

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2026
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NAME OF PROVIDER OR SUPPLIER KIDS CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 535 EAST LAKE MEAD SOUTH BOULEVARD, NORTH LAS VEGAS, NEVADA ,89030
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0001	<p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility. This State Licensure survey was conducted by the authority of NRS 432A.180, Inspection by Health Division, State Fire Marshal and State Health Officer.</p> <p>NAC432A.195: The Division may impose an administrative fine in the amount of \$100 for the failure to correct any violation of a provision of this chapter or chapter 432A of NRS within the time frame set forth in the notice of violation, whereas the notice of violation may be issued in the form of a statement of deficiencies or a report of an inspection of the facility. A fine may be imposed for each day a facility is in noncompliance with the notice of violation.</p> <p>Failure to submit Plan of Correction by due date may result in a \$100 a day fine until the Plan has been submitted and/or further progressive action.</p> <p>The following deficiencies were identified:</p> <p>Inspector Comments:</p> <p>This Statement of Deficiencies was generated as a result of the on-site State licensure inspection conducted at your facility on 03/23/2026. Please respond to each deficiency and attach documents as requested for the deficiency it pertains to. Sign and submit your Plan of Correction within 10 business days of receipt. Inspection consensus, the facility is licensed for 30 children as a center. The census at the time of survey was 11 children. 10 children's files and 3 staff files</p>	0001		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: SHANEASE BAUMAN Title: Director Date: 03/24/2026

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	were reviewed. PLEASE ANSWER 4 POC QUESTIONS			
NRS 230	<p>Certificate of immunization prerequisite to admission to child care facility; conditional admission; report to Health Division. Except as otherwise provided in NRS 432A.235 for accommodation facilities:</p> <p>1. Except as otherwise provided in subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this State, including a facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the facility a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 <NRS-439.html> for the following diseases:</p> <p>(a) Diphtheria; (b) Tetanus; (c) Pertussis if the child is under 6 years of age; (d) Poliomyelitis; (e) Rubella; (f) Rubeola; and (g) Such other diseases as the local board of health or the State Board of Health may determine.</p> <p>2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or his or her designee or a registered nurse or his or her designee, attesting that the certificate accurately reflects the child ' s record of immunization.</p> <p>3. A child whose parent or guardian has not established a permanent residence in the county in which a child care facility is located and whose history of immunization cannot be immediately confirmed by a physician in this State or a local health officer, may enter the child care facility conditionally if the parent or guardian:</p> <p>(a) Agrees to submit within 15 days a certificate from a physician or local health officer that the child has received or is</p>	NRS 230	<p>1. Parents were made aware of missing shots and provided with a vaccination schedule. Immunization exemptions were completed for the PCV for each child missing shot.</p> <p>2. On 3/23/26 and 3/24/26 exemption forms were completed and put in files.</p> <p>3. Will continue to do 6mo audits of shot records and update as needed.</p> <p>4. Shanease Bauman the director is responsible for addressing corrections.</p>	03/23/2026

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	<p>receiving the required immunizations; and (b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.</p> <p>4. If a certificate from the physician or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.</p> <p>5. Before December 31 of each year, each child care facility shall report to the Health Division of the Department, on a form furnished by the Division, the exact number of children who have: (a) Been admitted conditionally to the child care facility; and (b) Completed the immunizations required by this section.</p> <p>The below listed children did not have a current immunization record or approved exemption on file at the facility. Obtain and file a current immunization record for the children listed. Director is recommended to sign up for WebIZ training in order to have access to the most up-to-date immunization records on-line. Discard old immunization records upon obtaining most current.,</p> <p>Inspector Comments:</p> <p>NRS.230 Immunizations</p> <p>Basedon interview and record review, child(ren) as noted below failed to havecurrent immunization records on file at time of inspection. Please submit acopy of the current immunization record for child(ren) noted below:</p> <p>Four children did not have current immunization records onfile.</p> <p>Child 2-missing (1 Pneumococcal)</p> <p>Child 6-missing (2 Pneumococcal)</p> <p>Child 7-missing (1 Pneumococcal)</p>			

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	Child 8 -missing (1 Pneumococcal)			