response plan in the event of their inability to respond to requests for their service.			
2. Written backup response Plan includes:			
a. How many times call activation is sounded and time period between each activation.			
b. Back-up service that must be called no more than ten minutes after original call activation.			
c. Approved by the PMD of the initial service and the back-up service.			
d. Sent to the dispatching agency.			
3. The service that anticipates the use of EMR's to transport patient(s) must have prior written approval by the PMD and meet additional requirements (see EMR Transport Supplemental Form).			

Comment/Recommendation:

Service Name: _____License Type: _____Inspection Date_____

Additional Comments:

Inspector: _____ Service Name: _____ Inspection Date:_____

EMERGENCY MEDICAL SERVICES EMR TRANSPORT SUPPLEMENTAL FORM

STATE OF NEBRASKA
HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
(402) 471-0153

The regulation defined in 172 NAC 12-004.10 does not prevent the emergency medical service from responding to the scene of an emergency with an emergency response vehicle staffed by an emergency medical responder; however the emergency medical responder cannot initiate transport unless the requirements of 172 NAC 11-009.01C AND 172 NAC 12- 004.10 are met.

12-004.10 (2 & 3)

2. An emergency medical service that anticipates the use of the emergency medical responders to transport patient(s) in the event an emergency medical technician, advanced emergency medical technician, or paramedic fails to respond to an emergency call must have:

	Yes	No
A. Written approval of the physician medical director to allow emergency medical responders to transport.		
B. Physician medical director approved the practices and procedures defined in 172 NAC 11.009.01		
C. Does your service have a recruitment and retention plan in place including the following:		
(1) A policy prohibiting discrimination based on race, color, religion, gender, or national origin.		
(2) A budget for the recruitment and retention plan		
(3) Leadership training		
(4) Steps for recruitment of new members or employees.		
(5) Steps for retention of current members or employees.		
D. Service has a staffing schedule including the following:		
(1) List dates and time periods when each individual member will be on call;		
(2) List of individuals and their levels of licensure when each member/employee will be on call.		
(3) Update call schedule monthly.		
(4) Identifies time periods when emergency medical technicians, advanced emergency medical technicians, or paramedics are unavailable and the automatic aid plan will be followed.		

Comment/Recommendation:

Inspector: _____ Service Name: _____ Inspection Date:_____

	Yes	No
E. Service has an automatic aid plan includes the following:		
1. Intercepting with a back-up licensed service to allow patient care to be transferred to an emergency medical technician, advanced emergency medical technician or paramedic.		
2. Dispatching of the licensed service and back-up licensed service at the same time without a requirement for a verbal request from the initial licensed service;		
3. Contacting the dispatch center to request the backup service when a scheduled emergency medical technicians, advanced emergency medical technicians, or paramedic fails to respond. In this event this request will take place within ten minutes of the initial notification;		
4. Direction on how to cancel the back-up licensed service in the event an emergency medical technician, advanced emergency medical technician, or paramedic does respond;		
5. List the following (a) The names of the service, the back-up service and the dispatching agency; (b) The procedure for notifying the dispatch; and (c) The names of the emergency medical services members responsible for the notifying the dispatch center that they are following the automatic aid plan.		
6. Officer signatures of the licensed service and the back-up licensed service agreeing to the automatic aid plan; and		
7. Acknowledgement of receipt of the plan by the dispatching agency.		

Comment/Recommendation:

Inspector: _____ Service Name: _____ Inspection Date:_____

3. Each emergency medical service that utilizes the use of emergency medical responders to transport patient(s) in the event an emergency medical technician, advanced emergency medical technician, or paramedic fails to respond to an emergency call must submit within 30 days a report for each event to the department.

	Yes	**No**
Each Report Must Include the Following:		
A. The name of the service.		
B. The name of the back-up service.		
C. The names of all the members or employees that responded to the event.		
D. The date and time of the event.		
E. The patient condition and care provided.		
F. The actions taken to notify an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic who indicated availability on the staffing schedule but did not respond when this event occurred.		
G. Reason(s) an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic where unavailable to respond or be placed on the staffing schedule to respond.		
H. An attestation that the emergency medical service has complied with and will make available upon request of the Board the items defined in 172 NAC 12- 004.10 item 2 a through e and the records verifying that the emergency medical responder(s) in attendance at the incident have completed the appropriate training as defined in 172 NAC 11-009.01C item 3.		

Comment/Recommendation:

Inspector: _____ Service Name: _____ Inspection Date:_____

11-009.01C

3.

	Yes	No
The Emergency Medical Responder has successfully completed appropriate training that meets the National Emergency Medical Services Educational Standards listed under the Emergency Medical Technician level as they relate to the application of:		
a. Spinal and extremity immobilization devices;		
b. Patient transport devices, AND		
c. Patient transport to include the following educational standards from the National Emergency Medical Services Educational Standards:		
(1) Fundamental depth and simple breadth of primary assessment subject matter to form a general impression;		
(2) Fundamental depth and foundational breadth of secondary assessment subject matter to assess anatomical regions:		
(3) Fundamental depth and foundational breadth of reassessment subject matter to determine how and when to perform reassessments;		
(4) Simple depth and foundation breadth of the medical overview subject matter to make transport mode and destination decision making;		
(5) Fundamental depth and foundational breadth of trauma overview subject matter to make rapid transport, destination and transport mode decision making; and		
(6) Simple depth and foundation breadth of the principals of safely operating a ground ambulance;		

Comment/Recommendation:

Nebraska Department of Health and Human Services
Division of Public Heath
Licensure Unit
Office of Emergency Health Systems
Approved Training Agency Inspection Form

13-007 REVIEW OF APPROVED EMERGENCY MEDICAL SERVICE TRAINING AGENCIES:
Emergency medical service training agencies will have an on-site review, conducted by the Department or its designee, at least once every three years. Each review will evaluate compliance with 172 NAC 13-003.01 items 1 – 14 and 13-004.

Purpose: The guidelines are being established in order that approved emergency medical services training agencies, when reviewed, are reviewed in the same manner and with the same criteria.

☐ Initial Inspection ☐ Periodic Inspection ☐ Follow Up/Re-inspection

Training Agency:

Date of Inspection: Beginning Time: Ending Time:

Training Agency Director:

Inspection Attendees:
For the Training Agency:

For DHHS-EHS:

Levels of courses (as defined by 172 NAC 13-002) being taught at the training agency:

☐ Emergency Medical Responder (EMR)
☐ Emergency Medical Technician (EMT)
☐ Advanced Emergency Medical Technician
☐ Paramedic
☐ Pre-hospital Emergency Care for Nurses
☐ Additional Skills Modules
☐ Refresher Courses
☐ Continuing Education *(11.002)*
☐ EMR-EMT Bridge
☐ EMS-Instructor

Yes	No	N/A	
☐	☐	☐	The Training Agency has evidence of a surety bond in the penal sum of $20,000. Applicants who are accredited as defined in 172 NAC 13-002 and municipalities that are self-insured are exempt from the surety bond requirement. (13-003.01, item 14)

Yes	No	N/A	
☐	☐	☐	This program is accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). (13-003.01, item 1)

Date of last CoAEMSP visit: Length of Approval:

ITEM 1: Medical Director

Review Standard: The Training Agency has signed written agreements commensurate with their level of instruction with a Physician Medical Director (PMD) and is also on record with the DHHS, Division of Public Health Licensure Unit.

Yes	No	N/A	
☐	☐		A. The Training Agency must have a written agreement with a qualified physician to serve as the Training Agency medical director. (13-003.01, item 2)

PMD's Name: _____

☐ ☐ The PMD listed is the PMD on record with the Department.

Review Standard: The Training Agency must provide documentation that proves that the Training Agency's PMD has:

Yes	No	N/A	Responsibilities of EMS Training Agency Medical Director (13-005)
☐	☐		B. Reviewed the content of each course to verify that the student receives adequate instruction in the cognitive, affective, psychomotor domains to assure competence in knowledge and skills.
☐	☐		C. Reviewed all end of course examinations for proper content.
☐	☐		D. Reviewed all end of module examinations for proper content.
☐	☐	☐	E. Reviewed the 50 question end of course examination for the EMR refresher course.
☐	☐	☐	F. Reviewed the 100 question end of course examination for the EMT, AEMT, and Paramedic refresher courses (as appropriate).

Item 1. Medical Director ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 2. CLINICAL & FIELD EXPERIENCE (INTERNSHIP)

Review Standard: The Training Agency has signed written agreements commensurate with their level of instruction with clinics, hospitals or other institutions providing assistance for the instruction of EMS students, if applicable.

Yes	No	N/A	
☐	☐	☐	A. The Training Agency must have a written agreement with hospital(s) for clinical training of students for the level of training being conducted in accordance with the specific EMS course. (13-003.01, item 3)
☐	☐	☐	B. The Training Agency must have written agreements with licensed emergency medical services for field internships for the level of training being conducted in accordance with the specific EMS courses. (13-003.01, item 4)

Review Standard: Each item will be checked showing compliance with regulation. Randomly check student records and course records to assure compliance.

Yes	No	N/A	
☐	☐	☐	C. Names and qualifications of clinical/field internship preceptors (13-004.07, item 2e) (This is generally on the internship evaluation forms.)
☐	☐	☐	D. Documentation of field and clinical preceptor's evaluations of the student's performance.
☐	☐	☐	E. Does this Training Agency require a course of training for its internship preceptors? (Not Required)

Item 2. Clinical & Field ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 3. INSTRUCTOR & EVALUATOR STAFF

Review Standard: ***<u>The Training Agency must provide a list</u>*** *of all instructors that includes name of instructor, type of license(s) or certificate(s), certificate(s)/license(s) number, certificate(s)/license(s) expiration dates, or other qualifications to teach specific subject. (13-003.01, item 7 & 13-004.03)*

Yes	No	N/A	
☐	☐		A. The Training Agency provided a hard or an electronic copy of the instructor list.
☐	☐		B. Names of the instructors.
☐	☐		C. Type(s) or license(s) or certificate(s).
☐	☐		D. Certificate(s)/license(s) number(s).
☐	☐		E. Certificate(s)/license(s) expiration date(s).
☐	☐		F. Evidence of instructor evaluations by the training agency are on file.
☐	☐	☐	G. The mentor's evaluations of any new instructors are on file.
☐	☐	☐	H. Remediation plans are on file for any noted instructor deficiencies.

Review Standards: ***<u>The Training Agency must provide a list of all practical skill evaluators.</u>*** *The practical skill evaluators must meet the requirements as established by the National Registry of Emergency Medical Technicians (NREMT) for the practical skill component of the licensing examination. (13-004.05)*

Yes	No	N/A	
☐	☐		I. The Training Agency provided a hard or an electronic copy of the evaluator list.
☐	☐		J. Evaluators meet the requirements as set forth by the NREMT.
☐	☐		K. Does the training agency pre-approve any evaluators prior to them being used in a course?
☐	☐		L. Does the training agency require any training for evaluators? (Not Required)

Item 3. Instructors & Evaluators ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 4. EMS COURSES

Review Standard: ***<u>The Training Agency must provide documentation of all courses taught within the last three years.</u>*** *The inspector will verify that at least one course (as defined in 172 NAC 13-002) was taught during each of the past three (3) years or obtain a written explanation of why a course was not taught. Attach explanation to report. (13-004.08)*

Yes	No	N/A	
☐	☐		A. The Training Agency provided a hard or an electronic copy of the course list, with the primary and assisting instructors identified.
☐	☐		B. At least one (1) course was taught in each of the past three (3) calendar years.

Review Standard: Inspector will verify each course taught as defined in NAC 13-002 (EMS Courses) was instructed by a primary instructor. (13-004.03)

Yes	No	N/A	
☐	☐		C. A primary instructor was used for each of the listed courses.

Review Standard: The Training Agency must provide documentation that each instructor has been given a copy of the curriculum for the course or module that is being taught. Check to see that each instructor has been given or has been assigned a curriculum for the National EMS Course, Refresher Course, or EMS Module that is being taught.

Yes	No	N/A	
☐	☐		D. The Training Agency has evidence that each instructor has been supplied with the appropriate education standards, instructional guidelines, and agency approved curricula.

Item 4. EMS Courses ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 5. COURSE COMPLETION

Review Standard: Review course documents to ensure that the course includes administration of practical skills tests for each module or course conducted. (13-004.04)

Yes	No	N/A	
☐	☐		A. The Training Agency will provide evidence of completed student practical skill sheets for each certifying course/module taught.

Review Standard: Training Agency must provide sample originals of the certificate(s) of completion given to students who have successfully completed a course or module. (Attach certificate(s) provided by training agency) (13-004.06, items 1-8)

Yes	No	N/A	
☐	☐		B. The Training Agency provided a certificate(s) for each certifying course.
☐	☐		C. This/These certificate(s) include all of the following:

- ☐ The Training Agency's name.
- ☐ The location of the agency's central or headquarters office.
- ☐ The date the student completed the course.
- ☐ A statement that indicates the student successfully completed the EMS course.
- ☐ The student's first and last name.
- ☐ The name of the EMS course as defined in 172 NAC13-002 that was successfully completed.
- ☐ The total number of hours that the EMS course provided. For AEMT & Paramedic courses, it must also show the number of didactic and clinical hours.
- ☐ If the Emergency Medical Responder or Emergency Medical Technician Skills course is taught by grouping only two or three skills or teaching a skill independently, the verification must identify the skills taught.

Item 5. Course Completion ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 6. FACILITIES AND EQUIPMENT

Review Standard: Review the attached checklist for supplies and equipment for the courses being provided by the training agency. If the training agency is conducting several offerings of a course at the same time, check to see if there is adequate equipment and supplies to accommodate simultaneous courses. (Approved Training Agency Inspection Form – Equipment)

Yes	No	N/A	
☐	☐		A. The Training Agency will provide (in working order) equipment, apparatus, supplies, and staffing as required by the EMS course for each class being taught as defined in 172 NAC 13-002. *(13-003.01 item 9)*

When an EMS course or state module is offered at a site other than the physical location of the training agency:

Yes	No	N/A	
☐	☐	☐	B. When the training agency <u>will not</u> provide all of the equipment necessary for teaching the class, there will be an agreement with the emergency medical service or where the class is being offered giving the training agency/instructor access to pieces of equipment not immediately available through the training agency.

Yes	No	N/A	
☐	☐	☐	C. When the training agency <u>will</u> provide all equipment necessary to teach the EMS course, the agency will provide documentation stating that all equipment for the class will be provided by the training agency.

Item 6. Facilities and Equipment ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 7. AGENCY QUALITY

Review Standards: The Training Agency must provide evidence of a seventy percent (70%) pass rate on the National Registry certifying examinations for emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics for two (2) consecutive years. The score will be based on the National Registry "Cumulative Pass within 6 attempts." (13-004.09)

Yes	No	N/A	
☐	☐	☐	A. The previous two year average pass rate for the listed certifying courses meets the benchmark. **Two year pass rate: _____**
☐	☐	☐	B. *If the Training Agency's two (2) year pass rate is below 70%.* The Training Agency provided a written action plan to improve the pass rate to a minimum of 70%.

Review Standard: The Training Agency must provide a quality assurance plan that documents the following: (13-004.11)

Yes	No	N/A	
☐	☐		C. Policies and procedures with documented evidence of periodic observation of all instructors.
☐	☐		D. A mentoring program for each new EMS instructor with name of assigned mentor. The mentor must have a background and experience in the course being taught.
☐	☐		E. A mentoring form must be provided to each mentor for evaluation purposes.
☐	☐		F. Must have completed student evaluations with evaluations conducted during and after each full EMS course or from the completion of any refresher or additional skills module taught.
☐	☐		G. A method (including documentation) of reviewing evaluations by the training agency and the students of the instructor, with said instructor.
☐	☐		H. Have a remediation plan with implementation guidelines for all noted instructor deficiencies. Documentation of such actions will be maintained for no less than five years.
☐	☐		I. Conducts (at a minimum) semi-annual meetings with their instructors or has an alternative means of interactive dissemination of information or materials. The Training Agency also has evidence that these meetings or exchanges have occurred and will maintain such records for no less than five years.

Item 7. Agency Quality ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 8. PUBLICATIONS

Review Standard: The Training Agency must publish a catalog or brochure that includes the following information. (NAC 13-003.01-12) For inspection purposes, the Training Agency will highlight in the catalog items A-J. (Attach a copy of the catalog or course syllabus)

Yes	No	N/A	
☐	☐		A. The full name and address of the Training Agency/School.
☐	☐		B. Names of owners and officers, including any governing board, physician medical director and Training Agency director.
☐	☐		C. A description of each authorized educational service offered, including courses and programs offered, tuition, fee, and length of courses.
☐	☐		D. Enrollment procedures and entrance requirements, including late enrollment if permitted. If the agency does not allow students from an outside organization, it must state as such. If there are different procedures for different demographics, all of these must be listed.
☐	☐		E. A description of the Training Agency's job placement assistance. If no assistance is offered, the training agency/school must state this fact.
☐	☐		F. Any attendance policy including minimum attendance requirements.
☐	☐		G. How academic progress is measured and evaluated, including an explanation of any system of grading used.
☐	☐		H. The conditions under which the student may be terminated for unsatisfactory progress and any requirements for readmission from such.
☐	☐		I. Explanation of any probation policy.
☐	☐		J. A description of the system used to make progress reports to students.
☐	☐		K. An explanation of the refund policy which also includes the Training Agencies methods of determining the official date of termination. If no refunds are issued, it must state as such.
☐	☐		L. A policy that addresses student harassment and Training Agency action if such harassment takes place.

Item 8. Publications ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

ITEM 9. COURSE RECORDS

Review Standards: Each item will be checked showing compliance with regulation. Randomly check student records and course records to assure compliance. Training Agencies must maintain at a minimum, the following records for EMS Courses for a minimum of five (5) years. (13-004.07)

Yes	No	N/A	
☐	☐		A. Name and address of each student enrolled in the EMS course.
☐	☐		B. Grades for each written examination (section, module, and final).
☐	☐		C. Documentation of successful completion of each student's psychomotor exam (NREMT when applicable) at the end of an initial education course, additional skills course, or refresher program as defined in 172 NAC 13-004.04.
☐	☐		D. Copies of each student's documentation of entrance requirements to each course including a copy of the individual's CPR certification, EMS provider license, and HAZ-MAT/NIMS requirements, as appropriate. *(13-003.01 item 6)*
☐	☐		E. Instructor and course evaluation records completed by students.
☐	☐		F. Names and qualifications of all instructors (primary & assistants). *(13-003.01 item 7)*
☐	☐		G. Names of all practical examination evaluators.
☐	☐	☐	H. Documentation of successful completion of any field/clinical experience requirements.
☐	☐		I. All end of course exams and state module exams are available for review by the inspector.

Item 9. Course Records ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

INSPECTION SUMMARY

Overall Inspection Rating: ☐ ***Compliant*** ☐ ***Non-compliant – See Required Follow Up***

Required Follow Up:

Inspector's Observations & Comments:

Inspector:

Signature:_____ Date:_____

Revised 4/6/17

Nebraska Department of Health and Human Services
Division of Public Health
Licensure Unit
Emergency Medical Services
Approved Training Agency Inspection Form – Equipment

Instructional Aids

Yes	No	
☐	☐	Television
☐	☐	DVD/VHS/Digital Playback Device
☐	☐	Visual Aid Library (video)
☐	☐	Desktop or Laptop Computer
☐	☐	Projection Device
☐	☐	Moulage Kit

ALL TRAINING AGENCIES

Yes	No	ASSESSMENT
☐	☐	Pen Lights
☐	☐	Stethoscopes
☐	☐	Adult Sphygmomanometers
☐	☐	Child Sphygmomanometers
☐	☐	Infant Sphygmomanometers
☐	☐	Large Adult Sphygmomanometers
☐	☐	Pulse Oximeters

Yes	No	AIRWAY, BREATHING, & OXYGEN
☐	☐	Adult & Pedi Airway Manikins
☐	☐	Oropharyngeal Airway Kits
☐	☐	Nasopharyngeal Airway Kits
☐	☐	Portable Suction Devices (electric or manual powered)
☐	☐	Rigid Suction Catheters
☐	☐	Flexible Suction Catheters (assorted sizes)
☐	☐	Bulb Suction
☐	☐	Oxygen Cylinders (safely stored)
☐	☐	Oxygen Regulators/Flow meters
☐	☐	Oxygen Supply Tubing
☐	☐	Nasal Cannula
☐	☐	Non-Rebreather Masks (adult & pedi)
☐	☐	Venturi Masks
☐	☐	Tracheostomy Masks (not required)
☐	☐	CPAP Devices (not required)
☐	☐	Oxygen Humidifiers
☐	☐	Bag-Valve Mask Devices (assorted sizes)

Yes	No	CIRCULATION
☐	☐	CPR Manikins (adult, child, & infant)
☐	☐	AED Trainers

Yes	No	Trauma
☐	☐	Cervical Collars (various sizes)
☐	☐	Head Immobilizers
☐	☐	Long Spine Boards
☐	☐	Pediatric Immobilization Device/Board
☐	☐	Straps for Long Spine Boards
☐	☐	Vest Style Extrication Devices
☐	☐	Rigid Splints
☐	☐	Moldable Splints (SAM®, ladder)
☐	☐	Traction Splints
☐	☐	Vacuum Splints (including full body)
☐	☐	Sling & Swathe Supplies
☐	☐	Assorted Dressings and Bandages
☐	☐	Occlusive Dressings
☐	☐	Medical Tape (assorted sizes)
☐	☐	Tourniquets (commercial or improvised)
☐	☐	Adhesive Bandage Strips

Yes	No	MISCELLANEOUS
☐	☐	Obstetrics Kit
☐	☐	Obstetrics Manikin with Infant

Yes	No	**MEDICATIONS** (simulated/packages)
☐	☐	Aspirin
☐	☐	Auto Injector Antidote Kits
☐	☐	Metered Dose Inhalers
☐	☐	Nitroglycerin
☐	☐	Oral Glucose

Yes	No	PATIENT TRANSPORT
☐	☐	Infant Car Seat
☐	☐	Wheeled Ambulance Cot/Stretcher
☐	☐	Scoop Stretcher
☐	☐	Folding Litter/Stretcher
☐	☐	Stair Chair (intended for ambulance use)

Yes	No	INFECTION CONTROL
☐	☐	Disposable Gloves (multiple sizes)
☐	☐	Masks – Surgical & HEPA
☐	☐	Eye Protection/Face Shields

Emergency Medical Services
Approved Training Agency Inspection Form – Equipment

Yes	No	ADDITIONAL SKILLS MODULES
☐	☐	IV Manikins
☐	☐	IV Fluid Bags (D5W, LR, 0.9% NaCl)
☐	☐	IV Administration Sets (micro & macro)
☐	☐	IV Catheters (assorted sizes)
☐	☐	Alcohol Wipes or an appropriate substitute
☐	☐	IV Securing Device (not required)
☐	☐	Nebulizers
☐	☐	Albuterol (simulated/packages)
☐	☐	Epinephrine Auto Injector Simulators
☐	☐	Impedance Threshold Devices
☐	☐	Glucometers & Supplies (lancets, strips, alcohol wipes, gauze)
☐	☐	Sharps Disposal Container
☐	☐	Supraglottic Airways (King®) Kits
☐	☐	Dual Lumen Airways (Combi-Tube®) Kits
☐	☐	Advanced Airway Securing Device

Yes	No	*NOT REQUIRED SUGGESTED*
☐	☐	Cardiac Monitor with 12-Lead Capabilities
☐	☐	End Tidal Carbon Dioxide Monitor
☐	☐	Carbon Monoxide Monitor
☐	☐	Manually Triggered Oxygen Powered Ventilation Device
☐	☐	Automated Cardiopulmonary Resuscitation Device
☐	☐	Urinary Catheters
☐	☐	Naso/Oro-gastric Tubes

N/A ☐ ***<u>ADVANCED TRAINING AGENCIES</u>***

Yes	No	DIAGNOSTIC EQUIPMENT
☐	☐	Cardiac Monitor with 12-Lead capabilities
☐	☐	Cardiac Pacemaker
☐	☐	Manual Cardiac Defibrillator
☐	☐	Cardiac Rhythm Simulator
☐	☐	End Tidal Carbon Dioxide Monitor (with waveform)

Yes	No	**MEDICATIONS** (simulated/packages)
☐	☐	At a minimum, the medications on the current Nebraska EMS Model Protocols formulary for the levels instructed. **

Yes	No	IV/IO & MEDICATIONS
☐	☐	Intraosseous Needles/Devices
☐	☐	Three-way Stopcocks
☐	☐	Syringes (assorted sizes)
☐	☐	IV Administration Extension Set
☐	☐	Needles (assorted sizes, including filter)

Yes	No	ADVANCED AIRWAY MANAGEMENT
☐	☐	Laryngoscope Handles
☐	☐	Laryngoscope Blades Curved 1-4
☐	☐	Laryngoscope Blades Straight 0-4
☐	☐	Endotracheal Tubes sizes 2.0-8.0 (i.d.)
☐	☐	Colormetric Carbon Dioxide Devices
☐	☐	Magill Forceps (adult and pediatric)
☐	☐	Intubation Stylets (assorted sizes)
☐	☐	Needle/Surgical Cricothyrotomy Kits
☐	☐	Naso-Oro-gastric Tubes

Yes	No	SPECIALTY MANIKINS/TRAINERS
☐	☐	Cricothyrotomy Capable
☐	☐	Needle Thoracostomy Capable
☐	☐	Endotracheal Tube Capable
☐	☐	Intraosseous Capable
☐	☐	Naso/Oro-gastric

Yes	No	NOT REQUIRED BUT SUGGESTED
☐	☐	IV/IO Infusion Pumps
☐	☐	Chest Tube Drainage Devices
☐	☐	Gum Elastic Bougie
☐	☐	Oto/Opthalmo-scopes
☐	☐	Esophageal Temperature Probes
☐	☐	Transport Ventilators
☐	☐	Arterial Access Lines
☐	☐	Bi-Level Positive Airway Pressure Device
☐	☐	Blood Administration Supplies

**At the Paramedic level, at least one (1) medication from each therapeutic class.

Revised 4/6/17

Nebraska EMS Model Protocols
2017 Drug Formulary List

Class	*Medication*	*EMR*	*EMT*	*AEMT*	*Paramedic*
Analgesic	Fentanyl				X
	Hydromorphone				X
	Morphine			X	X
	Nalbuphine				X
	Stadol				X
	Ketorolac				X
Anti-Arrhythmic	Adenosine				X
	Amiodarone				X
	Atropine				X
	Diltiazem				X
	Lidocaine				X
	Procainamide				X
	Sotalol				X
	Verapamil				X
	Metoprolol				X
Antidote	Naloxone	X*	X*	X	X
	Pralidoxime				X
	Atropine/Pralidoxime	X*	X*	X	X
	Hydroxocobalamin				X
Anti-Emetic	Dolasetron				X
	Ondansetron				X
	Prochloroperazine				X
	Promethzine				X
Antihistamine	Diphenhydramine				X
Antipsychotic	Haloperidol				X
Benzodiazepine	Diazepam				X
	Lorazepam				X
	Midazolam				X
Bronchodilator	Albuterol		X*	X	X
	Albuterol/Ipratropium				X
	Ipratropium				X
	Epinephrine (neb)				X
	Metaproterenol				X
	Terbutaline				X
	Aminophylline				X
Diuretic	Furosemide				X
Electrolyte	Calcium Chloride				X
	Calcium Gluconate				X
	Magnesium Sulfate				X
	Sodium Bicarbonate				X

X* Additional conditions exist for this level to use this agent.

Nebraska EMS Model Protocols
2017 Drug Formulary List

Class	*Medication*	*EMR*	*EMT*	*AEMT*	*Paramedic*
Glucose Agent	Dextrose IV Preparations			X	X
	Glucagon			X	X
NSAID	Acetylsalicylic Acid	X*	X	X	X
Oxygen	Oxygen	X	X	X	X
Paralytic – Depolarizing	Succinylcholine				X
Paralytic – Non-Depolarizing	Pancuronium				X
	Rocuronium				X
	Vecuronium				X
Sedative	Etomidate				X
	Ketamine				X
	Methohexital				X
	Propofol				X
Steroid	Methylpredisolone				X
Sympathomimetic	Epinephrine IM/SQ			X	X
	Epinephrine IV				X
Vasodilator	Nitroglycerin		X*	X	X
Vasopressor	Dobutamine				X
	Dopamine				X
	Norepinephrine				X
Vitamin	Thiamine				X
Platelet Inhibitor	Plavix				X

X* Additional conditions exist for this level to use this agent.

WellID:	252026	LongDMS:	-101450420
RegCD:	G-184704	CompletionDate:	3/21/2018
RegDate:	4/9/2018	TotalDepth:	340
Use:	D	SWL:	67
Status:	A	PWL:	74
SubSec:	NE1/4SW1/4	Employer:	Charles Sargent Irrigation Inc (Drilling) - Broken Bow
Section:	33	Inspector:	Britt
TwnID:	7		
RngID:	39	Date Inspected:	4/10/2019
RngDir:	W	Violation:	Minor
CntyName:	Chase	Enforcement:	Letter Sent
LicContID:	16593907		
Cont First:	Loren C.	Action Taken:	
Cont Last:	Taylor	Comments:	Hydrant 2 feet away from well head
PumpInsID:	16593907		
PI First:	Loren C.	Nitrate Results:	
PI Last:	Taylor		
LatDMS:	40313740	Bacteria Results:	