

**Memorandum**

SEP 29 1993

Date

From

Bryan B. Mitchell *Bryan Mitchell*
Principal Deputy Inspector General

Subject

Review of Health and Safety Standards at Child Care
Facilities in Nevada (A-09-92-00103)

To

Laurence J. Love
Acting Assistant Secretary for
Children and Families

In our continuing efforts to keep your staff informed on the results of our reviews of health and safety standards at child care facilities, we have attached a copy of the final report on the State of Nevada.

The Office of Inspector General performed this review as part of a broader effort to assess risk to our Nation's children in child care facilities. Recognizing that the adequacy of facilities is a critical element for satisfactory delivery of services to children, we have initiated a series of reviews to assess whether providers of child care services are in compliance with appropriate Federal, State or local authorities; and health and safety standards. Additionally, we assessed the State monitoring and oversight.

The review disclosed that additional attention is needed in the State of Nevada to improve the health and safety conditions as well as the recordkeeping at the facilities. The facilities visited receive Federal funding from the Social Services Block Grant for Day Care, Head Start, and the Foster Care programs.

Accompanied by State, county or city inspectors, we performed on-site inspections of 36 federally-funded child care providers (25 child day care facilities; 1 group Foster Care home; 5 family Foster Care homes; and 5 Head Start centers). These facilities had a licensed capacity to care for 2,392 children. We reviewed a total of 3,752 health and safety requirements at the 36 facilities and identified 339 deficiencies involving 34 of the 36 providers. This represented an average error rate of about 9 percent. While 34 of the 36 providers had at least 1 deficiency, over half of the deficiencies were found at 10 of the facilities (more than 17 deficiencies per facility). The 10 facilities included, by facility types, 7 day care providers, 2 foster homes, and 1 Head Start center.

The 339 deficiencies that we identified included unsanitary conditions, fire code violations, playground hazards, toxic chemical accessibility, other hazards such as uncovered electrical outlets, and miscellaneous deficiencies such as list of communicable diseases not posted and first-aid charts not available. Day care facilities had a higher percentage of deficiencies than Foster Care or Head Start facilities.

The types of deficiencies noted at the State of Nevada parallel those previously reported for the States of Delaware, Virginia, Pennsylvania (A-03-91-00550); North Carolina (A-12-92-00044); Wisconsin (A-05-92-00103); and Native American Head Start facilities participating in the Native American program (A-09-91-00134).

The results of our reviews reinforce the findings recently reported in the General Accounting Office (GAO) in its report entitled, "CHILD CARE: States Face Difficulties Enforcing Standards and Promoting Quality." The GAO reported that many States face difficulties in providing adequate health and safety safeguards. In particular, staffing and budget cuts in several States have reduced on-site monitoring, a key oversight activity that is necessary for the enforcement of standards.

We believe the results of our efforts will provide you with additional insight to the level of compliance by the State with existing child care standards. Additionally, this report may be helpful to you in providing internal oversight of grants to States and community nonprofit organizations to provide child care services from the various Administration for Children and Families programs.

We are recommending that the State of Nevada provide more definitive and specific guidelines to county and city jurisdictions performing inspections; consider implementing alternative sanctions; encourage the use of standardized forms to assist providers in obtaining and recording the required caregivers' and children's information; and require child care providers to provide close and continuous supervision of all new caregivers that have contact with children until the results of the background investigations are obtained.

If you have any questions, please call me or have your staff contact John A. Ferris, Assistant Inspector General for Administration of Children, Family, and Aging Audits, at (202) 619-1175.

Attachment

Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

AUDIT OF
HEALTH AND SAFETY STANDARDS
AT CHILD CARE FACILITIES
IN NEVADA



AUGUST 1993 CIN: A-09-92-00103



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Region IX
Office of Audit Services
50 United Nations Plaza
San Francisco, CA 94102

AUG 13 1998

CIN: A-09-92-00103

Mr. John Sarb, Administrator
Division of Child and Family Services
Department of Human Resources
711 E. Fifth Street
Carson City, Nevada 89710

Dear Mr. Sarb:

Enclosed for your information and use are two copies of the Department of Health and Human Services, Office of Inspector General, Office of Audit Services report entitled, "Audit of Health and Safety Standards at Child Care Facilities in Nevada." Your attention is invited to the audit findings and recommendations contained in this report. The Department of Health and Human Services (HHS) official named below will contact you in the near future to resolve the issues in the audit report.

Regional Administrator
Administration for Children and Families, Region IX
50 United Nations Plaza
San Francisco, CA 94102

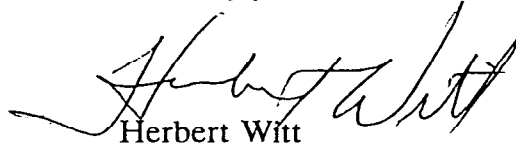
Final determination as to the actions to be taken on all matters reported will be made by this HHS official. Any additional comments or information that you believe may have a bearing on the resolution of this audit should be provided when contacted by the HHS official named.

In accordance with the principles of the Freedom of Information Act (Public Law 90-23), Office of Inspector General, Office of Audit Services reports issued to the Department's grantees and contractors are made available, if requested, to members of the press and general public to the extent information contained therein is not subject to exemptions in the Act, which the Department chooses to exercise. (See 45 CFR Part 5.)

Page 2 - Mr. John Sarb

To facilitate identification, please refer to the referenced common identification number (CIN) in all correspondence relating to this report.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Herbert Witt", written in a cursive style.

Herbert Witt
Regional Inspector General
for Audit Services

Enclosures

SUMMARY

Although the Federal Government has established specific program performance standards for Head Start and promotes standards for other child care-related programs, the responsibility for assuring quality of care rests mainly with State and local governments. States attempt to ensure the quality of care by regulating providers, establishing standards that regulated providers must meet, and monitoring for compliance.

The objective of our audit was to evaluate procedures followed by the Nevada Department of Human Resources for ensuring that child care providers were in compliance with applicable health and safety laws and regulations.

Our review of 36 federally-funded child care providers in the State of Nevada disclosed that the providers were in sufficient compliance with health and safety standards to be licensed as child care facilities. The providers included 25 child day care facilities, 1 group foster home, 5 family foster homes, and 5 Head Start centers. However, although providers were in general compliance, we identified several areas in which the State could strengthen certain controls and procedures to help ensure the health and safety of children utilizing Nevada's child care facilities.

Accompanied by State, county, or city inspectors, we performed on-site inspections of 36 child care facilities with the capacity to care for 2,392 children. Using checklists for the various types of facilities, we checked for a total of 3,752 health and safety requirements at the 36 facilities and identified 339 deficiencies involving 34 of the 36 providers. This represented an error rate of about 9 percent of the total of 3,752 conditions that we checked for. While 34 of the 36 providers had at least one deficiency, over half of the deficiencies were found at 10 of the facilities, including, by facility types, 7 day care providers, 2 foster homes, and 1 Head Start center.

The 339 deficiencies that we identified included unsanitary conditions, fire code violations, playground hazards, toxic chemical accessibility, other hazards, such as uncovered electrical outlets, and miscellaneous deficiencies, such as lists of communicable diseases not posted and first-aid charts not available. Day care facilities had a higher percentage of deficiencies than foster care or Head Start facilities.

In our review, we noted a need for more uniformity and consistency in interpreting the State's health and safety requirements and making inspections. Since much of the State's inspection responsibilities has been delegated to county and city jurisdictions, there was a need for the State to provide more specific and definitive guidelines to the jurisdictions to ensure uniformity and consistency.

In addition, we found that some providers had recurring deficiencies. In some instances providers had the same deficiencies from one inspection to the next. Other providers, after correcting specifically identified deficiencies, allowed these deficiencies to subsequently recur.

Further, we found that providers had incomplete and missing caregivers' and children's records. Examples of these were incomplete or missing tuberculosis tests and background checks for caregivers, and the lack of needed information on immunizations, health history, medical authorizations and emergency telephone numbers for children. The conditions were most prevalent with the same 10 facilities referred to above, by facility types, which had the highest incidence of noncompliance with health and safety requirements.

And finally, we found a need for the State to strengthen procedures over the supervision of new employees at the child care facilities until necessary background checks have been completed.

We are recommending that the State (i) provide more definitive guidelines to the various county and city jurisdictions in order to achieve uniformity and consistency of inspections, (ii) consider the implementation of stronger sanctions for problem providers, (iii) encourage the use of standardized forms for maintaining information on caregivers and children, and ensure that the records are retained on file, and (iv) require child care providers to provide close and continuous supervision of all new caregivers that have contact with children until the results of the background investigations are obtained.

In response to the draft report, State officials agreed with the intent of the first recommendation to provide guidance to county and city jurisdictions, but disagreed with providing definitive guidelines to local jurisdictions for conducting inspections. The State concurred with the second and third recommendations to consider the implementation of alternative sanctions and encourage the use of standardized forms, and disagreed with our last recommendation concerning the supervision of new caregivers.

After reviewing the State's comments, we concluded that the recommendations were appropriate. We have summarized the State's comments and our response to those comments at the end of the FINDINGS AND RECOMMENDATIONS section of the report. The full text of the State's comments is included in the APPENDIX to this report.

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INTRODUCTION

As part of a nationwide audit, we reviewed the health and safety standards at Federally-funded day care, foster care, and Head Start providers in the State of Nevada. In addition to Nevada, the nationwide review is being conducted in three other States during Fiscal Year 1993.

The objective of our audit was to evaluate procedures followed by the Nevada Department of Human Resources for ensuring that child care providers were in compliance with applicable health and safety laws and regulations.

BACKGROUND

The Administration for Children and Families (ACF) provides funding to States to promote stability, economic security, responsibility, and self-support for the Nation's families. Family support payments to States include, among other programs, payments for child day care, foster care, and Head Start programs.

Nevada receives funds from ACF to help support the delivery of child care services in the State. The State regulates child care providers by establishing health and safety standards and monitoring for compliance with these standards.

Prior to implementation of State laws and regulations governing Nevada's child care facilities, some local jurisdictions were performing the licensing-related responsibilities. When these laws and regulations were enacted, State officials decided to accommodate the existing licensing structure. This was done by allowing the counties and cities to retain the authority to inspect and license day care and Head Start facilities located in their jurisdictions if they chose to do so. However, the State requires that the regulations developed at the local level must not be less restrictive than State regulations, and are subject to review and approval by the policy board established by the State.

Currently, inspection and licensing of child care services in Nevada are divided among five governmental units. The inspection and licensing of child day care and Head Start facilities are performed by the State, two counties (Washoe and Clark), and two cities (Las Vegas and Carson City) based on geographical areas. Licensed day care and Head Start facilities are inspected at least twice a year. The inspection and licensing of foster care homes are performed only by the State. The State inspects foster care facilities annually.

The three child care programs reviewed are discussed below.

Day Care

Day care facilities included in this review were those funded by ACF through Social Services Block Grants under Title XX of the Social Security Act. The funds are provided for center-based child care and family child care. According to the Code of Federal Regulations (CFR) Title 45, Chapter II, Part 255.5, the State must establish procedures to ensure that center-based child care will be subject to State and local requirements designed to ensure basic health and safety (including fire safety) protections. The State must also develop guidelines for family day care if it has not already done so.

Foster Care

The Foster Care Program is funded through the Social Security Act, as amended by the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). Title 45 of the CFR, Parts 1355, 1356, and 1357 set forth the general requirements for Federal financial participation under Titles IV-B and IV-E of the Social Security Act, as amended. Part 1356.20 of the CFR states that, in order to be eligible for Federal financial participation, the State must have a State plan approved by the Secretary that meets the requirements of section 471(a) of the Social Security Act.

Section 471(a) of the Social Security Act requires that the approved State plan provide that a State authority be responsible for establishing and maintaining standards for foster family homes and child care institutions receiving funds under Titles IV-B and IV-E. These standards are to be in general agreement with recommended standards of national organizations concerned with standards for such institutions or homes, including standards related to safety and sanitation.

Head Start

The Head Start Program was established by Title V of the Economic Opportunity Act of 1964. Title 45 of the CFR outlines the program function, activity, and facility requirements that are necessary to meet the objectives and goals of the Head Start program. These program function, activity, and facility requirements are referred to as performance standards.

Our review concentrated on the performance standards contained in 45 CFR, Subpart B, section 1304.2-3 titled, "Education services plan content: Facilities." This section requires that space, light, ventilation, heat, and other physical arrangements must be consistent with the health, safety, and developmental needs of the children.

The 45 CFR also provides that, "Evidence that the center meets or exceeds State or local licensing requirements for similar kinds of facilities for fire, health and safety shall be

accepted as prima facie compliance with the fire, health and safety requirements of this section."

SCOPE

Our audit was performed in accordance with generally accepted government auditing standards. The objective of the audit was to evaluate procedures followed by the Nevada Department of Human Resources for ensuring that child care providers were in compliance with appropriate Federal, State, and local authorities' health and safety laws and regulations. We focused on facilities receiving Federal funds under the Child Day Care Program (Title XX), the Foster Care Program (Titles IV-B and IV-E), and the Head Start Program (Title V).

We obtained information from the State identifying the child day care, foster care, and Head Start facilities that received Federal funds under Titles XX, IV-B and IV-E, and V, respectively, for the month of December 1991. We did not audit the accuracy and completeness of the information provided by the State. However, we did obtain a management representation letter, signed by the responsible State official, providing assurance as to the accuracy and completeness of the listings.

Using the information provided, we selected 36 facilities for review. This included 25 child day care facilities, 1 group foster home, 5 family foster homes, and 5 Head Start facilities. Two other child day care facilities that received Federal funds in December 1991 had gone out of business and were excluded from the review.

The 25 day care facilities and the group foster home represented all facilities of these types in the State meeting the criteria in the above paragraph. The five family foster care homes and five Head Start facilities were selected nonstatistically. Factors used in these nonstatistical selections included the facility's size, location, and number of previously reported deficiencies. Due to the judgmental selection of these facilities, the results cannot and should not be used to make any statistical inference about the conditions of family foster care and Head Start facilities statewide.

Our audit included a review of inspection and licensing procedures at the various licensing authorities and a review of inspection report files for the 36 facilities selected. We examined the latest three licensing inspection reports for each facility. In addition, we reviewed the latest health and fire inspection reports for the facilities when available.

The five licensing authorities visited were as follows:

- ▶ State licensing offices in Carson City, Reno, and Las Vegas, Nevada.
- ▶ Washoe County licensing office in Reno, Nevada.
- ▶ Clark County licensing office in Las Vegas, Nevada.
- ▶ Carson City licensing office in Carson City, Nevada.
- ▶ City of Las Vegas licensing office in Las Vegas, Nevada.

We also visited the offices of the State Fire Marshall and the State Health Department in Carson City, Nevada to discuss and obtain State requirements for fire and health standards, respectively.

We made site visits to the 36 facilities. Three of the day care facilities selected were registered, rather than licensed, because they were for four or fewer children. The registered day care homes, all located in Washoe County, have fewer requirements than the licensed day care facilities.

An inspector from the appropriate licensing authority accompanied us to each facility. The 36 child care facilities visited had the capacity to care for 2,392 children, and all were located in the Reno, Carson City, and Las Vegas areas.

In order to evaluate the facilities, we developed a checklist for each of the three types of facilities. The checklists were developed using the State laws and regulations for day care, foster care, and Head Start and additional Federal criteria in 45 CFR 1304 for Head Start facilities. The specific criteria used to develop our checklists are cited below:

- ▶ Day Care - Nevada Revised Statute 432A
Nevada Administrative Code 432A
Appendage B (Fire Code Regulations)
Appendage C (Health Regulations)
- ▶ Foster Care - Nevada Revised Statute 424
Nevada Administrative Code 424
- ▶ Head Start - Nevada Revised Statute 432A
Nevada Administrative Code 432A
Appendage B (Fire Code Regulations)
Appendage C (Health Regulations)
45 CFR Part 1304

Audit field work was performed from July 1992 through February 1993.

FINDINGS AND RECOMMENDATIONS

Our review of 36 federally-funded child care providers in the State of Nevada disclosed that the providers were in sufficient compliance with health and safety standards to be licensed as child care facilities. However, we identified a need for improvement in several areas regarding the State and local procedures for inspection and licensing of day care, foster care, and Head Start facilities.

We found significant differences in the scope and range of inspections for compliance with various health standards. Also, some providers had recurring deficiencies from one inspection to the next. Further, day care providers often had incomplete or missing records for caregivers and children. And finally, we found that additional supervision was needed for new employees awaiting completion of background investigations.

Although there is a need for improvement, as indicated above, Nevada's procedures were determined to be generally effective regarding the health and safety of children in child care facilities. Nevada required child care providers to be licensed and enacted adequate child care laws and regulations. State and local governments inspected and licensed, in a timely manner, all the child care providers we visited. In accordance with State regulations, the licensed day care and Head Start facilities included in our review had been inspected at least twice a year, and the foster care facilities had been inspected annually. The governmental jurisdictions also had procedures for the follow-up of deficiencies noted during inspections.

COMPLIANCE WITH HEALTH AND SAFETY STANDARDS

During our site visits to child care providers, we checked for a total of 3,752¹ health and safety requirements at the 36 facilities. In the visits, in which we were assisted by State, county, or local inspectors, we identified 339 deficiencies out of the 3,752 standards reviewed (about 9 percent). While 34 of the 36 providers visited had at least one deficiency, over half of the deficiencies were found at 10 facilities, including, by facility types, 7 day care providers, 2 foster homes, and 1 Head Start center.

The 339 deficiencies that we identified included unsanitary conditions, fire code violations, playground hazards, toxic chemical accessibility, other hazards, such as uncovered electrical outlets, and miscellaneous deficiencies, such as lists of communicable

¹The 3,752 health and safety requirements represent the sum of all the items on the checklists used in our on-site inspections for all 36 facilities using criteria established by the State for the different types of facilities included in our audit. It does not represent 3,752 different requirements.

diseases not posted and first-aid instructional charts not available. Day care facilities had a higher percentage of deficiencies than foster care or Head Start facilities, as shown by the following table.

<u>Type of Deficiency</u>	<u>No. of Deficiencies By Type of Facility</u>			
	<u>Day Care</u>	<u>Foster Care</u>	<u>Head Start</u>	<u>Totals</u>
Unsanitary conditions	106	6	17	129
Fire code violations	25	5	1	31
Playground hazards	18	2	3	23
Toxic chemical accessibility	12	1	0	13
Other hazards	73	6	9	88
Miscellaneous deficiencies	<u>47</u>	<u>2</u>	<u>6</u>	<u>55</u>
Total deficiencies	<u>281</u>	<u>22</u>	<u>36</u>	<u>339</u>
Total health & safety conditions checked	2,776	426	550	3,752
Error rates	10%	5%	6%	

Each category of deficiency is summarized below. Clearly, some deficiencies are more important than others in their impact on the health and safety of children.

Unsanitary Conditions - We observed 129 instances of unsanitary conditions at the facilities visited. These included kitchen, bathroom, and play area garbage cans without lids, bedding not laundered between use by different children, soap or paper towels missing from restrooms, mats and cribs not placed at least 2 feet apart, toys not clean, and diapering areas not disinfected after each diaper change.

Fire Code Violations - We identified 31 fire code violations at the facilities visited. Violations included locked or obstructed fire exits, fire extinguishers in need of servicing, flammable materials present, illuminated exit signs not working, and monthly fire drills not performed.

Playground Hazards - We observed 23 playground hazards, including fences in need of repair, unanchored playground equipment, boards with protruding nails, broken glass, cigarette butts, and other hazardous debris.

Toxic Chemical Accessibility - We noted 13 examples of toxic chemicals in unlocked storage lockers, under sinks, or in other areas within the reach of children. Toxic chemicals included bleach, paint, ammonia, detergents, floor wax, and medications.

Other Hazards - We observed 88 other hazards, which included uncovered electrical outlets, water from restroom faucets too hot for children, facilities in poor repair, written records not kept of medications administered, safety latches missing from kitchen cabinets, inadequate number of caregivers present to supervise children, and first-aid kits not adequately stocked.

Miscellaneous Deficiencies - We noted 55 instances of other types of deficiencies. These included the absence of written infant care instructions signed by parents, failure to post lists of communicable diseases, lack of first-aid instructional charts, the absence of sign-in/out sheets, and the absence of copies of regulations available for reference purposes.

CAREGIVERS' AND CHILDREN'S RECORDS

During our site visits, we also reviewed records maintained at the facilities relating to caregivers or adult residents and children in care. In facilities with five or more caregivers/adult residents and five or more children, we selected five individuals each to evaluate the availability and completeness of the records. In facilities with less than five of the above individuals, we reviewed for availability and completeness all of the required records. We found that the required records were often incomplete or missing, as shown in the following table and detailed below.

<u>Type of Deficiency</u>	<u>No. of Deficiencies By Type of Facility</u>			<u>Totals</u>
	<u>Day Care</u>	<u>Foster Care</u>	<u>Head Start</u>	
Caregivers/ Adult residents:				
Incomplete or missing records	33	1	4	38
Children:				
Incomplete or missing records	<u>54</u>	<u>0</u>	<u>1</u>	<u>55</u>
Total deficiencies	<u>87</u>	<u>1</u>	<u>5</u>	<u>93</u>
Total records reviewed	226	40	44	310
Error rates	38%	2%	11%	

These recordkeeping conditions were most prevalent with the same 10 facilities which had the highest incidence of noncompliance with health and safety standards, by facility types, as discussed in the previous section.

Caregivers/Adult Residents' Records - We found that for 38 out of 144 individuals (about 26 percent), the records were incomplete or missing. Incomplete or missing information included documents supporting training, tuberculosis tests, and background checks.

Children's Records - We noted that for 55 out of 166 children (about 33 percent), the records were incomplete or missing. Incomplete or missing information included documents supporting immunizations, health conditions, medical authorizations, and emergency telephone numbers.

SUGGESTED AREAS FOR IMPROVEMENT

Although State inspection and licensing procedures were generally adequate, we found that (i) inspections were not uniform and consistent, (ii) providers had recurring deficiencies, (iii) records for caregivers and children were incomplete or missing, and (iv) additional supervision was needed for new employees awaiting completion of background investigations.

Uniformity and Consistency of Inspections

We noted important differences in the scope and range of inspections for compliance with the various health standards. For instance, some licensing inspectors routinely checked for compliance with health standards, and others did not. As a result, health standards at child care facilities were not always uniformly enforced and some unsanitary conditions may not have been addressed.

For example, we noted that some licensing inspectors often were inconsistent when inspecting a facility's procedures for cleaning and stacking sleeping cots, mats and blankets. State health standards require cleaning of these items between use by different children. However, some inspectors did not check on whether providers were complying with this requirement, which could contribute to sanitation problems.

Some licensing inspectors did not inspect facilities for compliance with health standards as set forth in Appendage C of the State child care regulations. We noted that inspectors did not always enforce the requirement for having lids on garbage receptacles in kitchens, bathrooms, and playground areas. They stated to us that it was not within their area of responsibility. Other inspectors did not concern themselves with ensuring that sleeping mats and cribs for children were at least 2 feet apart as required by the health standards.

Inspectors of some local jurisdictions stated that the health standards were only enforceable by health department inspectors. They believed that they had little or no authority to enforce the health standards because the approved inspection checklists that they used did not address most health or sanitation issues. Also, the chief of the State's child care licensing bureau stated that Appendage C of the State child care regulations is not an integral part of the regulations, but a general guide to help facilities follow health standards.

However, we observed that, contrary to the procedures followed by some local licensing inspectors, State licensing inspectors did inspect for compliance with certain health standards which did not require much additional time or expertise to evaluate. For example, State licensing inspectors evaluated whether cribs or mats were at least 2 feet apart, garbage or trash receptacles were covered, and diapering tables were smooth and nonabsorbent. Any significant health deficiencies were referred to the health department inspectors for additional action.

The situation was also different in Washoe County. We noted that the licensing inspectors in that jurisdiction inspected for certain health standards as part of their regular licensing inspections at day care centers, and performed the health inspection function for the health department at home day care facilities.

Because licensing inspectors are generally on site much more often than health inspectors, they should not disregard health or sanitation issues. The State needs to provide more definitive and specific guidelines to county and city jurisdictions performing licensing inspections to help ensure better uniformity and consistency of inspections. This should include adding some of the more routine health standards to the child care regulations. Any situations requiring additional expertise can be referred to the health department inspectors.

Recurring Deficiencies at Providers

Although inspection records showed that most child care providers corrected reported problems, some providers had recurring deficiencies from one inspection to the next. In our review, we noted that some providers continued to have the same deficiencies reported as were found in previous inspections. For instance, one day care center that we visited continued to have a playground area that was not properly fenced. A Head Start facility had bits of glass around the playground area. State regulations require an outdoor play area to be fenced or enclosed in such a way to prevent the unsupervised departure of children and free of hazards, debris, and trash. Both situations had been previously reported.

Another day care center was written up many times for incomplete or missing employee and children's records, and another was reported by inspectors as having deficiencies with general cleanliness and failure to keep hazardous chemicals, such as bleach, out of the

reach of children. Although the licensing authorities' files indicate that these deficiencies were corrected following the inspection, we found the same conditions existed during our visit.

For the small number of providers that continue to have the same types of significant recurring deficiencies, the State should consider the implementation of alternative sanctions, such as monetary fines or penalties, by the licensing jurisdictions. This would provide an additional sanction that could be used, short of license revocation or suspension, to encourage child care providers to work toward eliminating significant deficiencies permanently. Two counties in the State already use monetary fines for child care providers with recurring deficiencies.

Incomplete and Missing Records

Day care providers often had incomplete or missing records for caregivers and children. According to State regulations, the facilities are required to maintain certain records for caregivers and children. Such records are important to ensure compliance with many health and safety standards, and to provide documentation that standards were met.

Employees' records must include documents supporting training, tuberculosis tests, and background checks. Children's records must include their addresses, emergency phone numbers, dates of birth, authorizations for emergency medical treatment, and information on their immunizations and health.

The providers visited had varying levels of compliance with recordkeeping requirements and used many different types of forms. In the case of immunization records, State regulations require child care providers to maintain at their facilities immunization records signed by physicians or registered nurses for all children in attendance. Some providers had copies of the records signed by appropriate medical personnel on file as required. Others had no records, while some only had the immunizations listed on registration cards filled out by the parents.

We believe that the State should encourage the use of standardized forms to assist providers in obtaining and recording the required caregiver and child information, and ensure that these records are retained on file. If standardized forms were developed, with accompanying instructions by the licensing authorities, the necessary information could be obtained by the providers and reviewed by the inspectors more expeditiously. Also, since the providers would know exactly what was needed, and in what format, the number of incomplete and missing records noted during inspections at child care facilities may decrease.

Background Investigations

Day care and Head Start providers can hire caregivers before the required background check or investigation of a new caregiver is completed. State regulations require a caregiver to apply for a background check within 3 days of employment at a child care facility. This investigation takes anywhere from 30 to 90 days to be completed. While the background check is being processed, the children cared for at a facility by a new caregiver are potentially at risk because that caregiver's past convictions are not known until the investigation is completed.

All day care, Head Start, and foster care licensees, their employees, and any adult residents of the facilities are required to undergo background checks. This includes (i) a review of the statewide child abuse and neglect registry, (ii) a review of records maintained by local law enforcement, and (iii) a fingerprint check performed by the Federal Bureau of Investigations (FBI). A person convicted of certain types of crimes, such as murder, assault, child abuse and drug abuse, is not allowed to work at a child care facility. Other offenses are evaluated on a case-by-case basis. Caregivers must undergo a background investigation every 6 years.

The chief of the State's child care licensing bureau stated that it would be impractical to prevent providers from employing caregivers prior to completion of the background check process. Day care providers are running a business and cannot operate legally without the proper ratio of caregivers to children. She added that caregivers are often paid minimum wages and that this job has a high turnover rate.

One licensing jurisdiction, Washoe County, restricts the activities of caregivers who are still waiting for the results of their background checks. Washoe County does not allow a caregiver to be left alone with children until the investigation is completed and a clearance document is obtained.

Because of the risk to children, we believe that the State should require child care providers to provide close and continuous supervision of all new caregivers that have contact with children until the results of the background investigations are obtained.

RECOMMENDATIONS

We recommend that the State licensing authority:

1. Provide more definitive and specific guidelines to county and city jurisdictions performing inspections to help ensure better uniformity and consistency of inspections. This should include adding some of the more routine health standards to the child care regulations.

2. Consider the implementation of alternative sanctions, such as fines or penalties, by the licensing jurisdictions against child care providers that have significant recurring deficiencies.
3. Encourage the use of standardized forms to assist providers in obtaining and recording the required caregivers' and children's information, and ensure that these records are retained on file.
4. Require child care providers to provide close and continuous supervision of all new caregivers that have contact with children until the results of the background investigations are obtained.

STATE COMMENTS

The State officials generally agreed with the intent of the first recommendation to help improve uniformity and consistency of inspections. They stated that the recommendation has merit and agreed to work with the other rule making bodies to see if greater consistency in practice can be established. However, the State officials disagreed with providing more definitive and specific guidelines to the local jurisdictions and adding some of the more routine health standards to the State child care regulations. They believed that it would be difficult to comply with the recommendation because of the autonomy of the other agencies. They further stated that the recommendation did not specify which health standards should be included in the child care regulations.

State officials generally concurred with the second and third recommendations to consider the implementation of alternative sanctions against providers with significant recurring deficiencies and encourage the use of standardized forms.

State officials disagreed with our last recommendation concerning the close and continuous supervision of new caregivers until the results of the background investigations are obtained. They stated that the recommendation is unenforceable because they would not be able to adequately monitor compliance with the requirement. Also, they stated that it would offer no greater guarantee of child safety. They further added that although FBI checks are time consuming, the local background information can be obtained in a matter of days.

OIG RESPONSE

Although the local jurisdictions have a certain degree of autonomy, the State has the ability to promulgate regulations for child care licensing agencies. We believe that better uniformity and consistency of inspections could be obtained if the State provided more definitive and specific guidelines to county and city jurisdictions. This should include

adding some of the more routine health standards to the child care regulations. We did not specify which health standards should be included in the child care regulations because these decisions should be made by the State after consultation with the local jurisdictions.

Although the State disagreed with the recommendation for requiring closer supervision of new caregivers pending background investigations, we believe that the recommendation is appropriate. The State indicated that it would not be able to adequately monitor compliance with the requirement. However, compliance could be monitored through the on-site unannounced inspections, which is a procedure for reviewing and obtaining compliance with other child care requirements. Because of the importance of child safety, we believe that a State requirement for increased supervision of new caregivers would increase the level of awareness of the issue and should contribute to an environment that fosters compliance.

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The State's comments are presented in their entirety in the APPENDIX to this report.

APPENDIX



DEPARTMENT OF HUMAN RESOURCES
DIVISION OF CHILD AND FAMILY SERVICES

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(702) 687-5982 Fax (702) 687-4722

July 8, 1993

Mr. Herbert Witt
Regional Inspector General for
Audit Services
HHS-OIG Office of Audit Services
2201 Sixth Avenue
Mail Stop RX-80
Seattle, WA 98121-2500

CIN: A-09-92-00103

Dear Mr. Witt:

Please accept this as Nevada's response to your draft copy of the "Audit of Health and Safety Standards at Child Care Facilities in Nevada."

Recommendation #1

Provide more definitive and specific guidelines to county and city jurisdictions performing inspections to help ensure better uniformity and consistency of inspections. This should include adding some of the more routine health standards to the child care regulations.

This recommendation has merit given the inconsistencies in practice noted in the audit. However, the solution may not be as simple as proposed in the audit. As noted there are multiple licensing agencies, multiple health authorities and multiple fire marshals. While it is true the State Child Care Board has the ability to promulgate regulation for child care licensing agencies, the health and fire authorities have their own operating statutes and their own ability to promulgate regulation. The Clark County instances cited in the report are the product of differences in regulation over which the State Child Care Board has no control.

Nevada will work with those other rulemaking bodies to see if greater consistency in practice can be established.

We do not concur with the recommendation as worded. The autonomy of the other agencies and the vagueness of the phrase "...some of the more routine health standards..." make it impossible to guarantee the State licensing authority can comply with the recommendation.

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Recommendation #2

Consider the implementation of alternative sanctions, such as fines or penalties, by the licensing jurisdictions against child care providers that have significant recurring deficiencies.

Nevada concurs with this recommendation. This will require new legislation and a bill draft request will be considered for the next (1995) Legislature.

Recommendation #3

Encourage the use of standardized forms to assist providers in obtaining the required caregivers' and children's information and ensure that these records are retained on file.

Nevada concurs with this recommendation, but also maintains we are doing that now to the extent practical.

The report was not very specific as to what forms in what locales might be standardized. One example detailed was immunization and medical records. In the past there was a standard form for that data and it was discontinued. The experience was that non-medical personnel transferring medical information from the original document to the standardized form produced a significant error rate.

Clearly, any time required information can be recorded on a form staff are used to reading, the inspection process becomes more efficient. We will continue to strive for that in our periodic reviews of forms.

Recommendation #4

Require child care providers to provide close and continuous supervision of all new caregivers that have contact with children until the results of the background investigations are obtained.

Nevada does not concur with this recommendation.

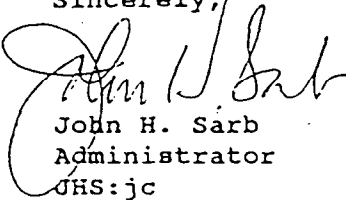
We certainly agree with the importance of doing background checks and understand the intent of the recommendation. However as a monitoring requirement the recommendation as worded is virtually unenforceable and to the extent it can be enforced, offers no greater guarantee of child safety.

The noted delay in receiving background information is from the FBI. All other background information checked can be obtained in a matter of days. In the case of foster care, we have gone to issuing provisional licenses if the local background check covers the prospective caregiver for at least a year prior to the application. We will consider some similar practice for applicants in other child care situations as well.

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I want to thank you and your staff for the effort they put into this audit. It was a pleasure to work with them, and their advice and perspective was helpful to us.

Sincerely,



John H. Sarb
Administrator
JHS:jc