

Audit Highlights



Highlights of Legislative Auditor report on the Oversight of Child Care Facilities issued on October 17, 2011. Report # LA12-06.

Background

The Bureau of Services for Child Care (Bureau) licenses, inspects, and investigates complaints of child care facilities in Nevada. During our audit scope, the Bureau was within the Division of Child and Family Services. With legislation in 2011, the Bureau was transferred to the Health Division on July 1, 2011.

The purpose of the Bureau is to ensure the health, safety, and well-being of children in child care facilities. It is responsible for all facilities in Nevada, with the exception of most facilities in Washoe County.

The Bureau is primarily funded by a federal grant. In fiscal year 2011, the Bureau received approximately \$1 million under this grant. The Bureau has offices in Carson City, Elko, and Las Vegas. In fiscal year 2011, the Bureau had 19 employees.

As of June 30, 2011, 558 facilities were licensed by the Bureau. The Bureau experienced a significant increase to its caseload recently. In May 2009, the city of Las Vegas relinquished its child care responsibilities to the State. This resulted in an increase of 197 facilities to the Bureau's caseload. In September 2010, Clark County relinquished its responsibilities, increasing the Bureau's caseload by 174 facilities.

Purpose of Audit

The purpose of this audit was to determine if the Bureau ensures child care facilities meet health and safety requirements. Our audit focused on the Bureau's activities from July 1, 2009 through March 31, 2011.

Audit Recommendations

This audit report contains 4 recommendations to improve the timeliness of inspections and ensure follow-up so that problems noted during inspections are corrected timely. In addition, there are 2 recommendations to improve the monitoring of employees at child care facilities to ensure they meet requirements in state laws and regulations.

The Division accepted the 6 recommendations.

Recommendation Status

The Division's 60-day plan for corrective action is due on January 18, 2012. In addition, the six-month report on the status of audit recommendations is due on July 18, 2012.

Oversight of Child Care Facilities

Department of Health and Human Services

Summary

The Bureau did not always perform timely inspections of child care facilities or take timely action to help ensure fire and health inspections were performed by state and local fire and health authorities. Although a majority of inspections were timely, it is important for the Bureau to ensure inspection requirements are always met. In addition, better monitoring of facility employees is needed to ensure compliance with key health and safety requirements. It is critical that requirements such as child abuse and neglect checks and tuberculosis tests for facility employees are always met because they protect the health and safety of children at child care facilities.

Key Findings

We tested inspections of child care facilities performed by the Bureau from July 1, 2009 through March 31, 2011. Our audit found 7 of 50 child care facilities had untimely inspections. The untimely inspections ranged from 2 to 8 months late, with an average of 3.5 months late.

Inspections are the primary method for the Bureau to verify child care facilities are in compliance with key health and safety requirements designed to keep children safe. NAC 432A.190 requires inspections to be made at least two times during the 12-month licensing period or once every 6 months. (page 4)

We also found the Bureau did not always follow up when facilities were not in compliance with health and safety requirements. For 2 of the 50 facilities tested, there was no evidence that corrective action was taken on issues noted during inspections. One facility had eight non-compliant issues. This included findings that the facility admitted children without current immunizations and did not have an emergency plan for responding to a fire or natural disaster. (page 5)

Most child care facilities we tested had timely fire and health inspections conducted by state and local fire and health authorities. However, 3 of 50 facilities did not have timely fire inspections. For two facilities, we found no evidence the Bureau contacted state or local fire authorities to request an inspection, including one that was 5 months overdue at the time of our testing. In the other instance, the request was not sent timely. In addition, 4 of 50 facilities did not have timely health inspections. One facility had not been inspected for 17 months. The other three facilities had not been inspected for at least 14 months at the time of our testing. In all three instances, the Bureau had not contacted state or local health authorities to request an inspection for these facilities. It is the Bureau's standard practice to request these inspections. (page 6)

The Bureau's inspection process did not always ensure employees at child care facilities had child abuse and neglect checks required by state law. We tested inspections for 50 facilities and found 3 inspections did not have evidence the Bureau performed a child abuse and neglect check for any of the 18 employees at these facilities. In addition, we found that checks were not performed timely for 19 of 20 employees selected. NRS 432A.170 requires the Bureau to perform the check within 3 days of the person being hired. On average, the check was performed 24 days after the person was hired. Most of the delay was because the facilities did not inform the Bureau timely when employees were hired. (page 8)

We found instances when problems at facilities were not detected during inspections. We tested inspections for 50 facilities and found some new employees did not have timely tuberculosis (TB) tests and some existing employees had expired TB tests. Specifically, for 10 of 29 facilities with new employees since the prior inspection, there were 22 new employees with untimely TB tests. For these new employees, the tests were performed on average 40 days after the employee was hired. In addition, 3 facilities had instances when existing employees or volunteers did not have a TB test or it was expired. (page 9)