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Child Care and Development Fund (CCDF) Plan

for

State/Territory Nevada

FFY 2022 – 24

Version: Amendment 1

Plan Status: Approved as of 2023-05-16 18:52:06 GMT

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements.

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **Division of Welfare and Supportive Services**

Street Address: **1470 College Parkway**

City: **Carson City**

State: **Nevada**

ZIP Code: **89706**

Web Address for Lead Agency: **dwss.nv.gov**

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Karissa**

Lead Agency Official Last Name: **Loper**

Title: **Agency Manager**

Phone Number: **(775) 684-0630**

Email Address: **kxloper@dwss.nv.gov**

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: **Karissa**

CCDF Administrator Last Name: **Loper**

Title of the CCDF Administrator: **Agency Manager**

Phone Number: **(775) 684-0630**

Email Address: **kxloper@dwss.nv.gov**

b. CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: **Cynthia**

CCDF Co-Administrator Last Name: **Magana**

Title of the CCDF Co-Administrator: **CCDP Chief**

Phone Number: **(775) 684 - 0791**

Email Address: **cxmagana@dwss.nv.gov**

Description of the Role of the Co-Administrator: **Assist in outreach, assessment of needs, and policy development/implementation.**

1.2 **CCDF Policy Decision Authority**

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 CCDF program rules and policies are set or established at:

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.

a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other. Describe:

ii. Sliding-fee scale is set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other. Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the payment rates and payment policies

the local entity(ies) can set.

C. Other. Describe:

iv. Licensing standards and processes are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other. Describe.

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

C. Other. Describe:

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set.

C. Other. Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 Implementation responsibility

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	[]	[]	[]	[x]	[x]
Who assists parents in locating child care (consumer education)?	[]	[]	[]	[x]	[x]
Who issues payments?	[]	[]	[]	[x]	[x]
Who monitors licensed providers?	[]	[]	[x]	[]	[]
Who monitors license-exempt providers?	[]	[]	[]	[x]	[x]
Who operates the quality improvement activities?	[x]	[]	[]	[]	[]

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

CCDF subawards Quality dollars to the Department of Education, Office of Early Learning and Development (OELD), which is responsible for meeting the 12% quality activity requirement in the State. The Department of Education administers the 12% Quality directly to staff under the OELD as well as through subawards and contracts.

1.2.3 Processes to oversee and monitor CCDF administration and implementation

Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
 - Tasks to be performed
 - Schedule for completing tasks
 - Budget which itemizes categorical expenditures in accordance with CCDF requirements
 - Monitoring and auditing procedures
 - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

The Lead Agency contracts by annual sub-awards with two community-based resource and referral agencies, one in the North and one in the South, that perform eligibility determinations, as well as consumer education and resource and referral. The Lead Agency tracks categorical expenditures in accordance with CCDF requirements. All contractors are required to

adhere to the program policies reflected in the Nevada Child Care Policy Manual and oversight is accomplished through a variety of auditing processes including Quality Control reviews conducted by Quality Control staff as well as annual monitoring by a team consisting of the Lead Agency's internal auditor, a contracted CPA, and fiscal and program staff. The two resource and referral agencies monitor the before and after school programs that are private as well as all Family, Friend, and Neighbor (FFN) providers. State Child Care Licensing is administered by the Division of Public and Behavioral Health (DPBH) under the Department of Health and Human Services (DHHS); they provide child care licensing for all counties aside from Washoe County. The Washoe County Human Services Agency conducts child care licensing in Washoe County. Washoe County are required to follow the same code as State Licensing; however, they may adopt standards that are not less restrictive than those adopted under State Licensing (NRS 432A.131). Both child care licensing entities license providers, and monitor background check compliance, health and safety requirements, and group size and ratio requirements. The Lead Agency contracts with both State child care licensing and Washoe County child care licensing through annual subawards and the Lead Agency conducts annual monitoring by a team consisting of the Lead Agency's internal auditor, a contracted CPA, and fiscal and program staff. State child care licensing monitors all licensed child care outside of Washoe County and they monitor city and county affiliated before and after school that receive CCDF statewide; Washoe County is responsible for monitoring all licensed providers in Washoe County. Quality activities are conducted by the Lead Agency, contracted Child Care Resource and Referral Agencies, and also by the Nevada Department of Education's (NDE) Office of Early Learning and Development (OELD) program. The Lead Agency contracts with NDE/OELD through an annual subaward to conduct quality improvements in early childhood statewide and is monitored by the Lead Agency's internal auditor, a contracted CPA, and fiscal and program staff.

1.2.4 Information systems availability to public agencies

Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

Information and statistical data regarding Nevada's child care systems can be found at the following public websites: dwss.nv.gov/childcare; (<http://www.nvsilverstatestars.org/>) <http://www.nvsilverstatestars.org/>; (<https://nevadachildcare.org/>) <https://nevadachildcare.org>. Should a public agency, including public agencies from other states, request information about Nevada's child care systems directly via email or phone, the representative would verify the purpose for the request, and provide the requester with information needed.

1.2.5 Confidential and personal identifiable information policies

Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The Lead Agency utilizes its application for assistance to provide parents with its policies related to the use and disclosure of confidential and personally-identifiable information. The application states as follows: By signing below, you authorize the release of information about your household members to the Child

Care and development Program including, wage information, information made confidential by law or otherwise, and patient information privileged under NRS 49.225 or any other provision of law or otherwise. You release the holder of such information from liability, if any, resulting from disclosure of the required information. Also, all staff who have access to any state system, including the Nevada Child Care System (NCCS), the CCDP eligibility engine and database, must sign the following security forms: DHHS Acceptable Use Agreement, DWSS Confidentiality Agreement, Confidentiality of Federal Info, and IRS Employee Awareness Training Cert. before they are given access. Also, all staff complete annual system security training for DWSS to ensure data systems are protected.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program as described in question 1.4.1.

1.3.1 Consultation efforts

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a. Consultation with general purpose local governments.

Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

CCDP staff and subrecipients have been working on the current State Plan through workgroups, a variety of committees and councils, and direct contact with stakeholders statewide for input and feedback on the plan. This includes county school district staff and other local government staff, and the information received from stakeholders was used in drafting the plan. The draft was then presented to the Nevada Early Childhood Advisory Committee, which includes staff from the Nevada Health District, and other local government staff, and the Statewide Early Childhood Advisory Committee for additional input. Stakeholders including parents, licensed, unlicensed, and license-exempt

providers, professionals with county government and state government tribal government staff, and a variety of for profit and non-profit organizations.

- b. Consultation with state advisory council or similar coordinating body.

Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The Lead Agency Chief is a member of the board of the Nevada Early Childhood Advisory Council and meets with the Council regularly. The Nevada Early Childhood Advisory Council has historically been an integral part of the development of the State Plan and will continue to be.

- c. Consultation with Indian tribes or tribal organizations within the State.

Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

The CCDF provided an invitation to the State Plan public hearing to allow a formal platform for consultation with Tribal governments, including Tribal leadership. Additionally, CCDF reached out to NV tribes to invite for a meeting to receive feedback on the plan.

- d. Consultation with other entities, agencies or organizations.

Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

NA

1.3.2 Statewide or territory-wide public hearing process

Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a. Date of the public hearing.

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

06/07/2021

- b. Date of notice of public hearing (date for the notice of public hearing identified in a..

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

05/13/2021

- c. How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The hearing notice was published on the following websites DWSS, ECAC, and

nevadachildcare.org. Here are the links in that order:
(<https://dwss.nv.gov/Home/Features/Public-Information/>)
<https://dwss.nv.gov/Home/Features/Public-Information/> and
(<http://nvecac.com/community-events-calendar>) <http://nvecac.com/community-events-calendar> and (<https://nevadachildcare.org/meetings-public-notice/>) Meetings & Public Notices - Nevada Child Care Resource & Referral. The public hearing Notice & Agenda was also mailed on May 13, 2021 to be posted in the following locations: Division of Public and Behavioral Health (Carson City), Division of Welfare and Supportive Services-PDC (Las Vegas), Division of Welfare and Supportive Services-CO (Carson City), Division of Welfare and Supportive Services-Elko (Elko), Division of Welfare and Supportive Services-Reno (Reno), Division of Welfare and Supportive Services-Flamingo (Las Vegas), Division of Welfare and Supportive Services-Belrose (Las Vegas) Carson City Library (Carson City), Churchill County Library (Fallon), Clark County District Library (Las Vegas), Douglas County Library (Minden), Elko County Library (Elko), Esmeralda County Library (Goldfield), Eureka Branch Library (Eureka), Henderson District Public Library (Henderson), Humboldt County Library (Winnemucca), Lander County Library (Battle Mountain), Lincoln County Library (Pioche), Lyon County Library (Yerington), Mineral County Library (Hawthorne), Pahrump Library District (Pahrump), Pershing County Library (Lovelock), Storey County (Virginia City), Tonopah Public Library (Tonopah), and Washoe County Library (Reno).

- d. Hearing site or method, including how geographic regions of the state or territory were addressed.

The hearing was made available both by video (Microsoft Teams), audio (with a call-in number), and with a physical location as well (one in Carson City and one in Las Vegas).

- e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)

The State Plan was made available on the same three websites that the hearing notice was published (DWSS website, ECAC website, and nevadachildcare.org website) at least 5 business days before the Public Hearing.

- f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

There was no public feedback during the Public Hearing on 06/07/2021.

1.3.3 Public availability of plan, amendments and waivers

Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found at <https://www.acf.hhs.gov/occ/resource/pi-2009-01>.)

- a. Website link for plan, amendments and waivers

Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

**Here are the links to where the State Plan (draft) can be found:
(<https://dwss.nv.gov/Home/Features/Public-Information/>)
<https://dwss.nv.gov/Home/Features/Public-Information/> and
(<http://nvecac.com/community-events-calendar>)**

<http://nvecac.com/community-events-calendar> and
[\(https://nevadachildcare.org/meetings-public-notice/\)](https://nevadachildcare.org/meetings-public-notice/) Meetings & Public
Notices - Nevada Child Care Resource & Referral.

b. Other strategies for plan, amendments and waivers availability

Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees. Describe:

The Chief of the Nevada Child Care and Development Program sits on the Statewide Early Childhood Advisory Committee for Nevada and each local ECAC provides information to stakeholders through the Statewide and local ECACs.

Working with child care resource and referral agencies. Describe:

The two CCR&R agencies are made aware of all programmatic change and are consulted when the State Plan is developed and implemented.

Providing translation in other languages. Describe:

Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:

The plan itself was not emailed; however, a link to the draft plan was emailed out to child care listservs and to the tribes, the ECAC, and CACFP for feedback, collaboration on planning, and coordination.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Any major program changes are done through the State's Public Hearing process, which included public notification of meetings.

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other. Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Accessibility and continuity of care

Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in

receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families.
- smoothing transitions for children between programs or as they age into school.
- enhancing and aligning the quality of services for infants and toddlers through school-age children.
- linking comprehensive services to children in child care or school-age settings.
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

a. Lead Agency coordination with required agencies

The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

- i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

CCDP coordinates with before and after school and distance learning programs which are operated or sponsored by local government to provide child care so that parents can work outside of regular school hours.

- ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The Chief of the Nevada Child Care and Development Program sits on the Statewide Early Childhood Advisory Committee for Nevada and each local ECAC provides information to stakeholders through the Statewide and local ECACS.

Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

- iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

The CCDP provided a draft of the State Plan to Nevada tribes for consultation and feedback in addition to an invitation to the State Plan public hearing.

The following tribes were contacted for consultation:

Ely Shoshone Tribe, Inter-Tribal Council of NV Inc, Las Vegas Paiute Tribe, Moapa River Indian Reservation Moapa Band of Paiutes, Paiute-Shoshone Tribe of the Fallon Reservation and Colony, Pyramid Lake Paiute Tribe, Reno/Sparks Indian Colony, and Shoshone Paiute Tribe.

N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

- iv. State/territory agency(ies) responsible for programs for children with special needs,

including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

Lead Agency staff sit on the Nevada Early Intervention Interagency Coordinating Council. The council brings policy makers, service providers, and parents together to support and assist with the ongoing development and implementation of quality statewide early intervention services for young children with disabilities and their families. Its members work to ensure that the supports and services offered to families are in line with their needs and maximize outcomes for children and families.

- v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

CCDP coordinates services with the State Head Start Collaborator to extend services to full day for those Head Start and Early Head Start programs that receive CCDF.

- vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

CCDP collaborates with the Division of Public and Behavioral Health to identify families with child care barriers that are suffering from substance abuse.

- vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

CCDP has a partnership and collaboration with Nevada's Workforce Connections (WC). As the Local Board, WC administers Title I training and employment funds and convenes and coordinates the Local Workforce Development System across 17 partners in the Southern Nevada area under the Workforce Innovation and Opportunity act (WIOA). Their leadership consists of a Local Elected Officials Consortium composed of eight elected officials from the four counties and four cities in the Southern area. The board composition is a majority business with representatives from labor, community organizations, and required partners. WC operates in the counties of Clark, Esmeralda, Lincoln, and Nye, including the cities of Boulder City, Henderson, Las Vegas, and North Las Vegas; their mission is as follows: Connecting Employers to a Ready Workforce by creating dynamic partnerships with employers and the community to connect job seekers to education, job training, and employment opportunities. CCDP also contracts with WC through a sub-award to create pathways for the recruitment and placement of early childhood educators by braiding CCDF and Workforce Innovation and Opportunity act (WIOA) funds.

- viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The agency responsible for public education, including State Prekindergarten is the Nevada department of Education's Office of Early Learning and Development; additionally this agency is responsible for Head Start collaboration and initiatives to improve the quality of early childhood education. CCDP works closely with OELD to improve quality of early childhood programs, increase access for families, and provide support to child care providers. OELD initiatives include an aligned screening tool across child care programs, pre-k and kindergarten entry; student unique identifiers for children on the child care subsidy program, Preschool Development Grant (PDG) seats in child

care facilities for four-year-old's whose families are below 200% FPL, Birth to 3rd Grade (B-3) initiatives that include a pilot project and professional learning specific to smoothing transitions both across grads (horizontally) and within grades (vertically); and aligned standards across child care and pre-k programs

- ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The agency responsible for child care licensing outside of Washoe County is the Division of Public and Behavioral Health (DPBH). CCDP works closely with DPBH to ensure that policy is aligned between CCDP and Child Care Licensing. In Washoe County, Washoe County Human Services Agency, is responsible child care licensing. CCDP also collaborates with Washoe County and partners to ensure policy is aligned.

- x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

The Nevada Department of Agriculture (NDA) is the responsible agency for CACFP and will communicate updates on CACFP with DWSS including training and participation by child care centers and providers. NDA will Coordinate with SNAP-Ed, DPBH and Children's Cabinet on updates for number of CACFP participants in business and/or CACFP trainings conducted through QRIS trainers. Additionally, NDA will share with DWSS the participation of # of new CACFP sponsors and providers during the plans timeframe of FY2022-2024.

- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

CCDP has coordinated policy and processes with the Nevada McKinney-Vento Homeless Outreach program to facilitate and streamline the referral and application process for families experiencing homelessness.

- xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

CCDP sits within the same agency as the TANF program and has coordinated efforts with the program chief and specialists to facilitate and streamline the referral and application process for families receiving TANF and to support training and employment efforts.

- xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

CCDP partners with the Division of Health Care Financing and Policy and coordinate services through the Pediatrics Supporting Parents initiative as well as the Pritzker Infant and Toddler initiative.

- xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

CCDP has coordinated with Nevada's Public and Behavioral Health Agency to facilitate mental health referrals through Nevada's Technical Assistance Center for Social Emotional Intervention Services (TACSEI).

- xv. Child care resource and referral agencies, child care consumer education organizations,

and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

CCDP works closely with our subrecipient resource and referral agencies to collectively pursue our program goals and provide excellent consumer education and information. CCDP also works with the Nevada Registry in order to be able to efficiently link families and providers to resources for training and development.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

CCDP works closely with Nevada’s OST providers to coordinate efforts to allow parents to work and to adapt to the need for different types of services including before and after school programming, emergency child care for a wider range of ages, and pandemic related distance learning programs.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

CCDP has worked together with the Nevada Department of Emergency Management to consult and coordinate efforts to streamline our Disaster Plan and to help one another develop policy and processes related to emergencies in Nevada.

b. Coordination goals, processes and results with optional partners

The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

CCDP partners with Early Head Start by providing wraparound so parents can work while they helping to enhance developmental services for children. The EHS-CCP brings together the strengths of Child Care and Early Head Start programs. Early Head Start provides comprehensive family centered services within high-quality early learning environments that adhere to the research-based Head Start Program Standards. Integrating Early Head Start comprehensive services and resources into the array of traditional child care and family child care settings creates new opportunities to improve outcomes for infants, toddlers, and their families. Child care centers and family child care providers respond to the needs of working families by offering flexible and convenient full-day and full-year services. In addition, child care providers have experience providing care that is strongly grounded in the cultural, linguistic, and social needs of the families and their local communities.

ii. State/territory institutions for higher education, including community colleges. Describe:

CCDP, in a partnership with SNAPET, Western Nevada College, and Truckee Meadows Community College is piloting a program to allow access to child care subsidy for individuals participating in education and training through the SNAPET program.

iii. Other federal, state, local, and/or private agencies providing early

childhood and school-age/youth-serving developmental services. Describe:

iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

The CCDP Chief is the co-lead on the Pritzker P3 project which includes developing and implementing maternal health and child home visitation programs and collaboration with grantees.

v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

vi. State/territory agency responsible for child welfare. Describe:

CCDP has coordinated services with County CPS agencies to expand services to meet specific needs including Voluntary and Reunification plans with CPS.

vii. Provider groups or associations. Describe:

viii. Parent groups or organizations. Describe:

ix. Other. Describe:

1.5 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Optional Use of Combined Funds: States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of

the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Combined funding for CCDF services

Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a. How you define “combine”

Braiding funds to support programming.

b. Which funds you will combine?

CCDF, Head Start, and WIOA

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

Head Start: funds are provided through contracts to HS/EHS agencies to extend services to a full day for CCDF children; WIOA: funds are provided through sub-award to Workforce Connections to increase child care workforce capacity.

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level?

At the program level.

e. How are the funds tracked and method of oversight

Funds are provided through contracts, sub-awards, and memorandums of understanding, etc. Contracts, eligibility, and service provisions are reviewed and monitored via established State monitoring and audit process.

1.5.2 CCDF Matching and MOE Requirements

Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not

reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).
Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-
/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

The sources of the funds are State General fund under the Department of Health and Human Services (Welfare Division), Department of Education, Division of Public and Behavioral Health, and City of Reno.

c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

A. Donated directly to the state?

B. Donated to a separate entity(ies) designated to receive private donated funds?

ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

Boys and Girls Club of Truckee Meadows, B&G Club of Southern Nevada, B&G Club of Mason Valley, B&G Club of Western Nevada,

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

- ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
- iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):
?
- iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

- i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

?10%

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post- pandemic.

CCDP is in partnership with the Division of Child and Family Services (DCFS), which works with licensed child care facilities to provide training and mental health consultants to support child care providers caring for children with potential social-emotional needs.

CCDP is in partnership with the Nevada Division of Public and Behavioral Health (DPBH), which provides child care licensing to ensure basic health and safety of licensed child care providers. In addition, Nevada Early Intervention Services provides training and TA to licensed child care facilities on the topic of inclusion for children with special needs. In July of 2014 the Office of Early Care and Education was transferred from the Nevada Division of Welfare and Supportive Services (which houses the CCDP), to the Nevada Department of Education (NDE). This was done as an opportunity to promote, facilitate, and further the goals and objectives for improving early childhood

learning and development in Nevada. NDE Staff oversee the State's CCDF quality activities in order to align activities with the State's P-12 education goals.

CCDP is in partnership with the Children's Cabinet, which provides professional development opportunities to both early childhood and out of school providers in an effort to improve the skills and knowledge of the workforce and develop a system of continual quality improvement. Community outreach efforts are provided in order to increase the general public's understanding and demand for high quality early learning opportunities for children. The Early Childhood Support Network provides modeling of high quality teacher interactions with children, and at the same time substitute teachers help licensed child care providers maintain ratios during teacher turnover and absences. Parent engagement supports and encourages parents to advocate for their children by giving them information and skills in supporting them as their children's first and most important teacher.

CCDP is in partnership with the Las Vegas Urban League, which provides child care resource and referral consultations services to parents to find high quality child care. Family, Friend, and Neighbor case management and home visitation increase the quality of child care offered by non-licensed providers. Outreach is provided to newly licensed child care providers to increase the supply of providers registered on the subsidy programs.

CCDP is in partnership with the Inter-Tribal Council of Nevada and the Lead Agency to develop a Memorandum of Understanding to ensure ongoing inclusion and consideration of the needs associated with tribal components. The CCDP conducts ongoing consultations with the Intertribal Council of Nevada to assist one another with the coordination and development of policies and procedures. Wraparound services are provided to a variety of before and after school programs to provide full day services and access to services for school age children. The CCDP provided a draft of the State Plan to Nevada tribes for consultation and feedback in addition to an invitation to the State Plan public hearing.

The following tribes were contacted for consultation: Ely Shoshone Tribe, Inter-Tribal Council of NV Inc, Las Vegas Paiute Tribe, Moapa River Indian Reservation Moapa Band of Paiutes, Paiute-Shoshone Tribe of the Fallon Reservation and Colony, Pyramid Lake Paiute Tribe, Reno/Sparks Indian Colony, and Shoshone Paiute Tribe.

CCDP is in partnership with the Library District to align programming and policy around recruitment and support of Family, Friend, and Neighbor to cohorts/networks.

CCDP is in partnership with Workforce Connection, WIOA Administrator, to braid funding to support child care workforce recruitment.

CCDP is in partnership with Boys and Girls Clubs statewide to support wraparound for school age children and mental health and special health needs services.

CCDP is partnering with County and City government officials to strategize braiding funding and streamline services.

1.7 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits states from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Funding local or regional CCR&R organizations

Does the Lead Agency fund local or regional CCR&R organizations?

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

Both entities in Nevada who specialize in CCR&R services provide consultations and associated services to parents to find high quality child care. Family, Friend, and Neighbor case management and home visitation increase the quality of child care offered by non-licensed providers. Outreach is provided to newly licensed child care providers to increase the supply of providers registered on the subsidy programs. Services include: staff and business sites to provide services; parent/family assistance related to child care options; providing information to Spanish speaking customers; coordinating services for children with disabilities; referring parents to child care services; updating child care provider information on a regular basis; developing and maintain referral guides for families; providing assistance to child care providers including training and counseling, outreach to providers, improving the quality of child care settings, assisting providers in developing and/or revising business plans, and recruiting providers to become subsidy providers including working with children with disabilities; providing technical assistance to family, friend, and neighbor providers; coordinating training for providers; assisting providers in maintaining licensing requirements; maintaining case files for providers; educating consumers related to child care resource and referral and quality child care; collecting, analyzing, and disseminating child care related data.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Statewide disaster plan updates

Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes. If yes, describe the elements of the plan that were updated:

1.8.2 Statewide disaster plan continued compliance

To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

[x] a. The plan was developed in collaboration with the following required entities:

[x] i. State human services agency

[x] ii. State emergency management agency

[x] iii. State licensing agency

[x] iv. State health department or public health department

[x] v. Local and state child care resource and referral agencies

[x] vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

[x] b. The plan includes guidelines for the continuation of child care subsidies.

[x] c. The plan includes guidelines for the continuation of child care services.

[x] d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

[x] e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] i. Procedures for evacuation

[x] ii. Procedures for relocation

[x] iii. Procedures for shelter-in-place

[x] iv. Procedures for communication and reunification with families

[x] v. Procedures for continuity of operations

[x] vi. Procedures for accommodations of infants and toddlers

[x] vii. Procedures for accommodations of children with disabilities

[x] viii. Procedures for accommodations of children with chronic medical conditions

[x] f. The plan contains procedures for staff and volunteer emergency preparedness training.

[x] g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 Website link to statewide child care disaster plan

If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

<https://nevadachildcare.org/provider-resources/>

2 Promote Family Engagement Through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents

receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach for Limited English Proficiency and Persons with Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Strategies to provide outreach and services to eligible families

Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other. Describe:

2.1.2 Strategies to provide outreach and services to disabled family members

Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other. Describe:

All program offices are accessible for persons with disabilities, and program staff provide assistance to all clients as necessary.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Reporting process for submitting complaints

Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

The CCDP sub-grants with DPBH Child Care Licensing, with whom members of the public are able to file a complaint by various means of communication, such as: telephone, fax, website, e-mail, regular mail, news media, etc. There are several ways parents can submit complaints about their provider:

- Complete an online form on the DHHS DPBH website:

(http://dpbh.nv.gov/Reg/ChildCare/dta/Complaints/Child_Care_Licensing_-_Complaints/)
http://dpbh.nv.gov/Reg/ChildCare/dta/Complaints/Child_Care_Licensing_-_Complaints/

- By phone: (702) 486-3822

- By fax: (702) 486-6660

- Via the CCRR Agencies using form 2170-WC/A ☐ CPS & Child Care Licensing Report form

2.2.2 Process and timeline for screening, substantiating, and responding to complaints

For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Each complaint is assessed by a qualified person trained to determine whether the allegations present a situation that may cause substantial harm, minimal harm or no harm (but conditions are not desirable). Each allegation is further assessed to determine whether there is a regulation or law related to the allegation. Based on these assessments complaints are generally given priorities as follows:

- Immediate Response = imminent harm (same day response required)
- Priority 1 = not imminent, but possible risk involved (1-3 day response time)
- Priority 2 = no observed or perceived danger (10-15 day response time)
- Priority 3 = NAC or NRS violations noted (30 day response) Some other factors considered during prioritization include: the age of the complaint (if the event occurred in the distant past ☐ for example, more than one year prior to filing the complainant, the priority may be adjusted accordingly), the relevance of the information given to regulatory violations (if the information is difficult to align with regulations, the priority may be adjusted accordingly).

Licensed Exempt: - All provider complaints are documented using our Child Abuse and Neglect reporting form. All reports are then made to CPS or applicable agency. If the issue cannot be immediately resolved, the provider is terminated from the Subsidy program. When a complaint is made, a monitoring visit is established right away and we reserve the right to do an unannounced visit which includes two staff members. The program responds within 24 hours to the complaint and the parent is immediately notified. All complaints are kept in the provider's file regardless of outcome. - If a provider is found to be in non-compliance at the Health and Safety Visit (or follow-up visit), they must be given-up to 30 calendar days to make the noted corrections indicated on the H&S Checklist. Recommendations for improvement must be made and a followup visit must be scheduled. If improvements are not made within the required time period, the provider must be terminated from the Child Care and Development Program giving the client 10 days to find a new provider. Exception: In Clients home. Recommendations for improvements must be made. However, termination must not occur if recommendations for improvement are not pursued. If at any time R&R staff believe the health and/or safety of the child is at risk, regardless of the type of care, Child Care staff must assess the situation to validate if a report with the Department of Child Protection Services should be made. If there is validation for a report, the CPS & Child Care Licensing form will be completed, the original copy sent to the applicable licensing agency and a copy of the form kept in the provider file.

2.2.3 Maintaining records of substantiated parental complaints

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Licensed: - All incoming complaints are inputted for intake, assigned an Inspector (as necessary), report generated for review of findings and pend supervisor closure This complaint system is tracked and monitored by

licensing Manager and Supervisor through the licensing system which details out the intake, priority, assessment, findings and approved closure. All completed complaints (Substantiated or UnSubstantiated) can be viewed by the public online.

Licensed Exempt: - Our Reporting Child Abuse and Neglect form is placed in the provider's permanent file and case noted and provider is ineligible from becoming a subsidy provider in the future. Parents are informed of provider's ineligible status upon making the registration appointment. All complaints are kept in the provider's file regardless of outcome.

2.2.4 Making information about substantiated parental complaints available to the public

Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Licensed: All incoming complaints are inputted for intake, assigned an Inspector (as necessary), report generated for review of findings and pend supervisor closure This complaint system is tracked and monitored by licensing Manager and Supervisor through the licensing system which details out the intake, priority, assessment, findings and approved closure. All completed complaints (Substantiated or Unsubstantiated) can be viewed by the public online through child care licensing at:

(<https://nvdpbh.aithent.com/Protected/LIC/LicenseeSearch.aspx?Program=HF&PubliSearch=Y&returnURL=%7e%2fLogin.aspx%3fTI%3d2#noback>)

<https://nvdpbh.aithent.com/Protected/LIC/LicenseeSearch.aspx?Program=HF&PubliSearch=Y&returnURL=%7e%2fLogin.aspx%3fTI%3d2#noback>.

Public can enter the name of the provider, type of care and other search criteria to pull up records. Once record is located, public can select View Detail under the Action column. This will open the provider record to display complaints, inspection reports and other actions associated with the provider.

Licensed Exempt: - Our Reporting Child Abuse and Neglect form is placed in the provider's permanent file and case noted and provider is ineligible from becoming a subsidy provider in the future. Parents are informed of provider's ineligible status upon making the registration appointment. It is not posted on the web or made available to the public at large.

2.2.5 *Citations related to parental complaints*

Provide the citation to the Lead Agency's policy and process related to parental complaints:

NRS 432A.178 Child care facility required to maintain certain information; reporting of information to parents and guardians; notice of right to information. 1. A child care facility shall maintain a copy of: (a) The license issued to the facility by the Division or an agency for the licensing of child care facilities established by a county or incorporated city; (b) Any summaries of complaints provided to the facility pursuant to subsection 3 of NRS 432A.190; (c) The report of any investigation conducted with respect to the complaints; and (d) The report of any disciplinary action taken against the facility pursuant to NRS 432A.190. 2. The information maintained pursuant to subsection 1 must be provided in the form prescribed pursuant to subsection 3: (a) To the parent or guardian of a child who enrolls the child in the facility, at or before the time of enrollment. (b) To the parent or guardian of a child, upon request, who is considering enrolling the child in the facility. (c) In the case of disciplinary

action taken pursuant to NRS 432A.190, to the parents or guardians of all children admitted to the facility. Notice of disciplinary action must be provided to the parents or guardians of the children admitted to the facility within 3 working days after receipt by the licensed child care facility. 3. The Division shall develop a standard form for reporting the information required to be provided pursuant to subsection 2. The information reported on the form must include all required information for the 12-month period ending on the last day of the month immediately preceding the month in which the information is provided. 4. The Division and every agency for the licensing of child care facilities established by a county or incorporated city shall inform persons seeking information concerning child care facilities of their right to information pursuant to this section. Licensed Exempt: Section 680 of the Child Care and Development Program Manual

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Consumer-Friendly and easily accessible website

Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

A professional web developer worked with program to design ADA compliant website with easy-to-navigate tabs and organized the information to make it accessible to users.

2.3.2 Website access for families whose primary language is not English

Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The website has a link to download the Google Chrome Translate Extension.

2.3.3 Website access for persons with disabilities

Describe how the website ensures the widest possible access to services for persons with disabilities:

Site improve is used to check the accessibility level of Nevadachildcare.org. The site contrast is 4.7 instead of the desired 4.5. Additionally, headers are being adjusted to meet AAA compliance. Manual check has

occurred with AA and A elements and improvements. Professional web developer worked with program to design ADA compliant website with easy-to-navigate tabs and clean, organized information to make it accessible to users with disabilities. Website includes resources on IDEA, early intervention services and other resources for families with a child with special needs.

2.3.4 Child care policies and procedures

Provide the specific website links to the descriptions of the Lead Agency's processes related to child care. A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a)(1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:

<https://nevadachildcare.org/child-care-licensing/>

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<https://nevadachildcare.org/child-care-licensing/>

- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://nevadachildcare.org/child-care-licensing/>

- d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://nevadachildcare.org/child-care-licensing/>

2.3.5 Searchable list of providers

How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

- a. Provide the website link to the list of child care providers searchable by ZIP code:

(<https://nevadachildcare.org/>) <https://nevadachildcare.org/>

This site connects to the NDS 2.0 system for the CCRR agencies, which include comprehensive data on providers, and which is searchable by zip code.

- b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers (please check all that apply)?

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other. Describe:

- c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training

- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

d. Other information included for:

- i. All Licensed providers.
 - Rates, days & hours of operation, financial assistance options**
- ii. License-exempt CCDF center-based providers.
 - Rates, days & hours of operation, financial assistance options**
- iii. License-exempt CCDF family child care providers.
 - Rates, days & hours of operation, financial assistance options**
- iv. License-exempt, non-CCDF providers.
- v. Relative CCDF providers.

2.3.6 Provider-specific quality information

Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

- a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other. Describe:
Special needs, trainings, and activities

- b. For what types of providers are quality ratings or other indicators of quality available?

- i. Licensed CCDF providers. Describe the quality information:
Special needs, trainings, and activities
- ii. Licensed non-CCDF providers. Describe the quality information:
Special needs, trainings, and activities
- iii. License-exempt center-based CCDF providers. Describe the quality information:
Special needs, trainings, and activities
- iv. License-exempt FCC CCDF providers. Describe the quality information:
- v. License-exempt non-CCDF providers. Describe the quality information:
- vii. Relative child care providers. Describe the quality information:
- viii. Other. Describe:

2.3.7 Monitoring and inspection reports on consumer education website

Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

i. Full monitoring reports that include areas of compliance and non-compliance.

ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted.

(<https://nevadachildcare.org/child-care-licensing/>)

<https://nevadachildcare.org/child-care-licensing/>

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

Under monitoring and compliance on the consumer education webpage in large font:

(<https://nevadachildcare.org/fatality-serious-injury/>) **Child Care Fatality & Serious Injury Data.**

Corrective action plans taken by the state and/or child care provider. Describe:

Once non-compliances are explained verbally during an exit conference/interview then a written within a Statement of Deficiency (SOD) is given to the provider. The Provider then responds through a Plan of Correction (POC). The POC must contain an acceptable (approved by the Division) timeframe for the correction to all noted deficiencies within the SOD and then proof of those corrections must be submitted or observed prior to license expiration. Technical assistance is always offered to facilities to help ensure they understand what is expected, why and how they can meet compliance. Failure to correct any deficiency could lead to progressive action including but not limited to Notice of Violation (NOV), Sanctions/Fines, provisional license, suspension, or revocation. If any areas of non-compliance are identified during the visit, Section F of the checklist is used to outline the non-performance areas, and provider follow up visit is scheduled as needed with 30 days to ensure corrections were made. Section G of the inspection checklist provides the follow up inspection outcomes. Provider can be subject to penalties, including termination if corrections are not made timely.

A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we

recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

- i. Provide the direct URL/website link to where the reports are posted.

Per PT 07-20 All appropriately labeled reports from inspections taking place December 2020 and after will be posted by DPBH, LVUL, and CC staff to the Nevada Child Care Resource & Referral website: nevadachildcare.org within 90 days of the visit. The date of visit will be referenced in the label of the document. Documents must remain posted for at least three years.

Reports can be found at:

(<https://nevadachildcare.org/child-care-licensing/>) <https://nevadachildcare.org/child-care-licensing/>

- ii. Describe how the Lead Agency defines timely posting of monitoring reports.

Per PT 07-20 All appropriately labeled reports from inspections taking place December 2020 and after will be posted by DPBH, LVUL, and CC staff to the Nevada Child Care Resource & Referral website: nevadachildcare.org within 90 days of the visit. The date of visit will be referenced in the label of the document. Documents must remain posted for at least three years.

- d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

- i. Provide the Lead Agency's definition of plain language.

Plain Language is defined as: reader-centered organization, the use of "you" and other pronouns, active voice (not passive), short sentences/paragraphs, common/everyday words, easy-to-follow design features (lists, headers, tables), and writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience.

- ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Ensuring that our providers and prospective providers can understand what is being required of them upon review of any communication given, but always leaving room for dialogue and clarification where and whenever needed.

- e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

For any reports that are posted and found to be inaccurate, the report will be corrected and reposted within 30 days of the identification of the inaccuracy.

- f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

Inspection reports are presented to the provider the day of the onsite inspection during an exit interview at which time the provider can challenge what has been noted. Further, upon receiving

their Statement of Deficiencies (SOD), the provider has an opportunity to challenge anything written or noted within must provide evidence that proves their justification for challenging. This is brought to the facilities surveyor first for review, then the surveyor's direct supervisor to be overturned or sent to the program manager for further review and determination.

- g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Per PT 07-20 All appropriately labeled reports from inspections taking place December 2020 and after will be posted by DPBH, LVUL, and CC staff to the Nevada Child Care Resource & Referral website: nevadachildcare.org within 90 days of the visit. The date of visit will be referenced in the label of the document. Documents must remain posted for at least three years.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated abuse

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

- a. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

State of Nevada Department of Public and Behavioral Health Child Care Licensing receives all reports and subsequently aggregates the data for sharing with associated entities and the public. (<https://nevadachildcare.org/fatality-serious-injury/>)
<https://nevadachildcare.org/fatality-serious-injury/>

- ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.
 - 1. **Abuse or neglect of a child** means, except as otherwise provided in subsection 2:

(a) Physical or mental injury of a nonaccidental nature;

(b) Sexual abuse or sexual exploitation; or

(c) Negligent treatment or maltreatment, as set forth in (<https://www.leg.state.nv.us/NRS/NRS-432B.html#NRS432BSec140>) NRS 432B.140, of a child caused or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child's health or welfare is harmed or threatened with harm.

- iii. The definition of “serious injury” used by the Lead Agency for this requirement.
NRS 432B.070 **“Mental injury” defined.** **“Mental injury” means an injury to the intellectual or psychological capacity or the emotional condition of a child as evidenced by an observable and substantial impairment of the ability of the child to function within a normal range of performance or behavior.**

NRS 432B.090 **“Physical injury” defined.** **“Physical injury” includes, without limitation:**

- 1. A sprain or dislocation**
- 2. Damage to cartilage;**
- 3. A fracture of a bone or the skull;**
- 4. An intracranial hemorrhage or injury to another internal organ;**
- 5. A burn or scalding;**
- 6. A cut, laceration, puncture or bite;**
- 7. Permanent or temporary disfigurement; or**
- 8. Permanent or temporary loss or impairment of a part or organ of the body.**

- b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

i. the total number of serious injuries of children in care by provider category/licensing status

ii. the total number of deaths of children in care by provider category/licensing status

iii. the total number of substantiated instances of child abuse in child care settings

iv. the total number of children in care by provider category/licensing status

- c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

(<https://nevadachildcare.org/fatality-serious-injury/>) <https://nevadachildcare.org/fatality-serious-injury/>

Home Based Capacity

Total 1,406 at 75% is 1,054

Centers Capacity

Total 45,754 at 75% is 34,315

Most providers are currently serving about 75% of the capacity.

2.3.9 *Referrals to local CCR&R agencies through consumer education website*

The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Nevadachildcare.org has a page for both CCR&R agencies:

(<https://nevadachildcare.org/about-us/>) <https://nevadachildcare.org/about-us/>

The consumer ed website includes a link to the NDS 2.0 system used for CCR&R provider referrals. Clients have 24-7 access through the link to search for providers based on the criteria entered. The website includes contact information for both The Children’s Cabinet and Las Vegas Urban League for clients needing to access the CCR&R agency in their area.

2.3.10 *Lead Agency contact information on consumer education website*

The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

(<https://nevadachildcare.org/about-us/>) <https://nevadachildcare.org/about-us/>

The website’s About Us page has information on The Children’s Cabinet and Las Vegas Urban League. If the user clicks “Find Out More” it links them to the website for the CCR&R agency selected where there is additional program info and resources. The CCR&R agency websites have contact information where the client can connect further through phone, fax, email, and office locations for in-person services. CCR&R staff can aid the client in understanding the info on the web and can provide other supports to help find the family resources.

2.3.11 *Consumer education website link*

Provide the website link to the Lead Agency’s consumer education website. Note: An amendment is required if this website changes.

nevadachildcare.org

2.4 **Additional Consumer and Provider Education Information of provider choices for parents**

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 **Information about child care and other services available for parents**

How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The Nevada CCDP subgrants with the Children's Cabinet in northern and rural Nevada and the Las Vegas Urban League in southern Nevada to provide CCRR services throughout the State. Services include staff and business sites to provide services; parent/family assistance related to child care options; providing information to Spanish speaking customers; coordinating services for children with disabilities; referring parents to child care services; updating child care provider information on a regular basis; developing and maintain referral guides for families; providing assistance to child care providers including training and counseling, outreach to providers, improving the quality of child care settings, assisting providers in developing and/or revising business plans, and recruiting providers to become subsidy providers including working with children with disabilities; providing technical assistance to family, friend, and neighbor providers; coordinating training for providers; assisting providers in maintaining licensing requirements; maintaining case files for providers; educating consumers related to child care resource and referral and quality child care; collecting, analyzing, and disseminating child care related data.

2.4.2 Required information provided to general public, and eligible parents

How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

The CCDP in Nevada is co-located with the State's TANF agency. Parents are informed of potential eligibility for other programs at the time of intake, redetermination, and as needs are identified. The Division of Welfare and Supportive Services website offers information about applying for a variety of programs. The Children's Cabinet and Las Vegas Urban League also offer information about these services through their individual websites and through direct interaction with families.

b. Head Start and Early Head Start programs:

The Nevada CCDP contracts with nearly all Head Start and Early Head Start programs in Nevada. Each of these agencies is provided education of the programs available and provides referral information as necessary.

c. Low Income Home Energy Assistance Program (LIHEAP):

The CCDP in Nevada is co-located with the State's LIHEAP program. Information about each available program is provided to all clients/applicants.

d. Supplemental Nutrition Assistance Program (SNAP):

The CCDP in Nevada is co-located with the State's SNAP agency. Information about each available program is provided to all clients/applicants.

e. Women, Infants, and Children Program (WIC) program:

In southern Nevada CCDP activities are contracted through the Las Vegas Urban League, which also provides WIC services. These agencies work together to provide necessary information and referrals.

[x] f. Child and Adult Care Food Program (CACFP):

Child Care staff and Child Care Resource and Referral staff provide information and referrals to parents.

[x] g. Medicaid and Children’s Health Insurance Program (CHIP):

The CCDP in Nevada is co-located with the State's Medicaid eligibility agency. Information about each available program is provided to all clients/applicants.

[x] h. Programs carried out under IDEA Part B, Section 619 and Part C:

Child Care staff and Child Care Resource and Referral staff provide information and referrals to parents.

2.4.3 Information available on physical health and development

Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children’s development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information Description:

The Children's Cabinet and the Las Vegas Urban League provide parents with the Ages and Stages questionnaire and the Ages and Stages Social Emotional questionnaire in order to allow parents to screen for developmental delays. Additionally, parents will be given Nevada's Milestone Moments booklet, developed by Nevada's Learn the Signs, Act Early program. These materials are available in English and Spanish. Nevada Department of Education, licensed, non-licensed, and licensed exempt child care providers, Nevada Early Intervention Services, Nevada Home Visitation program, Child Care Resource and Referral agencies partner to provide written materials, direct communication with families, and website based resources.

2.4.4 Information on social-emotional, behavioral issues and mental health

Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and

- include any partners in providing this information. Description:
The Children's Cabinet and the Las Vegas Urban League provide parents with the Ages and Stages questionnaire and the Ages and Stages Social Emotional questionnaire in order to allow parents to screen for developmental delays. Additionally, parents will be given Nevada's Milestone Moments booklet, developed by Nevada's Learn the Signs, Act Early program. The Ages and Stages Social Emotional questionnaire is provided to parents upon request, and a consumer education "bundle" that includes this information is provided to all CCRR and subsidy clients. Nevada PEP provides TACSEI information, training and materials to families from birth to early childhood programs to encourage families to partner with professionals that provide services to their children. Using the Backpack series and Positive Solutions for Families, we are helping parents and professionals recognize the value of teaching children social emotional skills. Helping parents form relationships with private and public schools provides a basis for stronger parent engagement practices that can sustain families involvement in their children's education. These materials are available in English and Spanish. Nevada Department of Education, licensed, non-licensed, and licensed exempt child care providers, Nevada Early Intervention Services, Nevada Home Visitation program, Child Care Resource and Referral agencies partner to provide written materials, direct communication with families, and website based resources.

2.4.5 *Policies preventing suspension and expulsion*

Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

Effective April 1, 2019, the Child Care and Development Program (CCDP) began the process of rolling out CCDP funded Technical Assistance Center for Social-Emotional Intervention (TACSEI) trainings and support to licensed providers who accept child care certificates through either The Children's Cabinet or The Las Vegas Urban League, with the exception of Head Start programs. Listed below are the trainings and support which will be implemented:

- **Required Training:** At least one designated staff member with a leadership role (e.g. director or assistant director) at any child care site that is funded with CCDF dollars must complete either the TACSEI ePyramid training or the TACSEI in-person training covering modules 1-3.
- **Implementation of Training Content:** The designated staff member mentioned above will facilitate implementation of methods that promote social-emotional development, including building positive relationships, creating supportive environments, and facilitating social-emotional teaching strategies amongst the staff in their child care center.
- **Scheduled Support:** Childcare Information and Resource Phone Support (CHIRPS) community of practice phone conferences with a Pyramid Model Specialist will be regularly scheduled to provide a platform for group discussions and support with implementation of the training content.
- **Real-Time Support:** A support hotline will be available for immediate assistance from a Pyramid Model Specialist.
- **In-Person Training:** A designated staff member must attend an in-person TACSEI training on Pyramid Model Module 3 content prior to a temporary or permanent removal of a child from their program.

2.5 [Procedures for Providing Information on Developmental Screenings](#)

Lead Agencies are required to provide information on developmental screenings to parents, the

general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.
- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

Information on developmental screenings is provided to all parents upon registering for the Subsidy program. Parents are given the age-appropriate ASQ-3 and ASQ:SE2 upon registration. An online parent portal to complete the ASQ-3 and ASQ:SE2 is also provided. Parents can choose to sign up and be notified to complete their children’s screening. This online screening portal link can also be used by the general public. Additionally, parents for all children in FFN settings will have the option to have their children screened by R&R staff using the BRIGANCE Screener III at the initial and annual health and safety visits. Children in licensed child care settings must have assessments at least twice a year per Nevada’s Administrative Code. The BRIGANCE screener can fulfill this requirement. Children in district PreK classrooms must have two BRIGANCE screenings, one conducted in the Fall and one in the Spring, of each school year. All BRIGANCE screening information is entered in the Online Management System (OMS) and transferred by Nevada Department of Education staff to Infinite Campus, Nevada’s K-12 Student Information System which has an early childhood district for children birth through kindergarten entry.

- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Screening results are shared with parents along with activities to support their child’s development by R&R staff for FFN BRIGANCE screens and ASQ3 and ASQ:SE2 screens completed on paper or through the portal. If a child does not meet screening cut offs and the screening identifies red flags, the family is referred to Nevada Early Intervention Services

(Part C) for children ages birth through age 2 and the school district's child find office for children ages 3 and up.

- c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

Information on developmental screenings is provided to all parents upon registering for the Subsidy program by the child care resource and referral agency. Information includes What is the ASQ3 Screening and What is the ASQ:SE2 screening informational handouts. In addition to the informational handout, parents are given the age-appropriate ASQ-3 and ASQ:SE2 screening instrument upon registration and are asked to return it to their case manager. Optionally, an online parent portal link to complete the ASQ-3 and ASQ:SE2 is provided. If parents choose to use the online portal, the system will notify parents on when their child has reached the age for the next developmental screening tool. They will be able to complete online. Parents who choose FFN care will also receive information on the BRIGANCE Screener III during their FFN enrollment appointment. At this enrollment appointment, parents can choose to have their child screened in the FFN provider environment using the BRIGANCE tool.

- d. How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Families are given access to screening upon enrollment in Subsidy. R&R case managers follow-up with parents regarding their child's screening results along with developmentally appropriate activities to support their child's development. Licensed providers on QRIS can use their grant to pay for the BRIGANCE Screener III kits. The Online Management System is currently paid for by the Nevada Department of Education and the online parent portal for the ASQ is paid for through CCDF Subsidy.

- e. How child care providers receive this information through training and professional development.

Training for licensed providers on the BRIGANCE Screener III is provided by the Nevada Department of Education. Additionally, child care providers that are TACSEI implementation or model demonstration sites receiving training and technical assistance to use the ASQ-3 and ASQ:SE2 as this is a requirement of the TACSEI program.

- f. Provide the citation for this policy and procedure related to providing information on developmental screenings.

The Children's Cabinet Resource and Referral Policy and Procedures Manual is the current source for this information. The CCDP Policy Manual update will be forthcoming.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

Nevadachildcare.org is Nevada's Consumer Education landing page.

Nevada Child Care Licensing and Washoe County Child Care Licensing have both developed search engine tools which allow access to provider-specific information about health and safety, licensing and regulatory requirements. Additionally, each website provides information on inspections for individual providers.

Links to these Licensing websites are found on the Children's Cabinet website:

(<http://www.childrencabinet.org/child-care-resources/for-providers/starting-a-license-child-care/>?) <http://www.childrencabinet.org/child-care-resources/for-providers/starting-a-license-child-care/>

Provider-specific information can be found directly if you look at NV State Licensing:

**(http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_-_Home/)
http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_-_Home/ and click on "Inspection/Complaint"**

Washoe County CC Licensing:

**(https://www.washoecounty.us/hsa/childrens_services/child_care_and_early_childhood_services/index.php)
https://www.washoecounty.us/hsa/childrens_services/child_care_and_early_childhood_services/index.php and click on "Child Care Inspection Web Portal".**

All sites link to one another. The Children's Cabinet and Las Vegas Urban League offer child care resource and referral consultation services in the family's native language by phone, in person, and through an online referral system. Child care licensing entities, Washoe County and the State of Nevada, offer lists of licensed child care providers. The State's Quality Rating and Improvement System website offers lists of licensed child care centers along with their participation and star rating. The Children's Cabinet and Las Vegas Urban League also offer general information about child care resource and referral services through billboards, radio, newsletters, social media, community outreach events, and other public service announcement opportunities.

- b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.
- Health and safety requirements met by the provider
 - Licensing or regulatory requirements met by the provider
 - Date the provider was last inspected
 - Any history of violations of these requirements
 - Any voluntary quality standards met by the provider
 - How CCDF subsidies are designed to promote equal access
 - How to submit a complaint through the hotline
 - How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care
- c. Provide a link to a sample consumer statement or a description if a link is not available.
In addition to the website information provided to parents, they are also provided with the following tools in hard copy:

Quality Care Brochure: (<https://www.childrencabinet.org/who-we-serve/i-am-a-parent/finding-child-care/>) <https://www.childrencabinet.org/who-we-serve/i-am-a-parent/finding-child-care/>

3 Stable Child Care Financial Assistance for Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family’s contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state’s median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

- a. The CCDF program serves children from (weeks/months/years)

0

Through 12 years (under age 13).

12

- b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

No

Yes

The upper age is (may not equal or exceed age 19).

18

If yes, provide the Lead Agency definition of physical and/or mental incapacity:

A special need is defined as a physical or mental condition, which severely limits the child’s ability to care for himself/herself, or an emotional condition that places the child or others at risk.

- c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B))?

No

Yes

The upper age is (may not equal or exceed age 19).

- d. How does the Lead Agency define the following eligibility terms?

- i. “residing with”:

Living with a custodial parent or guardian in the domicile of the custodial parent or guardian who provides primary care and support of the child.

- ii. “in loco parentis”:

Adult(s) standing in as parent(s) for children who are in need of supervision or protective services such as a blood relative with custody or a person with court ordered custody, and for families who are in transition.

3.1.2 Eligibility criteria: Reason for care

- a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- i. Define what is accepted as “Working” (including activities and any hour requirements):
An activity in which the parent(s) receive monetary compensation for their services and there is no minimum number of hours required; or a participant in the State TANF NEON work program. There is no minimum hour requirement.
 - ii. Define what is accepted as “Job training” (including activities and any hour requirements):
Parent(s) attending vocational school, GED preparation, or an employment preparation program.
 - iii. Define what is accepted as “Education” (including activities and any hour requirements):
Parent(s) attending an accredited community college, college, or university program. Enrollment and attendance of six or more credit semester hours is required.
 - iv. Define what is accepted as “Attending” (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):
Job Training eligibility requires 20 or more hours per week, and the client must not receive compensation for their services. If the individual receives compensation, they must be served under the Employed eligibility category. Travel time is allowed for clients to commute to and from the training sessions; however, it must not exceed 60 minutes each way.
- b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?
- Yes
- No. If no, describe the additional work requirements.
- c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?
- No
- Yes. If yes:
- i. Provide the Lead Agency’s definition of “protective services”:
Services for children who have been abused or neglected or who are at risk of abuse or neglect as determined by a professional in the field, or by a court.
- Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency’s definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.
- ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
- No
- Yes
- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?
- No
- Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No
 Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No
 Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination?

Any type of payment which is a gain or benefit to the household.

b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination**. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	3690	3136		
2	4825	4101		
3	5961	5066		
4	7096	6031		
5	8231	6996		

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

N/A

d. State Median Income (SMI) source and year

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss .

LIHEAP FFY23 SMI chart : <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2022-04-state-median-income-estimates-optional-use-ffy-2022-and>

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

N/A County does not affect income limits.

f. What is the effective date for these eligibility limits reported in 3.1.3 b?
07/01/2022

g. Provide the citation or link, if available, for the income eligibility limits.
<https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2022-04-state-median-income-estimates-optional-use-ffy-2022-and>

3.1.4 Family asset limit

Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a. Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Question # on the Nevada Application for Child assistance states: Does your household have assets with a value over one million dollars (\$1,000,000)? The applicant checks the box for Yes or No, and also identifies who is claiming the assets and what the type of asset is.

b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No

Yes. If yes, describe the policy or procedure and provide citation:

Child Care Program Manual Section 104 Special Consideration Requests

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>)

<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>

3.1.5 Additional eligibility conditions

Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

**Per Child Care Program Manual Section 103, in the event of identified program funding shortfalls, otherwise eligible households will be prioritized in the following order:
NEON, CPS/Foster, Special Needs At-Risk, Homeless At-**

Risk, Special Needs Discretionary, Homeless Discretionary, and Discretionary.

Families who are experiencing homelessness, and families with a valid referral from CPS agencies who are participating in a "Voluntary Plan" to avoid formal CPS intervention, as well as those participating in a "Reunification Plan", are given priority when a wait list is in effect. Additionally, these households are given extended time to provide verifications required for final eligibility determinations.

Children with special needs are given first priority when a wait list is in effect. Child care can take place within the child's home, under special consideration.

Families at the lowest income levels on the State's income sliding fee scale are given priority when funding is limited. Waiting lists are imposed at higher income levels first.

Families in the TANF/NEON program are served with reduced eligibility verification requirements and within a seven-day application processing standard. Co-payments are waived for TANF/NEON households. When TANF/NEON households terminate from TANF assistance (e.g. loss of employment), they are given 90 days to successfully become eligible under another Purpose of Care. If no qualifying POC is obtained within this timeframe, these households' certificates are then terminated.

- b. eligibility redetermination.

NA

3.1.6 Continuity for Working Families

Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods longer than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other. Describe:

3.1.7 How the Lead Agency accounts for Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II) and 98.21(c)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of state median income (SMI) (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- a. Average the family's earnings over a period of time (e.g. 12 months).
- b. Request earning statements that are most representative of the family's monthly income.
- c. Deduct temporary or irregular increases in wages from the family's standard income level.
- d. Other. Describe:

3.1.8 Eligibility criteria at the time of eligibility determination and redetermination

Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

- a. Applicant identity

Required at Initial Determination

Required at Redetermination

Information and Description

Verification of identification is required at initial application. Once identification has been verified, it no longer needs to be requested for subsequent applications. Possible sources of verification are as follows (not all inclusive):

- Birth Certificate

- Driver's License

- State Identification Card

- Hospital or public health birth record

- Military ID (active, retired, reserve, dependent, etc.)

- U.S. Passport or citizen ID card

- Baptismal record

- Adoption papers or records

- Work or school ID card

- Voter Registration card

- Child Welfare records

- Consular identification card

- Printout of NOMADS MEMB screen

- Any other document providing identifying data such as physical description, photograph or signature

b. Applicant's relationship to the child

Required at Initial Determination

Required at Redetermination

Information and Description

Relationship must be established for all members of the Child Care household to determine the appropriate household size and countable income.

c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status)

Required at Initial Determination

Required at Redetermination

Information and Description

Verification of birth date, age, identification, citizenship, SSN (barring exception).

d. Work

Required at Initial Determination

Required at Redetermination

Information and Description

Pay stubs, Letter from employer on company letterhead indicating days and hours of employment, the effective/hire date and signed/dated by the employer. The individual signing the document should be knowledgeable about the employee's wages, schedule, etc., Employment Verification - Form 2186-WA.

e. Job training or educational program

Required at Initial Determination

Required at Redetermination

Information and Description

Official class schedule, Other documentation from the school which indicates the start and end date of the course(s).

f. Family income

Required at Initial Determination

Required at Redetermination

Information and Description

Income is any type of payment which is a gain or benefit to a household. The household's income is used to determine eligibility and subsidy percentage. Consider the income of any person who is a required member of the household. Current verification of countable income is required at initial application, reapplication, and any time a change in income requires an action to the ongoing case.

g. Household composition

Required at Initial Determination

Required at Redetermination

Information and Description

The client's statement of household composition is accepted unless the case manager has reason to question it, whereby verification would then be required. Possible sources of verification of household composition are as follows (not all inclusive): Copy of the lease listing all household members; Statement from non-relative landlord/manager listing all household members; Statement from non-relative friend/neighbor listing all household members; NOMADS printout which lists all household members living in the client's residence and verifies all household members are currently receiving TANF, SNAP and/or Medicaid.

h. Applicant residence. Describe:

Required at Initial Determination

Required at Redetermination

Information and Description

Applicants and eligible household members must be living in Nevada to be eligible for benefits. Verification of current residency is required at each application and any time a change in residence occurs. Possible sources of verification are as follows (not all inclusive):

- Rent/Mortgage receipt listing the client's name and current physical address

- Current utility statements/receipts (electric, gas, telephone, cable, etc.) as long as the client's name and current physical address are listed on the document

- Current statement from non-relative landlord not living in the home

- Valid Nevada Driver's License or Department of Motor Vehicles ID Card with current physical address

- Current employer's statement or records (e.g. client's physical address listed on pay stub or Employment Verification form).

Valid foster parent license. Current CPS placement letter as long as the placed children are still in the home. NOMADS printout which lists the current physical address and verifies household members are currently receiving TANF, SNAP, and/or Medicaid.

Exception: For timely reapplications, if the household has not moved since the previous application, the verification of residency used with the previous application may be used as verification for the current application, with the exception of NOMADS verification. For timely reapplications, a new NOMADS printout verifying the client's address has been verified and is currently receiving a benefit is required.

i. Other. Describe:

Required at Initial Determination

Required at Redetermination

Information and Description

Purpose of Care: To be eligible for a child care subsidy, the client and all other required adult household members and minor parents must be in an approved activity or the parent/caretaker is disabled/incapacitated and unable to care for the child(ren). **Custody:** Children must be living with the person(s) applying for child care subsidy benefits. If the caretaker is not a parent then the caretaker must be either a legal guardian, a relative of specified degree or a person standing in loco parentis.

3.1.9 Strategies for timely eligibility determinations

Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

a. Time limit for making eligibility determinations. Describe length of time:

Policy requires an eligibility decision to be made within thirty (30) calendar days after a completed and signed application is received in the program office. The day after the date the application is received in the program office is the first day of the 30-day period.

b. Track and monitor the eligibility determination process

c. Other. Describe:

Sub-grantees and DWSS Quality Control perform internal audits on individual case files.

d. None

3.1.10 Exception to TANF work requirements

Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following

criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a. Identify the TANF agency that established these criteria or definitions:

The Division of Welfare & Supportive Services

- b. Provide the following definitions established by the TANF agency:

- i. "Appropriate child care":

Child care chosen by the parent which offers developmentally-appropriate practices meeting the needs of that parent and child.

- ii. "Reasonable distance":

A parent should not be required to travel more than 60 minutes dropping the child off at the care provider's location, and 60 minutes picking up their child.

- iii. "Unsuitability of informal child care":

Informal child care is 'unsuitable' if it is not being provided legally or it does not meet basic health and safety standards as outlined in the state child care plan. Informal child care is unsuitable if circumstances exist that cause possible abuse, neglect, or harm as outlined in county or state statutes. Informal child care is unsuitable if the arrangements do not support the working schedule of a parent, are not affordable, not easily-accessible, or do not meet quality standards as defined by the parent.

- iv. "Affordable child care arrangements":

Child care not exceeding 10-15% of the parent's gross income.

- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

i. In writing

ii. Verbally

iii. Other. Describe:

- d. Provide the citation for the TANF policy or procedure:

Section A-816.2

<https://dwss.nv.gov/uploadedFiles/dwssnv.gov/content/TANF/EP%20Man%20Complete.pdf>

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-

payments during the graduated phase-out period.

3.2.1 CCDF payments according to family size

Provide the CCDF co-payments in the chart below according to family size for **one** child in care.

- a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	\$1075	\$34	?3%	\$3039	\$546	?18%
2	\$1452	\$68	?5%	\$3974	\$1092	?26%
3	\$1830	\$102	?6%	\$4909	\$1638	?33%
4	\$2209	\$136	?6%	\$5844	\$2184	?37%
5	\$2588	\$170	?7%	\$6779	\$2730	?40%

- b. If the sliding-fee scale is not statewide (i.e., county-administered states):
- i. N/A. Sliding fee scale is statewide
 - ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
N/A
 - iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).
N/A
- c. What is the effective date of the sliding-fee scale(s)?
10/01/2021
- d. Provide the link(s) to the sliding-fee scale:

Policy Transmittal 11-2021 has been published and all partners alerted of the new income limits in the Sliding Fee Scale effective 10/01/2021. The policy manual will be updated with the new rates which are effective 10/01/2021 in our next manual release anticipated in January 2022.

Child Care Program Manual Section 170 ☐ Sliding Fee Scale

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>)

<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf> Page 33

3.2.2 Family contribution calculation

How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after a certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

The copay is determined based on county, age of child, and type of care and also income.

vii. Other. Describe:

b. The fee is a percent of income and (check all that apply):

i. The fee is per child, with the same percentage applied for each child.

ii. The fee is per child, and a discounted percentage is applied for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional percentage is charged after a certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

vii. Other. Describe:

3.2.3 Other factors to determine family's co-payment

Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder: Lead Agencies may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)).

No

Yes. If yes, check and describe those additional factors below.

a. Number of hours the child is in care. Describe:

The copay percentage is based on income; however, when the actual monthly copay is calculated, it is always the determined percentage calculated against a set number; meaning, as the reimbursement rate increases, the copay that the family is responsible for does not increase.

b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:

c. Other. Describe:

3.2.4 Waiving family contributions/co-payments

The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

No, the Lead Agency does not waive family contributions/co-payments.

Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

Based on the Child Care and Development Program (CCDP) Household Size and Monthly Income Chart for the State of Nevada, all families that are at or below the federal poverty level are not required to make a contribution to the cost of care through a family copayment.

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Child Care Manual Sections 170, 181

b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

Families are not required to provide a copayment if they are Foster Care or CPS (including voluntary plans and reunification plans).

c. Families meeting other criteria established by the Lead Agency. Describe the policy.

Families are also not required to provide a copayment if they are:

**engaged in Wraparound services (Head Start).
homeless.**

**TANF NEON recipients.
jobless due to COVID-19 (temporary basis).
public/civil servants essential to Nevada’s economic recovery.
individuals attending an approved substance use disorder (SUD) treatment or recovery program
through the Nevada Division of Public and Behavioral Health.**

3.2.5 Graduated phase-out of assistance at redetermination

Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state’s initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size.
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family.
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency’s income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-pay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

- a. Check and describe the option that best identifies the Lead Agency’s policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and

therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

- A. Describe the policies and procedures.

- B. Provide the citation for this policy or procedure.

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

- A. Provide the income level for the second tier of eligibility for a family of three:

- B. Describe how the second eligibility threshold:
 - 1. Takes into account the typical household budget of a low-income family:

 - 2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

 - 3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

 - 4. Provide the citation for this policy or procedure related to the second eligibility threshold:

b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:
If a family's income has increased at 12 month redetermination, the copay is recalculated and adjusted for that income tier.

- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)

No

Yes. Describe:

If the family's income exceeds 85% of the SMI or if the family moves out of state.

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes, and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination. Other ways to give priority may

include the establishment of a waiting list or the ranking of eligible families in priority order to be served.

Note: CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Increasing access for vulnerable children and families

Describe how the Lead Agency defines:

a. “Children with special needs”:

A special need is defined as a physical or mental condition, which severely limits the child’s ability to care for himself/herself, or an emotional condition that places the child or others at risk. Supervisory/Managerial Child Care staff will determine if a child meets the definition as stated above. Special consideration must be requested to the CCDP DWSS Child Care Chief for those cases where the child’s special needs status is questionable.

b. “Families with very low incomes”:

"At-Risk Subsidy benefits provided to households that have income below 130% of the Federal Poverty Level for their household size.

Families at the lowest income levels on the State's income sliding fee scale are given priority when funding is limited. Waiting lists are imposed at higher income levels first.

3.3.2 Priority populations

Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a. Complete the table below to indicate how the identified populations are prioritized or targeted.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children experiencing homelessness, as defined by the CCDF	[x]	[x]	[x]	[]	[]
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	[x]	[x]	[x]	[]	[]

- b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

3.3.3 Other priority groups

List and define any other priority groups established by the Lead Agency.

CPS/Foster (including Voluntary and Reunification Plan participants), Families in Transition (homeless per McKinney Vento), Head Start, and TANF recipients.

3.3.4 Additional priority groups

Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.

Prioritize for enrollment, service without placing these populations on waiting lists, extended timeframes for providing verifications, and waive co-payments.

3.3.5 Enrollment and outreach for families experiencing homelessness

Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (addressed in section 6), and (3) conduct specific outreach to families experiencing homelessness(658E(c)(3); 98.51).

- a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

Households who meet the definition of "homeless" will be allowed up to 90 days to provide verifications that are not readily available or easily obtainable.

- b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other:

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Grace period

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(l)(i)(l); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

- a. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:
 - i. Children experiencing homelessness (as defined by the CCDF Final Rule).
Immunization requirements for CCDP can be waived for 90 days and additionally through special consideration to the Child Care Chief.
 Provide the citation for this policy and procedure.
CCDP Policy Manual ☐ Section 131 Verification
 - ii. Children who are in foster care.
Requests for consideration to waive specific criteria of the CCDP policy may be submitted in writing to the CCDP Chief for review.
 Provide the citation for this policy and procedure.
CCDP Policy Manual ☐ Section 104 Special Consideration Requests
- b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).
NA
- c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?
 - No
 - Yes. Describe:
CPS/Foster (including Voluntary and Reunification Plan participants)

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
 2. any interruption in work for a seasonal worker who is not working
 3. any student holiday or break for a parent participating in a training or educational program
 4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
 5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
 6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
 7. any changes in residency within the state, territory, or tribal service area
- a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

PT 01-2015 Length of Certification

Effective March 1, 2015 the maximum certification period is increased from 180 days to 365 days. The current exceptions to certify a household for the maximum certification period in MS 165 (NEON, expected age change, school schedule) still apply.

The new 365 day certification period for ongoing participants will be applied at recertification.

The Child Care and Development Block Grant which was reauthorized in November 2014, places an emphasis on increasing stability for families. The new law states, "each child who receives assistance under this subchapter in the State will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State or designated local entity redetermines the eligibility of the child under this subchapter, regardless of a temporary change in the ongoing status of the child's parent as

working or attending a job training or educational program or a change in family income for the child’s family, if that family income does not exceed 85 percent of the State median income for a family of the same size.☒

Because of the new law, the following changes in policy are effective immediately:

PT 06-2015 Updating Changes

No changes to the household’s initial eligibility or increased subsidy percentage or authorized schedule will be made until the recertification period unless it is a benefit to the household, the result of an IPV, or the change causes ineligibility. Changes in income, household size, and purpose of care must be made in the computer system for reporting purposes, but subsidy percentages and authorized schedules must not decrease.

- b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency’s definition of “temporary change”.

Minimum Required Element	Citation
--------------------------	----------

Minimum Required Element	Citation
<p data-bbox="321 247 1039 384">[x] i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency’s policy: PT 06-2015 Ongoing Case Management - Changes</p> <p data-bbox="321 426 1088 884">The Child Care and Development Block Grant which was reauthorized in November 2014, places an emphasis on increasing stability for families. The new law states, “each child who receives assistance under this subchapter in the State will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State or designated local entity redetermines the eligibility of the child under this subchapter, regardless of a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program or a change in family income for the child’s family, if that family income does not exceed 85 percent of the State median income for a family of the same size.”</p> <p data-bbox="321 926 1027 993">Because of the new law, the following changes in policy are effective immediately:</p> <p data-bbox="321 1035 540 1066">Updating Changes</p> <p data-bbox="321 1108 1092 1344">No changes to the household’s initial eligibility or increased subsidy percentage or authorized schedule will be made until the recertification period unless it is a benefit to the household, the result of an IPV, or the change causes ineligibility. Changes in income, household size, and purpose of care must be made in the computer system for reporting purposes, but subsidy percentages and authorized schedules must not decrease.</p>	<p data-bbox="1122 247 1425 310">PT 06-2015 Ongoing Case Management - Changes</p>

Minimum Required Element	Citation
<p data-bbox="321 247 1073 348">[x] ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency’s policy: PT 06-2015 Ongoing Case Management - Changes</p> <p data-bbox="321 390 1089 848">The Child Care and Development Block Grant which was reauthorized in November 2014, places an emphasis on increasing stability for families. The new law states, “each child who receives assistance under this subchapter in the State will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State or designated local entity redetermines the eligibility of the child under this subchapter, regardless of a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program or a change in family income for the child’s family, if that family income does not exceed 85 percent of the State median income for a family of the same size.”</p> <p data-bbox="321 890 1027 957">Because of the new law, the following changes in policy are effective immediately:</p> <p data-bbox="321 999 540 1031">Updating Changes</p> <p data-bbox="321 1073 1092 1308">No changes to the household’s initial eligibility or increased subsidy percentage or authorized schedule will be made until the recertification period unless it is a benefit to the household, the result of an IPV, or the change causes ineligibility. Changes in income, household size, and purpose of care must be made in the computer system for reporting purposes, but subsidy percentages and authorized schedules must not decrease.</p>	<p data-bbox="1128 247 1377 348">PT 06-2015 Ongoing Case Management - Changes</p>

Minimum Required Element	Citation
<p data-bbox="321 247 1089 384">[x] iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency’s policy: PT 06-2015 Ongoing Case Management - Changes</p> <p data-bbox="321 426 1089 884">The Child Care and Development Block Grant which was reauthorized in November 2014, places an emphasis on increasing stability for families. The new law states, “each child who receives assistance under this subchapter in the State will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State or designated local entity redetermines the eligibility of the child under this subchapter, regardless of a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program or a change in family income for the child’s family, if that family income does not exceed 85 percent of the State median income for a family of the same size.”</p> <p data-bbox="321 926 1024 993">Because of the new law, the following changes in policy are effective immediately:</p> <p data-bbox="321 1035 537 1066">Updating Changes</p> <p data-bbox="321 1108 1089 1344">No changes to the household’s initial eligibility or increased subsidy percentage or authorized schedule will be made until the recertification period unless it is a benefit to the household, the result of an IPV, or the change causes ineligibility. Changes in income, household size, and purpose of care must be made in the computer system for reporting purposes, but subsidy percentages and authorized schedules must not decrease.</p>	<p data-bbox="1128 247 1377 348">PT 06-2015 Ongoing Case Management - Changes</p>

Minimum Required Element	Citation
<p>[x] iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: PT 06-2015 Ongoing Case Management - Changes</p> <p>The Child Care and Development Block Grant which was reauthorized in November 2014, places an emphasis on increasing stability for families. The new law states, "each child who receives assistance under this subchapter in the State will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State or designated local entity redetermines the eligibility of the child under this subchapter, regardless of a temporary change in the ongoing status of the child's parent as working or attending a job training or educational program or a change in family income for the child's family, if that family income does not exceed 85 percent of the State median income for a family of the same size."</p> <p>Because of the new law, the following changes in policy are effective immediately:</p> <p>Updating Changes</p> <p>No changes to the household's initial eligibility or increased subsidy percentage or authorized schedule will be made until the recertification period unless it is a benefit to the household, the result of an IPV, or the change causes ineligibility. Changes in income, household size, and purpose of care must be made in the computer system for reporting purposes, but subsidy percentages and authorized schedules must not decrease.</p>	<p>PT 06-2015 Ongoing Case Management - Changes</p>

Minimum Required Element	Citation
<p data-bbox="321 247 1084 422">[x] v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency’s policy: PT 06-2015 Ongoing Case Management - Changes</p> <p data-bbox="321 464 1089 919">The Child Care and Development Block Grant which was reauthorized in November 2014, places an emphasis on increasing stability for families. The new law states, “each child who receives assistance under this subchapter in the State will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State or designated local entity redetermines the eligibility of the child under this subchapter, regardless of a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program or a change in family income for the child’s family, if that family income does not exceed 85 percent of the State median income for a family of the same size.”</p> <p data-bbox="321 961 1027 1031">Because of the new law, the following changes in policy are effective immediately:</p> <p data-bbox="321 1073 540 1100">Updating Changes</p> <p data-bbox="321 1142 1092 1379">No changes to the household’s initial eligibility or increased subsidy percentage or authorized schedule will be made until the recertification period unless it is a benefit to the household, the result of an IPV, or the change causes ineligibility. Changes in income, household size, and purpose of care must be made in the computer system for reporting purposes, but subsidy percentages and authorized schedules must not decrease.</p>	<p data-bbox="1128 247 1377 348">PT 06-2015 Ongoing Case Management - Changes</p>

Minimum Required Element	Citation
<p data-bbox="321 245 1094 384">[x] vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency’s policy: PT 03-2017 Continued Assistance for Children Who Reach Their Thirteenth Birthday</p> <p data-bbox="321 426 1045 632">Per the Child Care and Development Fund (CCDF) 2016 Final Rule, Child Care recipients are entitled to 12 month eligibility periods if family income does not exceed 85% of the State Median Income (SMI), regardless of a temporary change in parents’ status as working or attending job training or education.</p> <p data-bbox="321 674 1039 741">Because of this clarification, the following change in policy is effective immediately:</p> <p data-bbox="321 783 1078 951">In order to provide continuity of care, no changes to the household’s initial eligibility or schedule will be made for a child who turns 13 (or 19 for a child with a special need). Assistance with child care must continue for the remainder of the certification period.</p>	<p data-bbox="1130 245 1409 384">PT 03-2017 Continued Assistance for Children Who Reach Their Thirteenth Birthday</p>

Minimum Required Element	Citation
<p>[x] vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency’s policy: PT 06-2015 Ongoing Case Management - Changes</p> <p>The Child Care and Development Block Grant which was reauthorized in November 2014, places an emphasis on increasing stability for families. The new law states, “each child who receives assistance under this subchapter in the State will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State or designated local entity redetermines the eligibility of the child under this subchapter, regardless of a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program or a change in family income for the child’s family, if that family income does not exceed 85 percent of the State median income for a family of the same size.”</p> <p>Because of the new law, the following changes in policy are effective immediately:</p> <p>Updating Changes</p> <p>No changes to the household’s initial eligibility or increased subsidy percentage or authorized schedule will be made until the recertification period unless it is a benefit to the household, the result of an IPV, or the change causes ineligibility. Changes in income, household size, and purpose of care must be made in the computer system for reporting purposes, but subsidy percentages and authorized schedules must not decrease.</p>	<p>PT 06-2015 Ongoing Case Management - Changes</p>

- c. Provide any other elements included in the state’s definition of “temporary change”, including those implemented during the pandemic, and provide the citation.

NA

3.4.2 Assistance during the minimum 12-month eligibility period

Continuing assistance for “job search” and a Lead Agency’s option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the

end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

No

Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

- b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

- i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

FOR TANF NEON CASES ONLY we --- we discontinue assistance under if 90 days pass from termination from TANF without employment, but not any other purpose of care --- All other cases are allowed the full 12 months. When a household's TANF/NEON case terms for any reason and the POC is not employment, the certification period will be limited to no more than an additional 3 months (90 days) of child care assistance. If the household becomes employed within that 90 day period, their child care assistance will be continued for the remainder of the original 12-month certification period. This policy only applies to TANF/NEON purpose of care. This does not apply to households other than TANF/NEON.

- ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

Termination from NEON results in a 90 job search limitation to certification; however, this only applies to TANF/NEON purpose of care.

- iii. How long is the job-search period (must be at least 3 months)?

90 Days for TANF/NEON - this only applies to TANF/NEON terminations - if terminated from NEON and are unemployed, there is a 90 day job search period triggered at termination.

- iv. Provide the citation for this policy or procedure.

PT 03-2016 NEON Child Eligibility Change

- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

B. Provide the citation for this policy or procedure:

iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

CCDP Policy Manual - Section 521 Updating Changes (page 89)

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>)

<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

An intentional program violation (IPV) is an action by the accused for the purpose of establishing or maintaining program eligibility, or increasing or preventing a reduction in the benefit amount when they: Made a false or misleading oral or written statement, or misrepresent, conceal or withhold information; Committed any act that violates NRS 422A.700 or intentionally violated any rule or regulation established by the DWSS; Made an attempt to obtain, increase or continue child care benefits for themselves or others to which they would otherwise not be entitled; Received child care benefits to which they would otherwise not be entitled; Failed to comply with reporting requirements as set forth in manual sections 100 and 500; Submitted a false document to the Child Care and Development Program Staff and/or DWSS; Altered a Child Care Certificate to receive benefits to which they would not otherwise be entitled to. CCDP Policy Manual - Section 521 Updating Changes.

3.4.3 Change reporting during the minimum 12-month eligibility period

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

- a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

- b. Any additional reporting requirements during the minimum 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the minimum 12-month eligibility period. Check all that apply.

i. Additional changes that may impact a family's eligibility during the minimum 12-month period. Describe:

The family's income exceeds 85% of the SMI.

ii. Changes that impact the Lead Agency's ability to contact the family. Describe:

A family moves out of the state.

iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe:

- c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

i. Phone

ii. Email

iii. Online forms

iv. Extended submission hours

v. Postal mail

vi. Fax

vii. In-person submission

viii. Other. Describe:

- d. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless

the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.

Households are advised of their responsibility to report the changes listed below:

- Household composition (examples: required household member moves in or out, marital status changes, etc.);
- Residence and/or mailing address;
- Child care provider;
- Schedule changes;
- A new or increased source of income.

If a change is reported or identified a Request For Information (RFI) is sent to the household to verify the change. If the change would cause a decrease in subsidy or increase in copay, no action is taken. If the change results in a positive action, updates are made to the case. If a household has moved out of state or is above 85% of SMI, the case is reviewed for termination.

- ii. Provide the citation for this policy or procedure.

CCDP Policy Manual § Section 511 What to Report

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>)

<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>

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3.4.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

- a. Identify, where applicable, the Lead Agency’s procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory’s or designated local entity’s requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other:

Child Care Manual Section 540.

Applications and other required documentation may be submitted in person, by mail, email, or fax. Reapplications for TANF/NEON clients are submitted by DWSS workers directly to child care eligibility workers without requiring additional verification from parents. Eligibility for families participating in wraparound services for Early Head Start and Head Start is only re-determined when the child transitions from Early Head Start to Head Start or when the child ages out of Head Start.

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs. Parents have the option to choose from center-based care, family child care, or care provided in the child’s own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their

child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Child care certificate

Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

A provider must be selected prior to the issuance of the certificate. Information included on the certificate includes: the provider name, location, telephone number, and provider id; program information, including applicant name, UPI, dates for which care is authorized (12 months), case manager name and contact information; child information, such as name, DOB, UPI, approved subsidy reimbursement rate per day for full-time and part time, as well as the authorized schedule.

4.1.2 Child care certificate and parent choice

Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials are provided on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other. Describe:

4.1.3 Equal access for families receiving CCDF-funded child care

A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

- a. Describe how parents have access to the full range of providers eligible to receive CCDF:
The CCR&R staff ensure the parent is provided with and understands all available options for the type of care they are seeking. Please see: (<https://nevadachildcare.org/child-care-subsidy-assistance/>) <https://nevadachildcare.org/child-care-subsidy-assistance/>

- b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:
Currently, the subsidy program is serving 64% of licensed child care providers in Nevada.

Out of the 261 providers who responded to the 2022 MRS, 201 (77%) reported that they participate in Nevada’s Child Care Subsidy Program.

- c. Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

Participants of the 2022 MRS reported many provider barriers to subsidy program participation. Percentages listed below are directly related to the percentage of providers who participated in the MRS.

Reimbursement rate is too low:	45%
Delay in reimbursement:	37%
We do not have enough families that qualify:	31%
Too much administrative burden:	25%
Program is confusing:	12%
Communication from state or state partners is poor:	8%
I do not have challenges or experience barriers with the program:	45%
Other challenge(s):	26%

Providers responses to challenges reported are included in detail in the 2022 MRS Report. Examples of the other challenges relate to behavior problems with the child; lack of payment, missing timesheets; poor communication and lack of parent engagement; and participation in QRIS.

4.1.4 Procedures to ensuring unlimited access

Certify by describing the Lead Agency’s procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

This requirement is in the provider service agreement. The Service Agreement (IX.B.3) states, "As with all enrolled families, providers will allow unlimited access to parents during normal hours of operation and when children are in the care of the provider."

4.1.5 Allowing and limiting in-home care

The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?
 No

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

In-home providers must care for at least two children on the subsidy program to meet this requirement. Providers caring for only one child must care for the child in the provider's own home to meet the FLSA.

b. Restricted based on the provider meeting a minimum age requirement. Describe:

Providers must be 18-years of age to become a family, friend or neighbor provider, regardless of where the care is provided. A government-issued ID is required to verify age.

c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe:

An exemption is allowed that the provider may live in the home of a child with special needs (Manual Section 601 and 211 (special needs requirements)).

e. Restricted to care for children with special needs or a medical condition. Describe:

An exemption is allowed that the provider may live in the home of a child with special needs (Manual Section 601 and 211 (special needs requirements)).

f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

All Family, Friend, and Neighbor providers must meet the same Health & Safety requirements, regardless of where the care is provided. There are no exemptions for in-home care. All FFN providers are subject to a health and safety inspection of the care setting within 45 days of enrollment and must meet all mandatory pre-service training requirements within 90 days:

- Prevention and control of infectious diseases;
- Prevention of sudden infant death syndrome and use of safe sleeping practices;
- The administration of medication, consistent with standards for parental consent;
- The prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premise safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility);
- The handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- Appropriate precautions in transporting children (for providers that offer transportation);

- First aid and cardiopulmonary resuscitation; and
- Nutrition and physical activity (optional).

After the first year, FFN providers are required to take a minimum of 24 hours of early education and child care training annually.

g. Other. Describe:

4.1.6 Child care services available through grants or contracts.

- a. In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check “yes” if every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.7

Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
The CCR&R staff ensure the parent is provided with and understands all available options for the type of care they are seeking.
- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:
School-age care is provided by non-profit agencies including Boys & Girls Clubs and city/county recreational programs. Wraparound services are provided by Head Start and Early Head Start agencies.
- iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.
For OST/OSR, the rates were initially set through a funding formula that included geographical area, their average daily program attendance, and the free and reduced lunch rates of the schools in their service delivery area. This was multiplied by the working population and the result was the number of children that could be funded for each agency. Contract amounts were calculated by using the daily reimbursement rate for the geographical area, type of care, and age of child multiplied by the number of children to be served and then multiplied by the number of days in the year care was provided. This amount was dependent upon the total amount available per geographical area, which was determined based on percentage of overall need. Now, funding is based on this historical precedent, and will be reevaluated as funding comes available in the future.

For Wraparound, the rates are set based on the 2004 reimbursement rate.

For Homeless, CPS, and Foster, the rates are set by capacity and available funds.

- b. Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
i. Children with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ii. Infants and toddlers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iii. School-age children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Children needing non-traditional hour care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
v. Children experiencing homelessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi. Children with diverse linguistic or cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
vii. Children in underserved areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
viii. Children in urban areas	<input type="checkbox"/>	<input type="checkbox"/>
ix. Children in rural areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
x. Other populations, please specify	<input type="checkbox"/>	<input type="checkbox"/>

4.1.7 Shortages in supply of high-quality child care

Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents’ needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents’ needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

- a. In child care centers.

Nevada currently has 390,145 children under age 11.

Nevada currently has 167,410 children under age 11 that are below 200% FPL

Nevada has 443 licensed centers with capacity of 45,754 seats.

Nevada has enough seats in licensed centers to serve 12% of children under age 11 and 27% of children under 11 that are below 200% FPL.

This data is from the American Community Survey (US Census) and Child Care Licensing.

Based on provider town hall meetings and providers surveys, Nevada is struggling with recruitment and retention of staff.

- b. In child care homes.

Nevada currently has 390,145 children under age 11.

Nevada currently has 167,410 children under age 11 that are below 200% FPL

Nevada has 192 licensed family child care programs with capacity of 1,406 seats.

Nevada has enough seats in licensed family child care to serve 0% of children under age 11 and 1% of children under 11 that are below 200% FPL.

This data is from the American Community Survey (US Census) and Child Care Licensing.

Based on provider town hall meetings and providers surveys, Nevada is struggling with recruitment and retention of staff.

- c. Other.

NA

4.1.8 Strategies to increase the supply of and improve the quality of child care services

Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

- a. Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

Emergency grants to fund child care facilities which have health and safety complaints or identified issues/safety concerns to assist them in correcting them. Contracts with Head Start, Early Head Start and Before & Afterschool Recreation programs to create slots for low-income children. Based on a child care desert heat map, recruitment efforts are being implemented to build the supply of child care in underserved areas, including startup funding, support through Nevada's Child Care Network/Hub for assistance with website creation for marketing, and technology to help streamline billing, maximize enrollment, and other technical assistance and training needed to operate a profitable, high quality early

childhood program.

ii. Targeted Family Child Care Support such as Family Child Care Networks.
Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

QRIS staff/coaches, CCR&R Agency staff

v. Recruitment of providers. Describe:

The Children’s Cabinet & The Las Vegas Urban League

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

Reimbursement rates are attached to QRIS star ratings. Reimbursement per child increased based on quality level without increasing the client’s copayment for care to support access to higher quality for low-income families.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

Both CCR&R agencies offer a “Strengthening Business Practices” 4-module training series to help providers improve business practices. LVUL also has an Entrepreneurship Center which provides free business classes available to providers.

viii. Accreditation supports. Describe:

Tiered Reimbursements provided based on obtained accreditations (increased star rating under QRIS); QRIS coaches provide supports to help facilities prepare for accreditation.

ix. Child care health consultation. Describe:

x. Mental health consultation. Describe:

TACSEI program addresses behavior challenges causing suspension and termination from care.

xi. Other. Describe:

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

Wraparound Head Start, Early Head Start (including childcare-HS partnerships), and Blind Children’s Center for infant-toddler slots for low-income families to access quality care.

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

Provider star bonuses tied to QRIS ratings; per child increase based on quality level without increasing client's copayment for care. Supports access to higher quality for low-income families.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

Both CCR&R agencies offer a "Strengthening Business Practices" 4-module training series to help providers improve business practices. LVUL also has an Entrepreneurship Center which provides free business classes available to providers.

viii. Accreditation supports. Describe:

QRIS coaches help prepare facilities for Accreditation assessments, QRIS ratings; increased payments due to star level supports continued accreditation.

ix. Child care health consultation. Describe:

x. Mental health consultation. Describe:

TACSEI provides supports to providers caring for children at risk of expulsion/suspension due to behavior issues.

xi. Other. Describe:

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

Early Head Start/Head Start contract "HS/EHS includes slots for children with disabilities as part of their guidelines and has supports built in for children with disabilities; State also has contract with the Blind Children's Center for services for FY2022, includes slots for infant, toddler, pre-school and school aged care.

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

QRIS coaches and CCR&R staff provide technical assistance.

v. Recruitment of providers. Describe:

The Las Vegas Urban League and The Children's Cabinet conduct recruitment and enrollment for the subsidy program.

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

Payments increased based on QRIS star ratings; providers receive bonus based on rating per child, without an increase to parent's copay to support care at higher quality facilities for low-income parents.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

Both CCR&R agencies provide a "Strengthening Business Practices" 4-module training for providers to support improved business practices.

viii. Accreditation supports. Describe:

QRIS coaches provide pre-accreditation and QRIS rating supports; Providers receive higher payments based on QRIS star rating to support continued accreditation.

ix. Child care health consultation. Describe:

x. Mental health consultation. Describe:

TACSEI program provides supports to prevent expulsion and suspension of children from care based on behavior.

xi. Other. Describe:

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

Provided emergency grant funds to providers, including those who offer extended hour care to preserve the child care slots.

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

QRIS and CCR&R agency staff provide technical assistance supports.

v. Recruitment of providers. Describe:

LVUL and The Children's Cabinet do provider recruitment and enrollment.

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

Providers receive star bonuses based on QRIS rating level; this higher payment does not increase client co-payment requirements.

vii. Support for improving business practices for providers, such as management training, and shared services. Describe:

Both LVUL and The Children's Cabinet offer "Strengthening Business Practices" 4-module training for providers. LVUL also has an Entrepreneurship Center that provides business supports and training for providers.

viii. Accreditation supports. Describe:

QRIS coaches provide pre-assessment training and support to providers seeking accreditation and QRIS ratings; Provider reimbursements include star bonuses based on QRIS ratings to make higher payments based on quality without impacting the parent's co-pays.

ix. Child Care health consultation. Describe:

x. Mental health consultation. Describe:

TACSEI program supports providers with behavioral interventions to prevent suspension and expulsion of children in childcare settings.

xi. Other. Describe:

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

ARP Provider Stabilization Grant Proposal

Grant Administration: All subgrants under this proposal would be administered by The Children's Cabinet at a cost of approximately \$486,375 for the three year project period, which includes two full time FTEs to process applications, provide technical support to providers and review monthly reports to ensure program compliance.

Round One Subgrant Proposal Details:

Round one of the provider stabilization grants would be open to all home-based providers to support up to six months of operational costs, based on annual operating budgets reported by the provider. For eligible FFN and/or family child care providers that do not utilize a business operating budget and have only one staff/employee providing services, operational costs may be calculated at a rate of \$15 per hour times the average number of hours of care provided, regardless of actual costs and/or payment rates (a formula to easily calculate this rate for the 6 month operating period should be provided in the application).

Providers may use the funds for any operational expenses of the program including: payroll, rent/mortgage, supplies, equipment, insurance, fees/permits, food/snacks for children in care, and related expenses as allowed under federal ARP guidance. Providers must use a portion of the funds to meet the following requirements:

Staff Compensation Enhancement ☐ All providers who have staff (full or part-time) must utilize at least 20% of funds to support staff compensation enhancements. Options for staff compensation enhancements may include one-time bonuses or stipends and/or hourly wage increases that may be either permanent or temporary during the grant funding period. FFN's and home-based providers with no additional staff do not need to meet this requirement.

Family Financial Supports ☐ All providers (including FFNs and home-based providers) must utilize at least an additional 20% of funds to provide financial relief from enrollment fees, tuition and/or related parent expenses for the care of their children. Home based providers that are unable to meet the 20% requirement due to subsidy payments or other factors may provide an explanation and be waived from this requirement (only if there is no or minimal out of pocket expenses for parents).

Outreach and Engagement of Home-based providers ☐ An analysis of CARES Act grant to providers shows that approximately 20% of known licensed in-home care providers applied for and/or received a grant. In an effort to support more providers, this proposal includes a recommendation to utilize approximately \$600,000 over a two year period to issue outreach, engagement and technical support assistance sub-grants to five community based organizations that work directly with or in the communities with a high rate of home based providers (specifically, Hispanic/Black populations in Urban areas and at least one rural serving organization). The proposal includes five sub grants in the amount of \$60,000 per year to conduct outreach and engagement (identifying and conducting outreach to home-based providers, particularly unlicensed or license exempt providers), as well as technical assistance support for these providers to complete applications and with implementation and reporting requirements during the grant period. These community based organizations will also be utilized to help support outreach, education and technical assistance for Round Three grants (see below).

Monthly Reporting ☐ Providers will be required to submit monthly reports outlining the use of funds, including the number and amount of staff compensation payments, as well as the number of families/children benefitting from the family financial support component. Monthly reports will utilize a simplified format to reduce burden on providers.

Round Two Subgrant Proposal Details:

Round two of the provider stabilization grants would be open to all center based and out of school time providers to support up to six months of operational costs, based on annual operating budgets reported by the provider.

Providers may use the funds for any operational expenses of the program including: payroll, rent/mortgage, supplies, equipment, insurance, fees/permits, food/snacks for children in care, and related expenses as allowed under federal ARP guidance. Providers must use a portion of the funds to meet the following requirements:

1. **Staff Compensation Enhancement** ☑ All providers who have staff (full or part-time) must utilize at least 20% of funds to support staff compensation enhancements. Options for staff compensation enhancements may include one-time bonuses or stipends and/or hourly wage increases that may be either permanent or temporary during the grant funding period.
2. **Family Financial Supports** ☑ All providers must utilize at least an additional 20% of funds to provide financial relief from enrollment fees, tuition and/or related parent expenses for the care of their children. Funds may not be used to supplant or replace other funding sources, such as subsidy, but may be used to cover parent co-pays and any other parent out of pocket expenses.

Monthly Reporting ☑ Providers will be required to submit monthly reports outlining the use of funds, including the number and amount of staff compensation payments, as well as the number of families/children benefitting from the family financial support component. Monthly reports will utilize a simplified format to reduce burden on providers.

Round Three Subgrant Proposal Details:

Round three of the provider stabilization grants would be open to all providers to support project specific activities related to quality improvements, infrastructure, expanded capacity and/or family supports. Projects may include, but are not limited to:

- Updating technology and/or data system to streamline enrollment, attendance and/or reporting;

- Minor facility renovations that will increase capacity, quality and/or ability of the provider to offer services to new populations (including new age groups, children with disabilities, etc.);

- Professional development and/or training for providers and staff aimed at improving quality and/or the delivery of services, including funds to support temporary/substitute teachers during training or professional development opportunities;

- Purchase of supplies and/or equipment needed to improve quality rating and/or to replace old, non-functional equipment or supplies;

- Recruitment, marketing and/or advertising to fill teacher/staff vacancies and/or child care center slots;

- Staffing, facility and/or equipment expenses necessary to expand program capacity to serve more children and/or a different population of children;

- Membership or fees associated with joining a networking and/or shared services program to ease administrative burden and streamline business processes;

- Hiring business consultants or coaches to increase business capacity, including development of organizational budgets, streamlining human resources and related business functions;

- Other projects as identified by the provider that will improve capacity, quality and/or

business practices.

The total amount of grant awards will depend on the amount of funds available after Rounds One and Two, as well as the total amount of funds requested from qualified providers. Priority will be given to providers serving families in high need areas and that submit proposals which provide a clear and direct benefit to families, including serving children with special needs, offering non-traditional hours and related needs identified in the community. Applications will be accepted on a rolling basis until all funds are expended, but no later than the ACF deadline for full obligation of funds (9/30/22).

Technical Assistance and Support ☑ Providers will receive technical assistance and support in the development of proposals (identifying programs and services), as well as with implementation and reporting of project activities. A series of informational webinars will be provided prior to the release of the grant notices outlining the use of the project funds and potential opportunities for providers.

Monthly Reporting ☑ Providers will be required to submit monthly reports outlining the use of funds, including the impact of projects on the provider, staff and families. Monthly reports will utilize a simplified format to reduce burden on providers.

Contracted Slot Agreements through a pilot for:

- Infants and Toddlers
- Children with Special Needs
- Nontraditional Hours

[x] ii. Family Child Care Networks. Describe:

Homegrown Family Child Care Network Project

FCC Networks to include:

- Automation of services (funding technology advancements for providers to help track enrollment ☑ with the intention of increasing revenue)

- Decentralizing operations (developing staffed child care networks that include shared service agreement which should result in cost savings by purchasing things in bulk)

- Case Management in cohorts

- Customizable data dashboards and integration (giving the state and local organizations real time data and insights into the health of the childcare landscape)

- Expanding and supporting Nevada's Substitute Program, CACFP, Early Intervention, Pyramid and Mental Health services, and QRIS.

Tiered Networks

Unsubsidized Kith and Kin Cohorts

Existing Licensed Family Child Care Providers

Newly Recruited Licensed Family Child Care Providers

Existing Family, Friend, and Neighbor (FFN) Providers

Family, Friend, and Neighbor (FFN) providers Recruited to become Licensed Family Child Care Providers

[x] iii. Start-up funding. Describe:

Recruitment Pathways

Recruitment of new Family Child Care providers.

This would include startup funding, mentorship, and wrap around services to allow them to set and achieve their own individual business goals.

Recruitment of Family, Friend, and Neighbor (FFN) providers to become licensed Family Child Care providers.

This would include startup funding, mentorship, and wrap around services to allow them to set and achieve their own individual business goals.

Recruitment of new Child Care Facilities (not in home care)

Grants to cover costs including, but not limited to: business/licensing fees; supplies; equipment; insurance; minor renovations; advertising/marketing; shared services; and membership fees.

Grant administration includes costs for 1FTE to develop and manage the program, including education/outreach to potential applicants, TA and support to potential applicants in target communities, and monitoring/reporting of grant activities, outcomes and impact.

Project will also include partnerships with the Federal Reserve Bank of San Francisco to develop partnerships with Community Development Finance Institutions (CDFIs) and other banking institutions to support capital development and/or major renovations funding.

[x] iv. Technical assistance support. Describe:

Recruitment and Startup TA:

Marketing & Advertising Efforts

Hyperlocal marketing

Local Events
Community Colleges
Flyers & marketing materials
Social Media posts
Custom landing pages build on state websites including local organizations

Customized 1:1 Licensing Support

Specific to Nevada regulations
Concierge Service
Purchase list of what you need to buy to start your program
Background check support

Business Training

How to give a good tour
How to build a business plan
How to make sure your business is profitable
How to successfully market your program
How to enroll your first family

v. Recruitment of providers. Describe:

Recruitment Pathways

Recruitment of new Family Child Care providers.

This would include startup funding, mentorship, and wrap around services to allow them to set and achieve their own individual business goals.

Recruitment of Family, Friend, and Neighbor (FFN) providers to become licensed Family Child Care providers.

This would include startup funding, mentorship, and wrap around services to allow them to set and achieve their own individual business goals.

Building new child care facilities (not in home care) which includes a partnership with the Business Community to help build child care within their business.

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

Shared Services

Community of Practice

Bulk Purchasing Discounts - ex. Curriculum, school supplies, insurance, etc.

Curriculum Support

Professional Development

Tax Preparation Services & Support

viii. Accreditation supports. Describe:

ix. Child Care health consultation. Describe:

x. Mental health consultation. Describe:

xi. Other. Describe:

The Child Care Staff Stipends Incentive Program would provide an annual (three year) cash incentive (ie: hazard/bonus pay) to child care providers who are currently listed in the NV Registry (a mandate for all direct service staff in licensed child care) in Levels 1 through 7. The NV Registry would make direct payments to these staff upon verification of continued employment in the child care sector.

Expansion of 50 additional TEACH scholarship opportunities for non-QRIS providers to further their growth on the Nevada Career Ladder and promote workforce retention. Includes admin for 75 stipend-based scholarships for NYF (stipends included in NYF budget).

CCDP will issue an RFP to hire a consultant to conduct an in-depth cost modeling analysis to determine the fiscal impact of restructuring Nevada's subsidy reimbursement system to reflect the cost of care versus utilization of the market rate survey, which has been shown to perpetuate inequities in low-income communities where markets cannot support the true cost of high quality care.

CCDP will conduct an RFP to identify a marketing/PR firm to conduct an extensive, statewide communications and outreach campaign directed at parents of young children to connect them to resources including, but not limited to the nvchildcare.org website which includes information on financial assistance programs and includes an interactive tool to identify child care providers (with real time capacity detail). The campaign will be utilized to connect parents with resources, as well as to assist providers in connecting with parents, as well as sharing information on best practices and related resources necessary for the care and development of young children. The RFP will also include updates to the current nvchildcare.org website.

Community Health Workers who receive an Early Childhood Education Endorsement (through the NV Community Health Worker Association) would provide health education, technical assistance, assessments, mental health resources and referrals for child care providers (organization/curriculum related), teachers, children and families (assessments, mental health

resources, provider referrals, system navigation, etc.). CHW-ECE's would be trained in early childhood mental health, developmental assessments, nutrition education and resource/referral navigation to support both providers and their families with supporting healthy development of young children.

Proposals to be submitted by each ECAC up to the amount available to support local efforts to improve provider quality, improve provider capacity and/or increase access for families.

4.1.9 Prioritizing investments for increasing access to high-quality child care and development services

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

- a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency identifies the number of families living under the FPL by zip code or county to define high concentrations of poverty.

- b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs.
CCDP is currently targeting these populations through Head Start programs, One Stop Shops, and QRIS implementation. Parents who are participating in the TANF cash program, are homeless and at risk without services receive 100% subsidy (no copay) for 12 months to help the family secure stable employment. Head Start/Early HS services are also covered at 100% subsidy to support these families.

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a market rate survey or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be

considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.
- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices

and/or costs.

a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?

February 2022 - June 2022

b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.

i. MRS. If checked, describe the status of the Lead Agency’s implementation of the MRS.

The 2022 MRS has been completed.

ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency’s implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies’ most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2.

?

4.2.2 Consultation prior to developing MRS or pre-approved alternative methodology

Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a. State Advisory Council or similar coordinating body:

A survey was sent asking stakeholders to review and provide feedback on the 2022 MRS. The stakeholder group consisted of 48 stakeholders which included the Nevada Early Childhood Advisory Council (ECAC).

The stakeholder survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS report.

b. Local child care program administrators:

A survey was sent asking stakeholders to review and provide feedback on the 2022 MRS. The stakeholder group consisted of 48 stakeholders which included child care program administrators from center, family child care, group family child care and out-of-school time programming. The stakeholder survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS report.

- c. Local child care resource and referral agencies:

A survey was sent asking stakeholders to review and provide feedback on the 2022 MRS. The stakeholder group consisted of 48 stakeholders which included Child Care Resource & Referral (CCR&R) agencies.

The stakeholder survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS report.

- d. Organizations representing caregivers, teachers, and directors:

A survey was sent asking stakeholders to review and provide feedback on the 2022 MRS. The stakeholder group consisted of 48 stakeholders which included the following: Nevada Institute for Children’s Research and Policy, Washoe County Licensing, Quality Rating Improvement System, Nevada Pyramid Model, Nevada Association of Education for Young Children, State Child Care Licensing, Washoe County Licensing, Nevada Department of Education, NV Registry, and Children’s Advocacy Alliance. The stakeholder survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS report.

- e. Other. Describe:

A survey was sent asking stakeholders to review and provide feedback on the 2022 MRS. The stakeholder group consisted of 48 stakeholders which included all Early Childhood Education (ECE) stakeholders in Nevada.

The stakeholder survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS report.

4.2.3 Benchmarks for MRS or pre-approved alternative methodology

ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- o represents the child care market
- o provides complete and current data
- o uses rigorous data collection procedures
- o reflects geographic variations
- o analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

- a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

- i. Represent the child care market:

For the 2022 MRS, all licensed and Out-of-School Time (OST) child care providers were contacted

to participate in the survey: 74.91% of providers responded

ii. Provide complete and current data:

On March 29, 2022, an email was sent to all licensed and out-of-school time (OST) providers in Nevada notifying them that a link to the MRS survey will be sent the following week. The notification was in both English and Spanish. The notification included the importance of the survey, the estimated length of time it will take to complete the survey, items to prepare, and the survey incentive. All providers in Nevada were sent the notification regardless of participation on the Child Care Subsidy program.

On April 6, 2022, the Survey Monkey link to the MRS was sent to all licensed and OST providers in Nevada. The entire provider universe and response rate is reported in the next section. The bi-lingual survey announcement was sent via the Department of Public and Behavioral Health Child Care Licensing ListServ, the Washoe County Human Service Agency Child Care Licensing ListServ, the Nevada Department of Education Office of Early Learning and Development ListServ, The Children's Cabinet CCR&R database director/owner contacts and posted on The Nevada Registry. The survey was also available in both English and Spanish.

The week of April 13, Quality Rating Improvement System (QRIS) coaches encouraged their sites to participate in the survey and used QR codes to direct providers to the survey location.

The week of April 20, 2022, an email was sent to all providers who had initiated the survey in Survey Monkey but did not complete the survey.

The week of May 5, 2022, resource and referral staff started making phone calls to achieve a 65% response rate by county and provider type. Staff used a separate survey monkey link to record provide responses received via the phone. Many providers reported to resource and referral staff that they did not have time to complete the entire survey. In these instances, staff requested that the provider email their current rate form and staff entered provider rates directly into the CCR&R database.

The week of June 13, 2022, administrative rate data were pulled, and all rates reported between January 1, 2022, and April 1, 2022, were used in the market rate analysis. On June 16, 2022, a 65% response rate was achieved by county and by provider type and data cleansing and rate conversion commenced.

Final provider response rate (including administrative data pulled from January 1, 2022, through April 1, 2022) was 74.91%

iii. Use rigorous data collection procedures:

On March 29, 2022, an email was sent to all licensed and out-of-school time (OST) providers in Nevada notifying them that a link to the MRS survey will be sent the following week. The notification was in both English and Spanish. The notification included the importance of the survey, the estimated length of time it will take to complete the survey, items to prepare, and the survey incentive. All providers in Nevada were sent the notification regardless of participation on the Child Care Subsidy program.

On April 6, 2022, the Survey Monkey link to the MRS was sent to all licensed and OST providers in Nevada. The entire provider universe and response rate is reported in the next section. The bi-

lingual survey announcement was sent via the Department of Public and Behavioral Health Child Care Licensing ListServ, the Washoe County Human Service Agency Child Care Licensing ListServ, the Nevada Department of Education Office of Early Learning and Development ListServ, The Children's Cabinet CCR&R database director/owner contacts and posted on The Nevada Registry. The survey was also available in both English and Spanish.

The week of April 13, Quality Rating Improvement System (QRIS) coaches encouraged their sites to participate in the survey and used QR codes to direct providers to the survey location.

The week of April 20, 2022, an email was sent to all providers who had initiated the survey in Survey Monkey but did not complete the survey.

The week of May 5, 2022, resource and referral staff started making phone calls to achieve a 65% response rate by county and provider type. Staff used a separate survey monkey link to record provide responses received via the phone. Many providers reported to resource and referral staff that they did not have time to complete the entire survey. In these instances, staff requested that the provider email their current rate form and staff entered provider rates directly into the CCR&R database.

The week of June 13, 2022, administrative rate data were pulled, and all rates reported between January 1, 2022, and April 1, 2022, were used in the market rate analysis. On June 16, 2022, a 65% response rate was achieved by county and by provider type and data cleansing and rate conversion commenced.

Final provider response rate (including administrative data pulled from January 1, 2022, through April 1, 2022) was 74.91%

iv. Reflect geographic variations:

Rate results are aggregated by geographical area: Washoe County (Urban), Carson/Douglas County (Capital Area), Clark (Urban), Rural (the balance of all other counties in Nevada).

v. Analyze data in a manner that captures other relevant differences:

Rates are analyzed separately within each geographical area for centers, family child care, and group family child care.

Rates are analyzed separately within each geographical area and provider type for infants (0-11 months), toddlers (1 year through 2 years), PreK (3 years through 5 years), and School-Age (6 years through 12 years)

122 providers participating in the Nevada Quality Rating Improvement System (QRIS) responded to the 2022 MRS. This allows the Lead Agency the ability to compare QRIS and non QRIS rates for all population and provider types listed above.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes. If yes, why do you think the data represents the child care market?

The survey was conducted in 2022 and reflects the current child care market prices.

4.2.4 Variations in the price or cost of services

Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

- a. Geographic area (e.g., statewide or local markets). Describe:

Rate results are aggregated by geographical area: Washoe County (Urban), Carson/Douglas County (Capital Area), Clark (Urban), Rural (14 remaining Counties in Nevada).

- b. Type of provider. Describe:

Rates are analyzed separately within each geographical area for centers, family child care, and group family child care.

- c. Age of child. Describe:

Rates are analyzed separately within each geographical area and provider type for infants (0-11 months), toddlers (1 year through 2 years), PreK (3 years through 5 years), and School-Age (6 years through 12 years).

- d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

The Nevada MRS also enables the Lead Agency to obtain analytics of the QRIS star level rating for our participating providers.

4.2.5 Narrow cost analysis completion

Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

- a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Center for American Progress has created costofchildcare.org, which is an interactive calculator to illustrate the true cost of care by state.

Rates were compared between the following:

Nevada's 4.1.2022 75th percentile rate

Cost of Quality Calculator's base cost of care meeting licensing standards

Higher quality care to include teacher pay parity (wages increased to mirror kindergarten teachers), health insurance, and increased quality ratios allowing for lower numbers of children per teacher (quality ratios assessed for centers only).

- b. How the methodology addresses the cost of child care providers' implementation of _____ health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory _____)

requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

All costs and requirements are built into the cost of care calculator at the base level.

- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

Nevada would use this methodology to provide a base-rate for child care providers at the first tier of the reimbursement for QRIS participating providers and adjustments would be necessary to arrive at the incentivized cost to align with the 5 star rated system.

- d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

Center Infants: 2018 95th percentile in Clark County is \$190.38/week less than the cost of care

Family Infants: 2018 95th percentile in Clark County is \$89.61/week less than the cost of care

Center Toddlers: 2018 95th percentile in Clark County is \$107.41/week less than the cost of care

Family Child Care Toddlers: 2018 95th percentile in Clark County is \$89.61 less than the cost of care

Center PreK: 2018 95th percentile in Clark County is \$46.76 less than the cost of care

Family Child Care PreK: 2018 95th percentile in Clark County is \$82.11 less than the cost of care

4.2.6 Detailed report of the market rate survey or ACF pre-approved alternative methodology results

After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the

questions below.

- a. Date the report containing results was made widely available—no later than 30 days after the completion of the report.

July 29, 2022

- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The results of the MRS were published to the DWSS Child Care website on: (https://dwss.nv.gov/Care/Child_Care_-_Documents_and_Links/) https://dwss.nv.gov/Care/Child_Care_-_Documents_and_Links/

Additionally, the results of the MRS are published in the following locations: (<https://nevadachildcare.org/provider-resources/>) <https://nevadachildcare.org/provider-resources/>

- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

All feedback received from stakeholders on survey design and administration is provided in Appendix A. DWSS and The Children’s Cabinet reviewed the stakeholder feedback and incorporated all suggested modifications. Changes made to the survey are highlighted in yellow in Appendix B.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Base payment rates and percentiles

Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

- a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
i. Infant (6 months) Center care	62.50	312.5	73rd percentile	NA
ii. Toddler (18 months) Center care	57	285	74th percentile	NA
iii. Preschooler (4 years) Center care	36	180	55th percentile	NA
iv. School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	51.50	257.50	68th percentile	NA
v. Infant (6 months) Family Child Care	48	240	67th percentile	NA
vi. Toddler (18 months) Family Child Care	45	225	75th percentile	NA
vii. Preschooler (4 years) Family Child Care	46.5	232.50	93rd percentile	NA

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
viii. School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	46	230	100th percentile	NA

- b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Daily rates were multiplied time 5.

- c. Describe how the Lead Agency defines and calculates part-time and full-time care.

For Infant, toddler, and preschool children:

**part-time care is considered 15 minutes to 4 hours 29 minutes
full-time care is considered equal to and greater than 4 hours 30 minutes.**

For School-Age children:

**part-time care is considered 15 minutes to 2 hours and 59 minutes
full-time care is considered equal to and greater than 3 hours.**

- d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1).

05/01/2022

- e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Clark County

- f. Provide the citation, or link, if available, to the payment rates

<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf> (Page 116)

- g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

Jurisdictions in Nevada do not set their own payment rates. The State Agency sets the payment rates, statewide.

4.3.2 Differentiating payment rates

Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

a. Geographic area. Describe:

By county

b. Type of provider. Describe:

Licensed center, licensed family care center, licensed group center, license exempt family, friend, & neighbor care, and school age programs.

c. Age of child. Describe:

Infant, Toddler, Pre-K, School-Age

d. Quality level. Describe:

QRIS Star Ratings (1-5)

e. Other. Describe:

4.3.3 Tiered rates, differential rates, or add-ons

Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No

Yes, If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. Tiered or differential rates are not implemented.

b. Differential rate for non-traditional hours. Describe:

c. Differential rate for children with special needs, as defined by the state/territory. Describe:

d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

[] f. Differential rate for higher quality, as defined by the state/territory. Describe:

[] g. Other differential rates or tiered rates. Describe:

4.3.4 Establishment of adequate payment rates.

- a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The base payment rates support the health, safety, quality, and staffing requirements under CCDF and are aligned with the most recent MRS conducted in 2022.

- b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsidies.
Nevada's subsidy rates are currently set at the 95th percentile rate of the 2018 MRS, which is higher than the 75th percentile of the 2022 MRS in many regions and age groups. Implementing the 75th percentile base rate of the 2022 MRS would decrease the reimbursement rate for several provider types and age groups in our rural regions. While the MRS reflects the current market price, it does not consider cost of care. Nevada is currently in the RFP process for selecting a consultant to conduct an in-depth cost modeling analysis to determine the true cost of high-quality care in Nevada. The results of the cost modeling analysis, in conjunction with the 2022 MRS, will be part of the methodology for a new rate structure which will be submitted for approval prior to the next CCDF state plan submission.

4.3.5 Cost of higher quality

Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

In Nevada, our reimbursement rates are tied to the QRIS star levels. As providers improve quality, their reimbursement rate increases.

4.3.6 Additional facts in determining payments rates

Identify and describe any additional facts that the Lead Agency considered in determining its

payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

Payment rates were not changed based on COVID-19; however, the state did provide emergency grants and stipends to help providers to pay for these costs and to preserve child care supply in Nevada.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(I)(4) through (6); 658E(c)(2)(S)(ii); 98.45(I)(4); 98.45(I)(5); 98.45(I)(6)).

4.4.1 Payment practices

Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

- a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
 - i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.
NA
 - ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.
The Children's Cabinet and the Urban League pay within no more than 21 calendar days of the receipt of complete invoice for services.
- b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is

to choose at least one of the following:

i. Paying based on a child’s enrollment rather than attendance. Describe the policy or procedure.

Child care payments are made based on enrollment rather than attendance based on a client's schedule. In very limited circumstances, payments are made based on attendance; for example, if a child attends more than one child care.

ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

NA

iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

Payments are generally made based on a parent’s approved schedule. The exceptions are varying schedules and before and after school programs. When a family works a varied schedule, policy allows 21 absence days per year to ensure payments to providers and stability for families. Before and after school programs frequently cannot take payments for days the child was not in attendance, so policy reflects this practice.

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency’s justification for this approach.

NA

c. The Lead Agency’s payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Rates are paid on a full-time or part-time basis. Because school-age children have schedules that include public school hours, the hours that constitute full-time and part-time are different:

- Infant, Toddler, and Preschool Children: Part-time = 15 minutes to 4 hours and 29 minutes; Full-time = 4 hours, 30 minutes and greater

- School Age Children: Part-time = 15 minutes to 2 hours and 59 minutes; Full-time = 3 hours or more.

Although we pay on a part-time/full-time basis, Nevada reimburses providers monthly for care provided the previous month. The generally accepted payment practice of the field is to pay on a weekly basis.

ii. Paying for reasonable mandatory registration fees that the provider charges to private- paying parents. Describe the policy or procedure.

The CCDP pays up to \$40 for annual fees and then the provider determines and

charges any additional fees to the family.

- d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.

Describe:

The following is included on the Provider Service Agreement: Certificates Once you accept/receive a Child Care Certificate, CCDP participants are not required to pay the full cost of tuition up-front and in full prior to attendance. The approved reimbursement rate is documented on the Child Care Certificate for each eligible child. It is your responsibility to ensure that the Child Care Certificate received is current, covers the schedule utilized by the client, and is valid for the site where services are being provided. CCDP participants are required to obtain a new Child Care Certificate when circumstances change and when they transfer providers, even within the same child care chain. Reimbursement for child care services is based on either actual attendance or approved schedule as specified on the Child Care Certificate. CCDP is not responsible for payment of days and hours not covered on the Child Care Certificate; this is the responsibility of the parent. Payments Reimbursements will be issued within 30 business days after timely timesheet submittal in accordance with Section I.E. Child Care Attendance and Provider Timesheet submitted after the last day of the month following the service period (e.g., timesheets submitted August 1 or later for the month of June) are subject to non-payment. Payment issues and discrepancies are your responsibility and must be resolved within 60 days of receiving payment for services. Submittals outside this timeline are subject to non-payment. CCDP will not deduct taxes, insurance, or other coverage for providers from their CCDP reimbursements (also see Employment in section IX.C). CCDP participants are responsible for maintaining current co-payments with providers. All providers are responsible for keeping records of copayments and overages received from the client and providing the client a receipt for payment. Reimbursable Fees All or part of the cost of child care, not to exceed the current DWSS maximum rates, for the days, times and time period authorized by the CCDP per the Child Care Certificate. All or part of the Enrollment/Registration fee not to exceed the DWSS maximum amount. Clients with actual attendance billing are allowed 21 discretionary days to use for holidays, sick, or vacation. CCDP contractors have 10 days to update cases due to any changes to the family's eligibility and issue a new certificate to the child care provider or notify the provider that the case is terminated.

- e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

When a change is made to a client's eligibility case, the NOA/Appeal is generated from the system and emailed/mailed to the client the same day the change is made. The NOA/Appeal will state all changes made to the eligibility case.

- f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Providers have 60 calendar days from the issuance of payment to request an adjustment if they disagree with the amount of their payment. All payment adjustment requests must be resolved and responded to in writing by the Child Care office within 30 calendar days of the

request. Child Care contactors must resolve all provider underpayments in the next available reimbursement period from the date the underpayment is validated. If an underpayment is discovered through a Management Evaluation (ME) or Quality Control (QC) review, the underpayment must be validated by the contracting agency. If the underpayment was due to a mistake of the contracting agency, the supplemental payment must be issued with the next available reimbursement period after validations. If an overpayment is found by a contractor or through a ME or QC review, the overpayment must be validated by the contractor within 60 calendar days from the date the overpayment is discovered. Child Care contractors are primarily responsible for the collection of all provider overpayments. Recovery is accomplished through retention of future provider payments until the debt is retired in whole. If the provider suggests that repayment of the debt will cause a hardship they may seek special consideration from the DWSS Child Care Chief. To do so, the provider must submit a written request to the DWSS Child Care Chief fully disclosing the circumstances which warrant special consideration. If the provider's contract is terminated prior to full repayment of the overpayment, the Child Care contractor must refer the debt to the appropriate DWSS Investigations & Recovery (I&R) office for continuation of the recovery action. If the provider initiates a new contract with Child Care contractor prior to full recovery of the debt by DWSS I&R the Child Care office must suspend approval of the contract until the remaining overpayment balance is paid. The provider retains the right to seek hardship consideration using the process. If a hardship is granted, the Child Care contractor must submit a written request to DWSS I&R seeking to reclaim the debt and assume responsibility for collection of the outstanding balance through reimbursement reduction.

g. Other. Describe:

NA

4.4.2 Payment practices across regions counties, and/or geographic areas

Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas. Describe:

NA

4.4.3 Payment practices supporting equal access

Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

Payments based on the most current MRS help bridge the gap between what the provider charges and what the State reimburses. This reduces any "overpayment" or out of pocket expense to families because the state is covering at a rate that is aligned with the price of care for a full range of providers and allowing equal access for families.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-

payment and the provider's payment rate.

4.5.1 Affordable family contribution/co-payment

How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16(k))? Check all that apply.

a. Limit the maximum co-payment per family. Describe:

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:

At initial eligibility, families are required to be under 130% of the FPL. If at the 12-month eligibility redetermination, the income limit increases to 85% of SMI, and eligibility will continue for an additional 365 days at the new subsidy percentage, based on their new income.

d. Other. Describe:

4.5.2 Option to allow providers to charge additional amounts

Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Due to limited child care capacity in the state of Nevada, if we were to stop allowing this practice, we would not have enough providers to serve subsidized children. In Nevada, we understand that the price for care is up to the provider, as this is their privately owned business. CCDP does not have the ongoing funding to pay all gaps across the board, regardless of what a provider sets their price at; instead we align with the current MRS to reduce the gap. Additionally, the program will be procuring a contractor to analyze the true cost of care in Nevada in addition to analyzing our current policies vs. the federal guidelines in terms of income limit and purposes of care. With Nevada's base CCDF award (not including COVID-related funds), Nevada can serve between 6 and 7 thousand children. In order to pay rates at cost of care, to open eligibility for more purposes of care, and to take advantage of the higher income limit at intake, Nevada will need to reduce the number of children we are serving.

- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

In addition to charge rates, providers also charge a variety of fees including initial registration,

annual fee, materials & supplies, meals, field trips, and late payment. Not all providers completed the fee portion of the survey and the results do not represent all survey respondents.

Meals	Registration Field Trips	Annual Late Payment	Materials & Supplies		
# Reporting Charging Fee 6	87 17	52 62	18		
Maximum Charged \$10.00	\$470.00 \$150.00	\$250.00 \$ 75.00	\$500.00		
Minimum Charged 5.00	\$ 10.00 \$ 10.00	\$ 25.00 \$ 1.00	\$ 25.00		\$
Average Charged 8.33	\$126.17 \$ 58.33	\$109.02 \$ 27.84	\$138.33		\$
Frequency Daily - 3	One-time upon Per occurrence - 11	Once per Each Occurance - 53	Annually - 12		
Monthly - 2	enrollment - 87 Once/Summer - 2	year - 52 Weekly - 6	Biannually - 2		
Meal-1	Weekly Summer-1	Monthly - 3	Varies - 1		Per
Enrollment-3	Annually - 2		Once at		

Depends on

fundraising - 1

- iii. Describe the Lead Agency’s analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

Based on data collected in the 2022 MRS, 82% of providers in Nevada charge parents for the difference between the state’s maximum reimbursement rate and the provider’s price for care.

Nevada is exploring moving toward a cost of care rate methodology. As reimbursement rates for subsidy providers is increased, the number of families accessing care without additional fees should decrease.

Nevada’s QRIS tiered reimbursement system is also another way providers can receive increased payment amounts based on quality and lower the hidden copay amount for families.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements

(658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 Providers subject to licensing

To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

NAC 432A.050 "Child care center" (NRS 432A.077) means any facility in which the licensee regularly provides day or night care for more than 12 children and which is developmentally appropriate for those children. NRS 432A.024 "Child care facility" defined. 1. "Child care facility" means: (a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children; (b) An on-site child care facility; (c) A child care institution; or (d) An outdoor youth program. 2. "Child care facility" does not include: (a) The home of a natural parent or guardian, foster home as defined in NRS 424.014 or maternity home; (b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility; (c) A home in which a person provides care for the children of a friend or neighbor for not more than 4 weeks if the person who provides the care does not regularly engage in that activity; (d) A location at which an out-of-school-time program is operated; (e) A seasonal or temporary recreation program; or (f) An out-of-school recreation program.

Washoe County is subject to the NRS/NAC; however, they can be more restrictive. In Washoe County, if serving more than one child, the provider must become licensed.

ii. Describe the licensing requirements:

NAC 432A.200 License to operate facility: Application; investigation; issuance; return. (NRS 432A.077, 432A.141, 432A.170, 432A.175)

1. An application for an initial license to operate a facility must be:

(a) Submitted to the Division on a form supplied by the Division; and

(b) Accompanied by appropriate fee;

2. After receiving a completed application and payment of the appropriate fee, the Division shall:

(a) Conduct an investigation into the qualifications and background of:

(1) Every applicant and his or her employees, other than an educational intern who provides

direct care to children for a period of less than 6 months;

(2) Every resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594;

(3) Every participant in an outdoor youth program who is 18 years of age or older; and

(4) Every volunteer of the facility who is 18 years of age or older, other than a parent of a child who attends the facility;

(b) Inspect the buildings of the facility; and

(c) Examine the plans for care of the children and management of the facility.

3. Documentation of completed and current investigations must be kept on file at the facility for all persons required to be investigated, for the period of their presence at the facility.

4. Fingerprints must be taken and applications for investigations must be made by:

(a) Every employee or a resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, and every volunteer of the facility who is 18 years of age or older, other than a parent of a child who attends the facility, within 24 hours after the date of hiring or his or her presence in the facility, and every 5 years thereafter.

(b) Every participant in an outdoor youth program who is 18 years of age or older within 24 hours after the participant begins participating in the program and every 5 years thereafter.

(c) An applicant at the time that his or her application is submitted for licensure, and then at least once every 5 years after the license is issued.

(d) A licensee every 5 years after the date his or her license is originally issued.

5. The Division shall immediately notify the applicant or licensee if the investigation conducted pursuant to subsection 2 indicates that he or she or a person whose fingerprints were taken pursuant to subsection 4 has been convicted of any offense listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child abuse or neglect filed against him or her.

6. The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire

Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

7. With the exception of a facility that is licensed by a branch of the military or naval service of the United States, a licensee who has a license to operate a family home or a group home may not obtain a license to operate any other family home, group home or other child care facility.

8. An applicant must, before a license is issued to him or her, submit to the Division a certificate stating that he or she holds a policy of insurance for protection against liability to third persons which will meet the requirement set forth in subsection 2 of NAC 432A.290. Any government, governmental agency or political subdivision of a government which operates a child care facility and is self-insured is not required to furnish a certificate of insurance to the Division.

9. If the applicant and the proposed facility are in compliance with the provisions of this chapter, as shown by his or her application and related material and the investigation, a license will be issued to the applicant within 30 days after completion of the investigation.

10. A licensee shall return to the Division his or her license if he or she ceases to operate a facility, if the license has been suspended or revoked or if the license is placed on a provisional basis.

iii. Provide the citation:

NAC 432A.200

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

NAC 432A.100 "Family home" defined. (NRS 432A.077) "Family home" means any facility in which the licensee regularly provides care without the presence of parents, for at least five and not more than six children. Once subsidized, CCDP calls these Family Child Care (FCC) programs.
NAC 432A.110 "Group home" defined. (NRS 432A.077) "Group home" means any facility in which the licensee regularly provides care for no less than seven and no more than twelve children.

ii. Describe the licensing requirements:

NAC 432A.200 License to operate facility: Application; investigation; issuance; return. (NRS 432A.077, 432A.141, 432A.170, 432A.175)

1. An application for an initial license to operate a facility must be:

- (a) Submitted to the Division on a form supplied by the Division; and
- (b) Accompanied by appropriate fee;

2. After receiving a completed application and payment of the appropriate fee, the Division shall:

(a) Conduct an investigation into the qualifications and background of:

(1) Every applicant and his or her employees, other than an educational intern who provides direct care to children for a period of less than 6 months;

(2) Every resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594;

(3) Every participant in an outdoor youth program who is 18 years of age or older; and

(4) Every volunteer of the facility who is 18 years of age or older, other than a parent of a child who attends the facility;

(b) Inspect the buildings of the facility; and

(c) Examine the plans for care of the children and management of the facility.

3. Documentation of completed and current investigations must be kept on file at the facility for all persons required to be investigated, for the period of their presence at the facility.

4. Fingerprints must be taken and applications for investigations must be made by:

(a) Every employee or a resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, and every volunteer of the facility who is 18 years of age or older, other than a parent of a child who attends the facility, within 24 hours after the date of hiring or his or her presence in the facility, and every 5 years thereafter.

(b) Every participant in an outdoor youth program who is 18 years of age or older within 24 hours after the participant begins participating in the program and every 5 years thereafter.

(c) An applicant at the time that his or her application is submitted for licensure, and then at least once every 5 years after the license is issued.

(d) A licensee every 5 years after the date his or her license is originally issued.

5. The Division shall immediately notify the applicant or licensee if the investigation conducted pursuant to subsection 2 indicates that he or she or a person whose fingerprints were taken pursuant to subsection 4 has been convicted of any offense listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child abuse or neglect filed against him or her.

6. The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

7. With the exception of a facility that is licensed by a branch of the military or naval service of the United States, a licensee who has a license to operate a family home or a group home may not obtain a license to operate any other family home, group home or other child care facility.

8. An applicant must, before a license is issued to him or her, submit to the Division a certificate stating that he or she holds a policy of insurance for protection against liability to third persons which will meet the requirement set forth in subsection 2 of NAC 432A.290. Any government, governmental agency or political subdivision of a government which operates a child care facility and is self-insured is not required to furnish a certificate of insurance to the Division.

9. If the applicant and the proposed facility are in compliance with the provisions of this chapter, as shown by his or her application and related material and the investigation, a license will be issued to the applicant within 30 days after completion of the investigation.

10. A licensee shall return to the Division his or her license if he or she ceases to operate a facility, if the license has been suspended or revoked or if the license is placed on a provisional basis.

iii. Provide the citation:

NAC 432A.200

[] c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

NA

ii. Describe the licensing requirements:

NA

iii. Provide the citation:

NA

5.1.2 CCDF Eligible Providers Exempt from Licensing Requirement

Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

- a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.
 - i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:
NRS 432A.0277 "Out-of-school recreation program" defined.

1. "Out-of-school recreation program" means a recreation program operated or sponsored by a local government in a facility which is owned, operated or leased by the local government and which provides enrichment activities to children of school age:

(a) Before or after school;

(b) During the summer or other seasonal breaks in the school calendar; or

(c) Between sessions for children who attend a school which operates on a year-round calendar.

2. The term does not include a seasonal or temporary recreation program. (Added to NRS by 2011, 1993)

NRS 432A.0278 "Out-of-school-time program" defined. "Out-of-school-time program" means a program, other than an out-of-school recreation program, that operates for 10 or more hours per week, is offered on a continuing basis, provides supervision of children who are of the age to attend school from kindergarten through 12th grade and provides regularly scheduled, structured and supervised activities where learning opportunities take place:

1. Before or after school;

2. On the weekend;

3. During the summer or other seasonal breaks in the school calendar; or

4. Between sessions for children who attend a school which operates on a year-round calendar.

NRS 432A.029 "Seasonal or temporary recreation program" defined. "Seasonal or temporary recreation program" means a recreation program that is offered to children for a limited time or duration and may include, without limitation:

1. A special sports event, which may include, without limitation, a camp, clinic, demonstration or workshop which focuses on a particular sport;

2. A therapeutic program for children with disabilities, which may include, without limitation, social activities, outings and other inclusion activities;

3. An athletic training program, which may include, without limitation, a baseball or other sports league and exercise instruction; and

4. Other special interest programs, which may include, without limitation, an arts and crafts workshop, a theater camp and dance competition.

ii. Provide the citation to this policy:

NRS 432A.0277; NRS 432A.0278; NRS 432A.029

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

The health, safety, development, and quality of environment of children in license exempt centers is ensured through implementation of CCDF required trainings, comprehensive background checks, group size and ratio, and annual monitoring by CCDF for all applicable requirements and standards.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Family Friend and Neighbor provider are license exempt due to serving no more than one child in Washoe County and 4 or less children in the remaining counties.

ii. Provide the citation to this policy:

Washoe County Regulations:

1.11 Child care facility means:

A. Any dwelling or establishment which furnishes care on a temporary or permanent basis, during the day or overnight, to two or more children under 18 years of age, if compensation is received for the care of any of those children;

(https://www.washoecounty.us/hsa/childrens_services/child_care_and_early_childhood_services/regulations/Regulations%20Changes/files/Master%20Copy%20Regulations%20for%20Child%20Care%202-12-19.pdf)

https://www.washoecounty.us/hsa/childrens_services/child_care_and_early_childhood_services/regulations/Regulations%20Changes/files/Master%20Copy%20Regulations%20for%20Child%20Care%202-12-19.pdf

State Statute:

NRS 432A.024 **“Child care facility” defined.**

1. “Child care facility” means:

(a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children;

(b) An on-site child care facility;

(c) A child care institution; or

(d) An outdoor youth program.

2. “Child care facility” does not include:

(a) The home of a natural parent or guardian, foster home as defined in (<https://www.leg.state.nv.us/NRS/NRS-424.html#NRS424Sec014>) NRS 424.014 or maternity home;

(b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility;

(c) A home in which a person provides care for the children of a friend or neighbor for not more than 4 weeks if the person who provides the care does not regularly engage in that activity;

(d) A location at which an out-of-school-time program is operated;

(e) A seasonal or temporary recreation program; or

(f) An out-of-school recreation program.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

For any providers that serve CCDF, all applicable health and safety requirements are implemented in addition to monitoring those providers. All FFN providers must: “ Provide proof that they are at least 18 years of age; and “ Be a U.S. citizen or Lawful Permanent

Residence; and ☐ Provide a picture ID; and ☐ Provide a Social Security Card; and ☐ Have a working telephone for emergency situations at the location where care is being provided; and ☐ Provide verification of home address (see MS 216.3 for acceptable verifications); and ☐ Complete a Background Disclosure Form; and ☐ Report any public assistance received from any state, city or county agency using the Notice to Report Form; and ☐ Complete the Employers Responsibility Form; and ☐ Complete the Parent/Provider Agreement; and ☐ Complete Health & Safety training (see MS 622.3)

- c. In-home care (care in the child’s own home by a non-relative): Describe and provide the citation by answering the questions below.
- i. Identify the CCDF-eligible in-home child care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

The Family, Friend, or Neighbor (FFN) Provider is a Non-Licensed Provider. FFN providers can be a relative or non-relative and may provide services in the child’s home (in-home) for up to four children. FFN providers who offer in-home services must care for a minimum of two subsidy children to be eligible as an in-home provider

- ii. Provide the citation to this policy:

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 622

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Immunization Exemption: In-home care and care provided by a ☐qualified relative☐ in the relative’s home is exempt from this requirement unless there are other unrelated children present. A ☐qualified relative☐ is defined as grandparents, great grandparents, siblings, aunts, and uncles.

Home Visit Recommendations for Improvement exception: Recommendations for improvements for In-home care must be made however termination must not occur if recommendations for improvement are not pursued.

The health, safety, and development of children in In-Home care is not endangered due to regular annual visits, standards, and trainings in place to ensure these providers have the tools and resources they need to provide a quality environment.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Age classifications definitions

Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

- a. Infant. Describe:
0 - 11 months
- b. Toddler. Describe:
12 months - 35 months
- c. Preschool. Describe:
3 years - 5 years & 11 months
- d. School-Age. Describe:
6 years - 12 years

5.2.2 Ratio and group size for settings and age groups

To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

- a. Licensed CCDF center-based care:
 - i. Infant
 - A. Ratio:
1:4 for children 0-8 months

1:6 for children 9-11 months
 - B. Group size:
8 for children 0-8 months

12 for children 9-11 months
 - ii. Toddler
 - A. Ratio:
1:6 for children 12 months ☐ 23 months;

1:9 for children 24 months ☐ 35 months
 - B. Group size:
12 for children 12 months ☐ 23 months;

18 for children 24 months ☐ 35 months
 - iii. Preschool
 - A. Ratio:
1:12 for children 35 months ☐ 47 months;

1:13 for children 48 months ☐ 59 months;

1:18 for children 5 years ☐ 5 years & 11 months

- B. Group size:
 - 24 for children 35 months ☐ 47 months;**
 - 26 for children 48 months ☐ 59 months;**
 - 36 for children 5 years ☐ 5 years & 11 months**
- iv. School-Age
 - A. Ratio:
 - 1:18 for children 6 years to 12 years**
 - B. Group size:
 - 36 for children 6 years to 12 years**
- v. Mixed-Age Groups (if applicable)
 - A. Ratio:
 - N/A**
 - B. Group size:
 - N/A**
- vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.
 - For our License-exempt OST and OSR Before and After School programs, the Ratio is 1:20 and the Group Size is 40.**
- b. Licensed CCDF family child care home providers:
 - i. Mixed-Age Groups
 - A. Ratio:
 - N/A**
 - B. Group size:
 - N/A**
 - ii. Infant (if applicable)
 - A. Ratio:
 - 1:4 for children 0-8 months;**
 - 1:6 for children 9-11 months**
 - B. Group size:
 - 8 for children 0-8 months;**
 - 12 for children 9-11 months**
 - iii. Toddler (if applicable)
 - A. Ratio:
 - 1:6 for children 12 months ☐ 23 months;**
 - 1:9 for children 24 months ☐ 35 months**
 - B. Group size:
 - 8 for children 0-8 months;**

12 for children 9-11 months

iv. Preschool (if applicable)

A. Ratio:

1:12 for children 35 months ☐ 47 months;

1:13 for children 48 months ☐ 59 months;

1:18 for children 5 years ☐ 5 years & 11 months

B. Group size:

24 for children 35 months ☐ 47 months;

26 for children 48 months ☐ 59 months;

36 for children 5 years ☐ 5 years & 11 months

v. School-Age (if applicable)

A. Ratio:

1:18 for children 6 years - 12 years;

B. Group size:

36 for children 6 years - 12 years

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

For our Exempt FFN population, the child threshold for licensure results in a 1:1 ratio in Washoe with a group size of 1 and other counties, the ratio is 1:4 and group size of 4.

c. Licensed in-home care (care in the child's own home):

i. Mixed-Age Groups (if applicable)

A. Ratio:

NA

B. Group size:

NA

ii. Infant (if applicable)

A. Ratio:

1:4

B. Group size:

4

iii. Toddler (if applicable)

A. Ratio:

1:4

B. Group size:

4

The Family, Friend, or Neighbor (FFN) Provider is a Non-Licensed Provider. FFN providers can be a relative or non-relative and may provide services in the child’s home (in-home) or in their own home (out-of-home) for up to four children. FFN providers who offer in-home services must care for a minimum of two subsidy children to be eligible as an in-home provider.

iv. **Preschool (if applicable)**

A. **Ratio:**

1:4

B. **Group size:**

4

v. **School-Age (if applicable)**

A. **Ratio:**

1:4

B. **Group size:**

4

vi. **Describe the ratio and group size requirements for license-exempt in-home care.**

In Home Care in Nevada is License Exempt. The Family, Friend, or Neighbor (FFN) Provider is a Non-Licensed Provider. FFN providers can be a relative or non-relative and may provide services in the child’s home (in-home) or in their own home (out-of-home) for up to four children. FFN providers who offer in-home services must care for a minimum of two subsidy children to be eligible as an in-home provider.

Ratio 1:4

Group Size 4

5.2.3 **Teacher/caregiver qualifications**

Provide the teacher/caregiver qualifications for each category of care.

a. **Licensed Center-Based Care**

i. **Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:**

Teacher/caregiver qualifications are based on Provider Type, not age, aside from some trainings (e.g. SIDS).

The following are the requirements for Licensed providers (center based and family child care based):

NRS 432A.1773 Licensee or person responsible for daily operation, administration or

management of child care facility: Registration required; qualifications.

1. A licensee of a child care facility, or a person appointed by the licensee, who is responsible for the daily operation, administration or management of a child care facility must: (a) Be at least 21 years of age and:

(1) Hold an associate's degree or a higher degree in early childhood education and have at least 1,000 hours of verifiable experience in a child care facility;

(2) Hold an associate's degree or a higher degree in any field other than early childhood education, have completed at least 15 semester hours in early childhood education or related courses and have at least 2,000 hours of verifiable experience in a child care facility;

(3) Hold a high school diploma or, if approved by the Administrator of the Division of Public and Behavioral Health, a general educational development certificate, have completed at least 15 semester hours in early childhood education or related courses and have at least 3,000 hours of experience in a child care facility;

(4) Hold a current credential as a "Child Development Associate" with an endorsement for preschool age children or infants or toddlers, as appropriate, which has been issued by the Council for Professional Recognition, or its successor organization, and have at least 2,000 hours of verifiable experience in a child care facility; or

(5) Have a combination of education and experience which, in the judgment of the Administrator of the Division of Public and Behavioral Health, is equivalent to that required by subparagraph (1), (2), (3) or (4);

(b) Have at least 1,000 verifiable hours in an administrative position or have completed a course or other training in business administration; and

(c) Within 90 days after the licensee or person appointed by the licensee commences service as the director of a child care facility, apply to the Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires.

2. As used in this section, "Nevada Registry" means the organization that operates the statewide system of career development and recognition created to:

(a) Acknowledge and encourage professional achievement in the early childhood care and education workforce in this State;

(b) Establish a professional development system in this State for the field of early childhood care and education;

(c) Approve and track all informal training in the field of early childhood care and education in this State; and

(d) Act as a statewide clearinghouse of information concerning the field of early childhood care and education. (Added to NRS by 2013, 736)

NAC 432A.326 Continuing training in child care. (NRS 432A.077)

1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to NAC 432A.323 Initial trainings include: CPR/First Aid; Child Development or guidance and discipline; signs and symptoms of illness; recognize and reporting child abuse; SIDS; Shaken Baby Syndrome and abusive head trauma; administration of medication and response to food and other allergies; building and physical premises safety, storage of bio contaminants and other hazardous materials; emergency preparedness and response planning; transportation; and wellness, health and safety children.

NAC 432A.306 Requirements for caregivers. (NRS 432A.077)

1. Every caregiver in a child care facility must:

(a) Be at least 16 years of age;

(b) Be able to summon help in an emergency;

(c) Be emotionally and physically qualified to carry out a program which places emphasis on the development of children; and

(d) Except as otherwise provided in subsection 5, within 90 days after the caregiver commences employment in the child care facility, apply with The Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires.

2. Not more than 50 percent of the caregivers in a child care center, a child care institution or an early care and education program may be under 18 years of age. Any caregiver who is under 18 years of age and is employed in such a facility must:

(a) Have completed a course in the development of children which is approved by:

(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such courses; or

(2) If the course has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency; or

(b) Be currently enrolled in such a course.

3. A child care facility may not be operated unless a person who is 18 years of age or older is on the premises of the facility.

4. A volunteer for a child care facility, regardless of his or her age, and a member of the staff of the facility who is under 18 years of age may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee of the facility who is 18 years of age or older.

5. A caregiver in a child care institution is not required to initially apply with or annually renew his or her registration with The Nevada Registry or its successor organization.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

Teacher/caregiver qualifications are based on Provider Type, not age, aside from some trainings (e.g. SIDS).

The following are the requirements for Licensed providers (center based and family child care based):

NRS 432A.1773 Licensee or person responsible for daily operation, administration or management of child care facility: Registration required; qualifications.

1. A licensee of a child care facility, or a person appointed by the licensee, who is responsible for the daily operation, administration or management of a child care facility must:

(a) Be at least 21 years of age and:

(1) Hold an associate's degree or a higher degree in early childhood education and have at least 1,000 hours of verifiable experience in a child care facility;

(2) Hold an associate's degree or a higher degree in any field other than early childhood education, have completed at least 15 semester hours in early childhood education or related courses and have at least 2,000 hours of verifiable experience

in a child care facility;

(3) Hold a high school diploma or, if approved by the Administrator of the Division of Public and Behavioral Health, a general educational development certificate, have completed at least 15 semester hours in early childhood education or related courses and have at least 3,000 hours of experience in a child care facility;

(4) Hold a current credential as a "Child Development Associate" with an endorsement for preschool age children or infants or toddlers, as appropriate, which has been issued by the Council for Professional Recognition, or its successor organization, and have at least 2,000 hours of verifiable experience in a child care facility; or

(5) Have a combination of education and experience which, in the judgment of the Administrator of the Division of Public and Behavioral Health, is equivalent to that required by subparagraph (1), (2), (3) or (4);

(b) Have at least 1,000 verifiable hours in an administrative position or have completed a course or other training in business administration; and

(c) Within 90 days after the licensee or person appointed by the licensee commences service as the director of a child care facility, apply to the Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires.

2. As used in this section, "Nevada Registry" means the organization that operates the statewide system of career development and recognition created to:

(a) Acknowledge and encourage professional achievement in the early childhood care and education workforce in this State;

(b) Establish a professional development system in this State for the field of early childhood care and education;

(c) Approve and track all informal training in the field of early childhood care and education in this State; and

(d) Act as a statewide clearinghouse of information concerning the field of early childhood care and education. (Added to NRS by 2013, 736)

NAC 432A.326 Continuing training in child care. (NRS 432A.077)

1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to NAC 432A.323 . Initial trainings include: CPR/First Aid; Child Development or guidance and discipline; signs and symptoms of

illness; recognize and reporting child abuse; SIDS; Shaken Baby Syndrome and abusive head trauma; administration of medication and response to food and other allergies; building and physical premises safety, storage of biocontaminants and other hazardous materials; emergency preparedness and response planning; transportation; and wellness, health and safety children.

NAC 432A.306 Requirements for caregivers. (NRS 432A.077)

1. Every caregiver in a child care facility must:

(a) Be at least 16 years of age;

(b) Be able to summon help in an emergency;

(c) Be emotionally and physically qualified to carry out a program which places emphasis on the development of children; and

(d) Except as otherwise provided in subsection 5, within 90 days after the caregiver commences employment in the child care facility, apply with The Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires.

2. Not more than 50 percent of the caregivers in a child care center, a child care institution or an early care and education program may be under 18 years of age. Any caregiver who is under 18 years of age and is employed in such a facility must:

(a) Have completed a course in the development of children which is approved by:

(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such courses; or

(2) If the course has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency; or

(b) Be currently enrolled in such a course.

3. A child care facility may not be operated unless a person who is 18 years of age or older is on the premises of the facility.

4. A volunteer for a child care facility, regardless of his or her age, and a member of

the staff of the facility who is under 18 years of age may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee of the facility who is 18 years of age or older.

5. A caregiver in a child care institution is not required to initially apply with or annually renew his or her registration with The Nevada Registry or its successor organization.

- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

NA

- iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

NA

b. Licensed Family Child Care

- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Teacher/caregiver qualifications are based on Provider Type, not age, aside from some trainings (e.g. SIDS).

The following are the requirements for Licensed providers (center based and family child care based):

NRS 432A.1773 Licensee or person responsible for daily operation, administration or management of child care facility: Registration required; qualifications.

1. A licensee of a child care facility, or a person appointed by the licensee, who is responsible for the daily operation, administration or management of a child care facility must:

(a) Be at least 21 years of age and:

(1) Hold an associate's degree or a higher degree in early childhood education and have at least 1,000 hours of verifiable experience in a child care facility;

(2) Hold an associate's degree or a higher degree in any field other than early childhood education, have completed at least 15 semester hours in early childhood education or related courses and have at least 2,000 hours of verifiable experience in a child care facility;

(3) Hold a high school diploma or, if approved by the Administrator of the Division of Public and Behavioral Health, a general educational development certificate, have

completed at least 15 semester hours in early childhood education or related courses and have at least 3,000 hours of experience in a child care facility;

(4) Hold a current credential as a "Child Development Associate" with an endorsement for preschool age children or infants or toddlers, as appropriate, which has been issued by the Council for Professional Recognition, or its successor organization, and have at least 2,000 hours of verifiable experience in a child care facility; or

(5) Have a combination of education and experience which, in the judgment of the Administrator of the Division of Public and Behavioral Health, is equivalent to that required by subparagraph (1), (2), (3) or (4);

(b) Have at least 1,000 verifiable hours in an administrative position or have completed a course or other training in business administration; and

(c) Within 90 days after the licensee or person appointed by the licensee commences service as the director of a child care facility, apply to the Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires.

2. As used in this section, "Nevada Registry" means the organization that operates the statewide system of career development and recognition created to:

(a) Acknowledge and encourage professional achievement in the early childhood care and education workforce in this State;

(b) Establish a professional development system in this State for the field of early childhood care and education;

(c) Approve and track all informal training in the field of early childhood care and education in this State; and

(d) Act as a statewide clearinghouse of information concerning the field of early childhood care and education. (Added to NRS by 2013, 736)

NAC 432A.326 Continuing training in child care. (NRS 432A.077)

1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to NAC 432A.323 . Initial trainings include: CPR/First Aid; Child Development or guidance and discipline; signs and symptoms of illness; recognize and reporting child abuse; SIDS; Shaken Baby Syndrome and abusive head trauma; administration of medication and response to food and other allergies; building and physical premises safety, storage of biocontaminants and other

hazardous materials; emergency preparedness and response planning; transportation; and wellness, health and safety children.

NAC 432A.306 Requirements for caregivers. (NRS 432A.077)

1. Every caregiver in a child care facility must:

(a) Be at least 16 years of age; (b) Be able to summon help in an emergency;

(c) Be emotionally and physically qualified to carry out a program which places emphasis on the development of children; and

(d) Except as otherwise provided in subsection 5, within 90 days after the caregiver commences employment in the child care facility, apply with The Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires.

2. Not more than 50 percent of the caregivers in a child care center, a child care institution or an early care and education program may be under 18 years of age. Any caregiver who is under 18 years of age and is employed in such a facility must:

(a) Have completed a course in the development of children which is approved by:

(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such courses; or

(2) If the course has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency; or

(b) Be currently enrolled in such a course.

3. A child care facility may not be operated unless a person who is 18 years of age or older is on the premises of the facility.

4. A volunteer for a child care facility, regardless of his or her age, and a member of the staff of the facility who is under 18 years of age may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee of the facility who is 18 years of age or older.

5. A caregiver in a child care institution is not required to initially apply with or annually renew his or her registration with The Nevada Registry or its successor organization.

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

NA

- iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1773>

- c. Regulated or registered In-home Care (care in the child's own home by a non-relative)
 - i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:
NA
 - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

NA

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 – 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.411 Sanitary measures for changing diapers. (NRS 432A.077)

1. Each area in a facility that is used for changing diapers must:

- (a) Have a smooth, nonabrasive, impervious surface;**
- (b) Be located within close proximity to a sink that is not used for the preparation of food;**
- (c) Not be located in an area in which food is prepared;**
- (d) Have a smooth, nonabsorbent floor covering;**
- (e) Have nearby, for wet or soiled diapers, a washable receptacle that is lined with plastic and covered with a lid;**
- (f) Be kept in good repair and in a safe condition; and**
- (g) Be cleaned and disinfected after each use by removing any visible soil and applying an approved disinfectant.**

2. Each soiled cloth diaper and any soiled clothing that may be contaminated with contagious matter must be stored in an individual plastic bag and be returned to the parents daily. The facility is not required to rinse or dump the contents of a diaper or the underwear of a child cared for in the facility. Each diaper used, including, without limitation, a commercial disposable diaper, must be able to contain urine and stool and minimize contamination. If cloth diapers are used on children, an absorbent inner liner and a waterproof outer covering must be provided with the diaper.

3. The staff of a facility:

(a) Shall discourage children from coming near an area that is used for changing diapers; and

(b) Shall not leave a child unattended in the diaper changing area.

NAC 432A.412 Written procedures for washing of hands. (NRS 432A.077)

1. Each facility must have written procedures concerning the washing of hands.

2. The staff of a facility shall follow the procedures of the facility concerning the washing of hands and shall instruct, monitor and assist the children being cared for at the facility to ensure that the children follow the procedures.

3. The procedures concerning the washing of hands must require, without limitation, that:

(a) The staff of the facility wash their hands with soap from a dispenser and warm water:

(1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;

(2) Before preparing or handling food;

(3) Before engaging in any activity related to serving food, including, without limitation, setting the table;

(4) Before and after eating a meal or snack;

(5) After using the toilet, helping a child use the toilet or changing a diaper with or without gloves;

(6) After attending to an ill child;

(7) After handling an animal;

(8) Before and after giving medication to a child; and

(9) After cleaning a container used to store garbage or handling garbage.

(b) The children being cared for in the facility wash their hands with soap from a dispenser and warm water:

(1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;

(2) Before handling food;

- (3) Before and after eating a meal or snack;
- (4) After handling an animal;
- (5) After the diaper or underwear of the child is changed;
- (6) After playing in water; and
- (7) After playing in a sandbox.

(c) The staff of the facility shall ensure that:

- (1) Each bathroom has running water, soap and single-use or disposable towels; and
- (2) Any common basin or sink which is filled with standing water is not used for the washing of hands.

NAC 432A.413 Written guidelines for toilet training. (NRS 432A.077)

- 1. Each facility shall develop written guidelines concerning the methods used by the staff of the facility for toilet training and the use of appropriate equipment and clothing for such training.
- 2. The guidelines concerning toilet training must be distributed to each parent of each child being cared for at the facility who is not yet toilet trained.
- 3. The guidelines must require the staff of the facility:
 - (a) Not to force a child to remain on the toilet for a prolonged period of time or punish a child for wetting or soiling his or her clothing;
 - (b) Not to leave a child unattended while the child is sitting on a potty-chair or on the toilet;
 - (c) To instruct and assist the children in washing their hands after using the toilet; and
 - (d) If a potty-chair is used to train a child to use the toilet, to:
 - (1) Place the potty-chair on a washable, impervious floor;
 - (2) Use the potty-chair in accordance with the instructions from the manufacturer;
 - (3) Ensure that the potty-chair is stored and used in an area that is not in close proximity to an area used for the preparation of food;
 - (4) Empty the potty-chair into a toilet immediately after each use;

(5) Thoroughly clean and disinfect the potty-chair after each use; and

(6) Disinfect the utility sink where the potty-chair was cleaned.

**NAC 432A.414 Sanitary measures for floors, rugs, carpets and nonporous surfaces.
(NRS 432A.077)**

1. A carpeted floor or rug on a floor that is too large to wash in a washing machine must be vacuumed not less than one time each day or more often if necessary and cleaned not less than one time every 3 months or more often if necessary. If the carpeted floor or rug is cleaned by a member of the staff of the facility using a carpet cleaning machine, the Division may require the carpeted floor or rug to be professionally cleaned if the carpeted floor or rug does not appear to be clean.

2. Each floor of a facility that is not carpeted must be swept and mopped not less than one time each day or more often if necessary.

3. When cleaning a nonporous surface in a facility, including, without limitation, cleaning toys, cribs, tables, high chairs and surfaces used to change diapers, the staff of the facility shall:

(a) Clean the surface first with soap and water to remove any dirt or debris; and

(b) Disinfect the surface with a disinfecting agent.

4. The disinfecting agent used pursuant to subsection 3 must consist of:

(a) One-fourth of a cup of liquid chlorine bleach added to 1 gallon of water that is prepared fresh daily and kept in a closed container;

(b) One tablespoon of liquid chlorine bleach added to 1 quart of water that is prepared fresh daily; or

(c) A solution that is approved by the appropriate state or local agency and is at least as effective as the solutions described in paragraphs (a) and (b).

NAC 432A.415 Safety and sanitation of toys, equipment and other objects and material used for play. (NRS 432A.077)

1. Equipment and any material other than a toy that is used for play in a facility must be durable and free from characteristics that may be hazardous or injurious to a child who is less than 2 years of age, including, without limitation, such characteristics as sharp or rough edges, toxic paint or objects that are small enough for a child of that age to swallow and choke on.

2. Any object, toy or component of a toy that is accessible by a child who is less than 3 years of age at a facility must meet the federal size requirements set forth in 16 C.F.R. § 1501.4.

3. Toys with sharp points or edges, plastic bags and objects made from Styrofoam must not be accessible to a child who is less than 3 years of age.

4. A toy or any other piece of equipment that is used for play must be made of a material that is capable of being disinfected and must be cleaned and disinfected promptly after the toy or other piece of equipment has been soiled or put into the mouth of a child, or not less than one time each day.

5. The staff of a facility shall not provide a stuffed animal to any child unless the stuffed animal is laundered or disinfected not less than one time each day or more often if necessary.

6. Toys must not be placed in a crib at any time. The staff of a facility shall adhere to any requirement set forth on the label of a toy regarding the safe use of the toy.

7. Each room at a facility that is used for play and other activities for children must have:

(a) Low, open shelves to store toys;

(b) An adequate supply of toys that are in good condition and appropriate for the age of the children;

(c) Tables and chairs that are the appropriate size for the children; and

(d) Any other equipment that is necessary to meet the needs of the children.

8. Any toy that is broken or has a missing part must be repaired or replaced before the toy may be used in the facility.

9. Walkers for children that are designed to be moved across the floor must not be used in a facility.

NRS 432A.230 Certificate of immunization prerequisite to admission to child care facility; conditional admission; report to Division. Except as otherwise provided in NRS 432A.235 for accommodation facilities:

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 for the following diseases:

(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.

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.

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:

(a) Agrees to submit within 15 days a certificate from a physician or local health officer that the child has received or is 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.

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.

5. Before December 31 of each year, each child care facility shall report to the 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.

NRS 432A.235 Written documentation of immunization prerequisite to admission to accommodation facility; conditional admission; report to Division; maintenance of proof of immunization by business which operates more than one accommodation facility.

1. Except as otherwise provided in subsection 2 and unless excused because of religious belief or medical condition, a child may not be admitted to any accommodation facility within this State, including an accommodation facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the accommodation facility written documentation 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 for the diseases set forth in subsection 1 of NRS 432A.230. The written documentation required pursuant to this subsection must be:

(a) A letter signed by a licensed physician stating that the child has been immunized and received boosters or is complying with the schedules;

(b) A record from a public school or private school which establishes that a child is enrolled in the school and has satisfied the requirements for immunization for enrollment in the school pursuant to NRS 392.435 or 394.192; or

(c) Any other documentation from a local health officer which proves that the child has been immunized and received boosters or is complying with the schedules.

2. A child whose parent or guardian has not established a permanent residence in the county in which an accommodation facility is located and whose history of immunization cannot be immediately confirmed by the written documentation required pursuant to subsection 1 may enter the accommodation facility conditionally if the parent or guardian:

(a) Agrees to submit within 15 days the documentation required pursuant to subsection 1; and

(b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.

3. If the documentation required pursuant to subsection 1 is not submitted to the operator of the accommodation facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.

4. Before December 31 of each year, each accommodation facility shall report to the Division of the Department, on a form furnished by the Division, the exact number of children who have:

(a) Been admitted conditionally to the accommodation facility; and

(b) Completed the immunizations required by this section.

5. To the extent that the Board or an agency for the licensing of child care facilities established by a county or city requires a child care facility to maintain proof of immunization of a child admitted to the facility, the Board or agency shall authorize a business which operates more than one accommodation facility to maintain proof of immunization of a child admitted to any accommodation facility of the business at a single location of the business. The documentation must be accessible by each accommodation facility of the business.

NRS 432A.240 Exemption from immunization when contrary to religious belief. If the religious belief of a child's parents or guardian prohibits the immunization of the child as required by NRS 432A.230 or 432A.235, a written statement of this fact signed by the parents or guardian and presented to the operator of the facility exempts the child from the provisions of that section for purposes of admission.

NRS 432A.250 Exemption from immunization because of medical condition. If the medical condition of a child will not permit the child to be immunized to the extent required by NRS 432A.230 or 432A.235, a written statement of this fact signed by a licensed physician or advanced practice registered nurse and presented to the operator of the facility by the parents or guardian of such child exempts such child from all or part of the provisions of NRS 432A.230 or 432A.235, as the case may be, for purposes of admission. **NRS 432A.260 Additional requirements for immunization imposed after admission; additional certificate or documentation required.** If, after a child has been admitted to a child care facility, including a facility licensed by a county or city, additional immunization requirements are provided by law, the child's parents or guardian shall submit an additional certificate or certificates or, if the facility is an accommodation facility, additional written documentation in a form authorized pursuant to NRS 432A.235 to the operator of the facility stating that such child has met the new immunization requirements.

NRS 432A.270 Protection of child exempt from immunization if dangerous disease exists in facility. Whenever the State Board of Health or a local board of health determines that there is a dangerous contagious disease in a child care facility attended by a child for whom exemption from immunization is claimed pursuant to the provisions of NRS 432A.240 or 432A.250, the operator of the facility shall require either:

1. That the child be immunized; or

2. That the child remain outside the school environment and the local health officer be notified.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

FFN, OST, and OSR standards within Caring for our Children Basics (below are the specifics):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.2.1.4 Diaper Changing Procedure (pg. 12)

The following diaper changing procedure should be posted in the changing area and followed to protect the health and safety of children and staff:

Step 1: Before bringing the child to the diaper changing area, perform hand hygiene and bring supplies to the diaper changing area.

Step 2: Carry/bring the child to the changing table/surface, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change. Always keep a hand on the child.

Step 3: Clean the child's diaper area.

Step 4: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.

Step 5: Put on a clean diaper and dress the child.

Step 6: Wash the child's hands and return the child to a supervised area.

Step 7: Clean and disinfect the diaper-changing surface. Dispose of the disposable paper liner if used on the diaper changing surface in a plastic-lined, hands-free, covered can. If clothing was soiled, securely tie the plastic bag used to store the clothing and send home.

Step 8: Perform hand hygiene and record the diaper change, diaper contents, and/or any problems.

Caregivers/teachers should never leave a child unattended on a table or countertop. A safety strap or harness should not be used on the diaper changing table/surface.

3.2.2.1 Situations that Require Hand Hygiene (pg. 13)

All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):

a) Upon arrival for the day, after breaks, or when moving from one group to another.

b) Before and after:

Preparing food or beverages; Eating, handling food, or feeding a child; Brushing or helping a child brush teeth; Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered; Playing in water (including swimming) that is used by more than one person; and Diapering.

c) After:

Using the toilet or helping a child use a toilet; Handling bodily fluid (mucus, blood, vomit); Handling animals or cleaning up animal waste; Playing in sand, on wooden play sets, and outdoors; and Cleaning or handling the garbage.

Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, diapering, and toileting areas.

3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting (pg. 13)

Programs should follow a routine schedule of cleaning, sanitizing, and disinfecting. Cleaning, sanitizing, and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained during use.

3.2.3.4 Prevention of Exposure to Blood and Body Fluids (pg. 14)

Early care and education programs should adopt the use of Standard Precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids. Caregivers and teachers are required to be educated regarding Standard Precautions before beginning to work in the program and annually thereafter. For center-based care, training should comply with requirements of the Occupational Safety and Health Administration (OSHA).

3.6.1.1 Inclusion/Exclusion/Dismissal of Children (pg. 15)

The program should notify parents/guardians when children develop new signs or symptoms of illness. Parent/guardian notification should be immediate for emergency or urgent issues. Staff should notify parents/guardians of children who have symptoms that require exclusion, and parents/guardians should remove children from the early care and education setting as soon as possible. For children whose symptoms do not require exclusion, verbal or written notification to the parent/guardian at the end of the day is acceptable. Most conditions that require exclusion do not require a primary health care provider visit before re-entering care.

When a child becomes ill but does not require immediate medical help, a determination should be made regarding whether the child should be sent home. The caregiver/teacher should determine if the illness:

- a) Prevents the child from participating comfortably in activities;
- b) Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c) Poses a risk of spread of harmful diseases to others;
- d) Causes a fever and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, and diarrhea). An unexplained temperature above 100 °F (37.8 °C) (armpit) in a child younger than 6 months should be medically evaluated. Any infant younger than 2 months of age with fever should get immediate medical attention.

If any of the above criteria are met, the child should be removed from direct contact with other children and monitored and supervised by a staff member known to the child until dismissed to the care of a parent/guardian, primary health care provider, or other person designated by the parent. The local or state health department will be able to provide specific guidelines for exclusion.

3.6.1.4 Infectious Disease Outbreak Control (pg. 15)

During the course of an identified outbreak of any reportable illness at the program, a child or staff member should be excluded if the local health department official or primary health care provider suspects that the child or staff member is contributing to transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine-preventable disease, or the circulating pathogen poses an increased risk to the individual. The child or staff member should be readmitted when the health department official or primary health care provider who made the initial determination decides that the risk of transmission is no longer present. Parents/guardians should be notified of any determination.

7.2.0.1 Immunization Documentation (pg. 23)

Programs should require that all parents/guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years," developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians. Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions.

7.2.0.2 Unimmunized Children (pg. 24)

If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents'/guardians' religious or philosophical beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian should be on file. Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child's age should be informed if/when there are children in care who have not had routine immunizations due to exemption. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. Children who are in foster care or experiencing homelessness as defined by the McKinney-Vento Act should receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible. If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

7.2.0.3 Immunization of Caregivers/Teachers (pg. 24)

Caregivers/teachers should be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the "Recommended Adult Immunization Schedule" in the following categories:

- a) Vaccines recommended for all adults who meet the age requirements and who lack evidence of immunity (i.e., lack documentation of vaccination or have no evidence of prior infection); and
- b) Recommended if a specific risk factor is present.

If a staff member is not appropriately immunized for medical, religious, or philosophical reasons, the program should require written documentation of the reason. If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department should be consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Sanitation:

NAC 432A.411 - 432A.415

Immunization:

NRS 432A.230 - 432A.270

FFN, OST, OSR:

<http://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(d); CCDP Policy Manual Section 622.2 & 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training requirements are truncated for school age children in that Shaken Baby and SIDS are not required.

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.2 Prevention of sudden infant death syndrome

Prevention of sudden infant death syndrome and the use of safe-sleep practices.

- a. Standard(s)
 - i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.416 Sleeping devices; napping. (NRS 432A.077)

1. Each member of the staff of a facility that is necessary to meet the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205 for napping or sleeping children must be on the same floor in the same building where the children are napping or sleeping. Members of the staff of each facility must be readily accessible and available to be summoned to ensure the safety of the children in the facility.

2. Areas provided for napping or sleeping in a facility must be sufficiently lighted to provide for visual supervision of the children at all times.

3. The staff of each facility shall:

(a) Ensure that each infant under 12 months of age is placed on his or her back on a firm mattress, mat or pad manufactured for use by an infant when the infant is napping or sleeping;

(b) Use a safe, sturdy, well-constructed, single-level, free-standing crib, portable crib or playpen for children to nap or sleep in;

(c) Equip any such sleeping device with a waterproof, firm-fitting mattress;

(d) Ensure that each crib to be used by a child who is 6 months of age or younger is constructed with vertical slats that are not more than 2 3/8 inches apart;

(e) Ensure that a child who is 18 months of age or younger naps or sleeps in a crib which is appropriate for his or her age or in another sleeping device which has been approved by the Division;

(f) Ensure that a child who is older than 18 months of age naps or sleeps in an appropriate crib or on a cot or mat;

(g) Ensure that each sleeping device has appropriate bedding and a waterproof and washable covering;

(h) Wipe clean each sleeping device with a disinfectant not less than one time each week or more often if necessary;

(i) Ensure that the bedding that each child uses is used only for that particular child;

(j) Replace the bedding each time it is wet or soiled by a child or when the sleeping device is to be used by another child;

(k) Within 15 minutes after a child in a crib has awakened from a nap or from sleeping, take the child out of the crib and engage him or her in an appropriate activity;

(l) Ensure that each child takes a nap as needed;

(m) Ensure that each napping or sleeping child is in an area from which the staff can readily hear and see the child; and

(n) Ensure that each napping or sleeping child is checked by a caregiver not less than one time every 15 minutes.

4. The staff of a facility shall not change the diaper of a child in a crib or other sleeping device.

5. The staff of a facility shall not use a waterbed, sofa, soft mattress, pillow or any

other soft surface as a surface on which to place an infant under 12 months of age to nap or sleep.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

FFN standards within Caring for our Children Basics detailed below:

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.1.4.1 Safe Sleep Practices and SIDS Risk Reduction (pg. 12)

All staff, parents/guardians, volunteers, and others who care for infants in the early care and education setting should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP). Cribs must be in compliance with current U.S. Consumer Product Safety Commission (CPSC) and ASTM International safety standards. See Standard 5.4.5.2 for more information.

5.4.5.2 Cribs and Play Yards (pg. 20)

Before purchase and use, cribs and play yards should be in compliance with current CPSC and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16 CFR 1219, 1220, and 1500 Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule. Programs should only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as defined by the American Academy of Pediatrics. Each crib should be labeled and used for the infant's exclusive use. Cribs and

mattresses should be thoroughly cleaned and sanitized before assignment for use by another child. Infants should not be placed in the cribs with items that could pose a strangulation or suffocation risk. Cribs should be placed away from window blinds or draperies.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(f)(1); CCDP Policy Manual Section 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(f)(1); CCDP Policy Manual Section 622.3 3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

OST and OSR not required due to working with school age children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to

process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN Providers are required to attend 24 hours of approved Initial Health & Safety Training within the first 90 days of registration which includes Sudden Infant Death Syndrome (SIDS) & Prevention of Shaken Baby Syndrome (SBS). FFN Providers are required to take 24 hours of approved training annually while they are active Providers. ECC Staff keep track of completed trainings and provide ongoing technical assistance. Additionally, ECC Staff conduct Home Safety Visits within the first 45 days of registration and annually as long as the Provider is an active FFN.

5.3.3 Administration of medication

Administration of medication, consistent with standards for parental consent.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.376 Medication. ((<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec077>) NRS 432A.077) Except as otherwise provided in (<https://www.leg.state.nv.us/NAC/NAC-432A.html#NAC432ASec585>) NAC 432A.585:

1. Each prescribed medication must:

- (a) Be kept in the original container which must have a child-proof lid;
- (b) Be plainly labeled;
- (c) Contain the name of the child or adult for whom it is prescribed; and
- (d) Be stored in a locked cabinet or be made inaccessible to children.

2. Medications for external use must be kept in a separate section of the locked cabinet. Medications stored in a refrigerator must be made inaccessible to children. Nonprescription medications must be kept in a container with a child-proof lid.

3. Except in an emergency, only one person designated by the licensee of a facility may administer medications to children. A person designated by the licensee of a facility pursuant to this subsection must be trained in the administration of medication by a health care professional or the parent of a child cared for in the facility and authorized to administer the medication pursuant to (<https://www.leg.state.nv.us/NRS/NRS-453.html#NRS453Sec375>) NRS 453.375 or (<https://www.leg.state.nv.us/NRS/NRS-454.html#NRS454Sec213>) 454.213.

4. The licensee of a facility shall maintain a written record containing:

(a) The name of each medication administered;

(b) The name of the child to whom it was administered; and

(c) The date and time on which it was administered on a weekly basis. The record must be kept in the child's file.

5. A prescribed medication must, upon discontinuance of use, be promptly destroyed or returned to the child's parent.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License-Exempt Providers utilize the information provided within Caring for Our Children Basics (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.2.2.1 Situations that Require Hand Hygiene (pg. 13)

All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):

a) Upon arrival for the day, after breaks, or when moving from one group to another.

b) Before and after: Giving medication or applying a medical ointment or cream in which a break in

the skin (e.g., sores, cuts, or scrapes) may be encountered.

3.6.3.1/3.6.3.2 Medication Administration and Storage (pg. 15)

The administration of medicines at the facility should be limited to:

- a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication.
- b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal.

Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal.

All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

3.6.3.3 Training of Caregivers/Teachers to Administer Medication (pg. 16)

Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The course should be repeated according to state and/or local regulation and taught by a trained professional. Skill and competency should be monitored whenever an administration error occurs.

4.2.0.10 Care for Children with Food Allergies (pg. 16)

Each child with a food allergy should have a written care plan that includes:

- a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for:

- a) Preventing exposure to the specific food(s) to which the child is allergic;
- b) Recognizing the symptoms of an allergic reaction;
- c) Treating allergic reactions.

The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.

The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered.

Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

9.4.2.1 Contents of Child Records (pg. 26)

Programs should maintain a confidential file for each child in one central location on-site and should be immediately available to the child's caregivers/teachers (who should have parental/guardian consent for access to records), the child's parents/guardians, and the licensing authority upon request. The file for each child should include the following:

- a) Pre-admission enrollment information;
- b) Admission agreement signed by the parent/guardian at enrollment;
- c) Initial and updated health care assessments, completed and signed by the child's primary care provider, based on the child's most recent well care visit;
- d) Health history completed by the parent/guardian at admission;
- e) Medication record;
- f) Authorization form for emergency medical care;
- g) Results of developmental and behavioral screenings;
- h) Record of persons authorized to pick up child;
- i) Written informed consent forms signed by the parent/guardian allowing the facility to share the child's health records with other service providers.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(g); CCDP Policy Manual Section 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(g); CCDP Policy Manual Section 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

NA

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual

training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.4 Prevention and response to food and allergic reactions.

Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC432A.385 Snacks and meals. (NRS 432A.077)

1. The staff of each facility shall:

(a) Provide appropriate and adequate seating for the children at the facility during snacks and meals;

(b) If a high chair is used, ensure that the chair:

(1) Is in good condition;

(2) Has a wide base; and

(3) Has a safety belt for the child;

(c) Wash with a detergent and disinfect before and after each use of any table that is used during a snack or meal;

(d) Allow, encourage and assist each child to feed himself or herself, including, without limitation, encouraging a child to hold and drink from a cup, use a spoon and use his or her fingers to feed himself or herself;

(e) Offer each child drinking water at times other than during his or her regular feedings;

(f) Discard any food that is left in a dish after a meal;

(g) Ensure that bottles and containers of food are not kept in water longer than 5 minutes, and stir, shake and test a bottle or container of food before using the bottle or container to feed an infant;

(h) Not hold an infant while preparing food;

(i) On a daily basis, empty, clean and sanitize any pot used to warm a bottle or food;

(j) Store each bottle of formula and container of food in accordance with the instructions from the manufacturer of the formula or food;

(k) Label each bottle of formula and container of food with the name of the child to whom it belongs and the date the formula or food was prepared by the facility or was prepared or purchased by the parent;

(l) Immediately refrigerate and label each container of breast milk provided by a parent;

(m) Return each bottle to the appropriate parent each day;

(n) Return any unused, open container of food to the appropriate parent each day if the child was not fed directly from the container of food; and

(o) Develop with the parents of a child a plan for feeding the child, which must include, without limitation:

(1) Instructions for feeding;

(2) Any special dietary restrictions, including, without limitation, any allergies to food;

(3) A schedule of times for feeding;

(4) Whether the child will be fed breast milk, formula or solid food;

(5) If the child will be fed breast milk or formula, when to begin feeding solid food; and

(6) Likes and dislikes of certain foods.

2. A child who is fed with a bottle and does not hold his or her own bottle must be held by a caregiver while being fed with a bottle. The bottle must not be propped for feeding. A child who demonstrates a preference for holding a bottle during feeding may hold his or her own bottle and need not be held by a caregiver if the caregiver is directly observing the child.

3. The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used.

1. Whenever a child care facility is in operation, each caregiver on duty must have completed training for the recognition of signs and symptoms of illness and the administration of first aid.

2. The training for the recognition of signs and symptoms of illness must include, without limitation, the provision of information concerning health and the observation and evaluation of signs and symptoms of illness and responses to illness and emergencies and training in the prevention of exposure to bloodborne pathogens. The training for the administration of first aid must include, without limitation, the administration of first aid to victims of fire, serious injury or the ingestion of poison. Both types of training must be:

(a) Provided by a licensed health care professional or a representative of a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an institution approved by The Nevada Registry or its successor organization; and

(b) Approved by:

(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve the training; or

(2) If the training is not approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve the training, the Division or the local licensing agency.

3. A certificate or other evidence of compliance issued by a licensed health care professional, a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an approved provider of such training is adequate evidence of compliance.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children

unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

4.2.0.10 Care for Children with Food Allergies (pg. 16-17)

Each child with a food allergy should have a written care plan that includes:

- a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for:

- a) Preventing exposure to the specific food(s) to which the child is allergic;
- b) Recognizing the symptoms of an allergic reaction;
- c) Treating allergic reactions.

The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.

The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered.

Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(g); CCDP Policy Manual Section 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(g); CCDP Policy Manual Section 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

NA

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.5 Building and physical premises safety

Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.200.6

The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

NAC 432A.250 Building and grounds. (NRS 432A.077)

1. Except as otherwise provided in this subsection, subsection 3 and NRS 432A.078, in each facility there must be:

(a) At least 35 square feet of indoor space for each child, exclusive of bathrooms, halls, kitchen, stairs, storage spaces, multipurpose rooms and gymnasiums that are not regularly used.

(b) At least 37 1/2 square feet of outdoor play space for each child, as determined by the maximum number of children stated on the license for the facility. An accommodation facility need not provide outdoor play space.

2. Each facility shall:

(a) Ensure that each room of the facility which is used by children is:

(1) Maintained free of drafts and at a temperature that is not less than 65 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of October through March and at a temperature that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of April through September; and

(2) Heated, cooled and ventilated to maintain the temperatures required in this paragraph and to avoid the accumulation of odors and fumes;

(b) Ensure that electrical devices or electrical apparatuses which are accessible to children are not located near any type of water source, including, without limitation, any sink, tub, shower area or wading pool; and

(c) Install nonflammable barriers, including, without limitation, permanent guards or shields to cover heating units, including, without limitation, hot water heating pipes

and baseboard heaters with a surface temperature that is hotter than 100 degrees Fahrenheit, to ensure that those heating units are inaccessible to children.

3. A facility that provides care for ill children must have:

(a) At least 50 square feet of indoor space for each child, as determined by the maximum number of children stated on the license for the facility, exclusive of bathrooms, halls, kitchen, stairs and storage spaces.

(b) A separate ventilation system if the facility is attached to another building.

4. The play area of each facility must:

(a) Be fenced or enclosed in a manner that prevents the unsupervised departure of children from the area;

(b) Have an adequate drainage system;

(c) Be free of hazards, debris and trash;

(d) If it is an outdoor play area, provide, during the months of April through September, a shade area or shade areas that are at least equal in size to the product of 5 square feet multiplied by the total number of children in the outdoor play area;

(e) Have appropriate, as determined by the Division, depths and perimeters of resilient surfacing underneath and surrounding any elevated play equipment;

(f) Have adequate safety barriers around any elevated platforms;

(g) Not have any dangerous or poisonous plants or other vegetative matter located within the boundaries of the play area or in an area that is accessible to children from the play area;

(h) Not be in a location where any bodies of water are accessible to children; and

(i) If it has playground equipment, have only equipment that is:

(1) In good repair;

(2) Designed and constructed to minimize injury;

(3) Compatible with the age of the children in the care of the facility;

(4) Spaced to reduce accidents; and

(5) Securely anchored.

5. If a facility that provides care for ill children is a component of a child care center

and provides outdoor play space, the play space must:

- (a) Be separate from the play space for well children;
 - (b) Meet the requirements of paragraph (b) of subsection 1; and
 - (c) Meet the requirements of subsection 4.
- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

2.2.0.1 Methods of Supervision of Children (pg. 10)

In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

2.2.0.4 Supervision Near Water (pg. 10)

Constant and active supervision should be maintained when any child is in or around water. During swimming and/or bathing where an infant or toddler is present, the ratio should always be one adult to one infant/toddler. During wading and/or water play activities, the supervising adult should be within an arm's length providing "touch supervision." Programs should ensure that all pools have drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act.

3.4.6.1 Strangulation Hazards (pg. 14)

Strings and cords long enough to encircle a child's neck, such as those on toys and window coverings, should not be accessible to children in early care and education programs.

5.1.1.2 Inspection of Buildings (pg. 18)

Existing and/or newly constructed, renovated, remodeled, or altered buildings should be inspected by a building inspector to ensure compliance with applicable state and local building and fire codes before the building can be used for the purpose of early care and education.

5.1.1.3 Compliance with Fire Prevention Code (pg. 18)

Programs should comply with a state-approved or nationally recognized fire prevention code, such as the National Fire Protection Association (NFPA) 101: Life Safety Code.

5.1.1.5 Environmental Audit of Site Location (pg. 18)

An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:

- a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
- b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
- c) Potential safety hazards in the community surrounding the site.

5.1.6.6 Guardrails and Protective Barriers (pg. 19)

Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a 30 inch vertical distance to fall.

5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets (pg. 19)

All accessible electrical outlets should be tamper-resistant electrical outlets that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have tamper-resistant electrical outlets, outlets should have safety covers that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. Safety plugs may also be used if they cannot be easily removed from outlets by children and do not pose a choking risk.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19)

No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

5.2.9.1 Use and Storage of Toxic Substances (pg. 19)

All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.2.9.5 Carbon Monoxide Detectors (pg. 19)

Programs should meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary. Detectors should be tested monthly, and testing should be documented. Batteries should be changed at least yearly. Detectors should be replaced according to the manufacturer's instructions.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)

Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards:

- a) Openings that could entrap a child's head or limbs;
- b) Elevated surfaces that are inadequately guarded;
- c) Lack of specified surfacing and fall zones under and around climbable equipment;
- d) Mismatched size and design of equipment for the intended users;
- e) Insufficient spacing between equipment;
- f) Tripping hazards;
- g) Components that can pinch, shear, or crush body tissues;
- h) Equipment that is known to be of a hazardous type;
- i) Sharp points or corners;
- j) Splinters;
- k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;

l) Loose, rusty parts;

m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;

n) Strangulation hazards (e.g., straps, strings, etc.);

o) Flaking paint;

p) Paint that contains lead or other hazardous materials; and

q) Tip-over hazards, such as chests, bookshelves, and televisions.

Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

5.3.1.12 Availability and Use of a Telephone or Wireless Communication Device (pg. 20)

The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use on the premises of the child care program, in each vehicle used when transporting children, and on field trips. While transporting children, drivers should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.

5.5.0.8 Firearms (pg. 21)

Center-based programs should not have firearms or any other weapon on the premises at any time. If present in a family child care home, parents should be notified and these items should be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. Parents/guardians should be informed about this policy.

5.6.0.1 First Aid and Emergency Supplies (pg. 21)

The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)

The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the supervision of children by caregivers/teachers. If a fence is used, it should be in good condition and conform to applicable local building codes in height and construction. These areas should have at least two exits, with at least one being remote from the buildings.

Gates should be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing. Outside play areas should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment (pg. 21)

Equipment used for climbing should not be placed over, or immediately next to, hard surfaces not intended for use as surfacing for climbing equipment. All pieces of playground equipment should be placed over a shock-absorbing material that is either the unitary or the loose-fill type extending beyond the perimeter of the stationary equipment. Organic materials that support colonization of molds and bacteria should not be used. This standard applies whether the equipment is installed outdoors or indoors. Programs should follow CPSC guidelines and ASTM International Standards F1292-13 and F2223-10.

6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment (pg. 22)

The indoor and outdoor play areas and equipment should be inspected daily for basic health and safety, including, but not limited to:

- a) Missing or broken parts;
- b) Protrusion of nuts and bolts;
- c) Rust and chipping or peeling paint;
- d) Sharp edges, splinters, and rough surfaces;
- e) Stability of handholds;
- f) Visible cracks;
- g) Stability of non-anchored large play equipment (e.g., playhouses);

h) Wear and deterioration

i) Vandalism or trash

Any problems should be corrected before the playground is used by children.

6.3.2.1 Lifesaving Equipment (pg. 22)

Each swimming pool more than six feet in width, length, or diameter should be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment should be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access. Caregivers/teachers should be trained on the proper use of this equipment. Children should be familiarized with the use of the equipment based on their developmental level.

6.3.5.2 Water in Containers (pg. 22)

Bathtubs, buckets, diaper pails, and other open containers of water should be emptied immediately after use.

9.2.4.8 Authorized Persons to Pick Up Child (pg. 26)

Children may only be released to adults authorized by parents or legal guardians whose identity has been verified by photo identification. Names, addresses, and telephone numbers of persons authorized to pick up child should be obtained during the enrollment process and regularly reviewed, along with clarification/documentation of any custody issues/court orders. The legal guardian(s) of the child should be established and documented at this time.

9.4.1.12 Record of Valid License, Certificate, or Registration of Facility or Family Child Care Home (pg. 26)

Every facility and/or child care home should hold a valid license, certificate, or documentation of registration prior to operation as required by the local and/or state statute.

10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes (pg. 26)

Licensing inspectors or monitoring staff should make on-site inspections to measure program compliance with health, safety, and fire standards prior to issuing an initial license and no less than one, unannounced inspection each year thereafter to ensure compliance with regulations.

Additional inspections should take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time. The number of inspections should not include those inspections conducted for the purpose of investigating complaints. Complaints should be investigated promptly, based on severity of the complaint. States should post results of licensing inspections, including complaints, on the internet for parent and public review. Parents/guardians should have easy access to licensing rules and made aware of how to report complaints to the licensing agency. Sufficient numbers of licensing inspectors should be qualified to inspect early care and education programs and trained in related health and safety requirements among other requirements of the State licensure.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(h); CCDP Policy Manual Section 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(h); CCDP Policy Manual Section 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

NA

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training

(required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.400 Discipline. (NRS 432A.077)

1. A licensee of a facility shall enhance a child’s behavior through positive guidance, redirection of the child’s behavior and the setting of clear-cut limits on behavior.

2. A member, employee or other person associated with a facility shall not, for any reason:

(a) Inflict physical punishment, in any manner or form, upon any child;

(b) Verbally abuse or threaten a child;

(c) Make derogatory remarks about the child or the child’s family;

(d) Threaten a child with the loss of love of any person;

(e) Threaten a child with punishment by a deity;

(f) Subject a child to any form of punishment which pertains to food or rest or restricts the use of a toilet or other bathroom fixture;

(g) Withhold or use physical activity as a form of punishment;

(h) Confine a child as a form of punishment by any means, including, without limitation, in a car seat, high chair, infant carrier or jump seat; or

(i) Subject a child to any form of punishment by other children.

Parental consent to allow any person within the facility to punish a child contrary to

the provisions of this section is void.

3. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include:

(a) Holding a child's arm to prevent hitting;

(b) Bodily picking up the child and removing him or her from the group, and:

(1) Sitting with the child until he or she is ready to play without hitting; or

(2) Isolating the child under observation for no more than 10 minutes;

(c) Informing the child in a simple, positive manner what conduct is expected while the child is in the facility;

(d) Praising and recognizing a child who behaves in the expected manner; and

(e) Directing a child who is in a situation that is creating problems to a new activity.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

2.2.0.9 Prohibited Caregiver/Teacher Behaviors (pg. 11)

The following behaviors should be prohibited in all early care and education settings:

a) The use of corporal punishment, including, but not limited to:

- i. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
 - ii. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
 - iii. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
 - iv. Exposing a child to extremes of temperature.
- b) Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
 - c) Binding, tying to restrict movement, or taping the mouth;
 - d) Using or withholding food or beverages as a punishment;
 - e) Toilet learning/training methods that punish, demean, or humiliate a child;
 - f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
 - g) Any abuse or maltreatment of a child;;
 - h) Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
 - i) Any form of public or private humiliation, including threats of physical punishment (1);
 - j) Physical activity/outdoor time taken away as punishment;
 - k) Placing a child in a crib for a time-out or for disciplinary reasons.

3.4.4.3 Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma (pg. 14)

All programs should have a policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. All caregivers/teachers who are in direct contact with children, including substitute caregivers/teachers and volunteers, should receive training on preventing shaken baby syndrome and abusive head trauma; recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with a crying, fussing, or distraught child; and the development and vulnerabilities of the brain in infancy and early childhood.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(f)(2)

- b. Pre-Service and Ongoing Training
 - i. Provide the citation(s) for the training requirement(s), including citations for both licensed

and license-exempt providers.

NAC 432A.323 (1)(f)(2)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

OST and OSR providers are not required due to working with school age children.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

NAC 432A.320 Orientation program and basic training. (NRS 432A.077, 432A.177)

1. Except as otherwise provided in NRS 432A.177, within the first 2 weeks after commencing employment, newly employed members of the staff of a facility must be given a written and oral orientation program and be trained in the policies, procedures and programs of the facility by the director or a designee trained by the director. The orientation must address, at a minimum:

(a) Any regulatory requirements that govern the facility;

(b) The goals and philosophy and the policies and procedures of the facility;

(c) Any planned programs or activities of the facility;

(d) The policies and practices of the facility for relating to parents;

(e) Meal patterns and food-handling policies and practices of the facility;

(f) Dealing with occupational health hazards for caregivers, including, without limitation, paying attention to the physical health and emotional demands of the job and being aware of any special considerations required by a caregiver who is pregnant;

(g) The emergency health and safety procedures of the facility; and

(h) The general health and safety policies and procedures of the facility, including, without limitation, policies and procedures concerning:

- (1) Hand-washing techniques and requirements;
- (2) Techniques for diapering and for assisting in the use of a toilet if care is provided to children in diapers or children needing help with using a toilet, including, without limitation, techniques for the disposal of diapers and for changing diapers;
- (3) Identifying hazards and methods for preventing injuries;
- (4) Techniques for preparing, serving and storing food for employees who are involved in any of the activities concerning food for children at the facility;
- (5) Excluding a child from the facility because the child has an illness, and the manner in which illnesses are transmitted between persons;
- (6) Methods for preparing formula if formula is prepared at the facility;
- (7) Any precautions and other measures that should be taken to prevent exposure to blood and other bodily fluids, and policies and procedures to follow in the event of exposure to blood or other bodily fluids; and
- (8) The administration of medication.

2. If required by the director or owner of the facility, a member of the staff of a facility shall participate in any specialized training related to child care which is offered in the community where the facility is located.

3. A volunteer who works at least 15 hours per week in a facility and participates in specialized child care training, as defined by the director:

(a) Is a member of the staff of the facility for the purposes of this section; and

(b) Must satisfy the training and certification requirements set forth in NAC 432A.323 and 432A.326.

4. Any training received by an employee of a facility or a volunteer who works in a facility as part of the orientation required by this section may not be applied toward meeting the training requirements set forth in NAC 432A.323 and 432A.326.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and

available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers.

5.3.7 Emergency Preparedness and Response Planning

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.280 Plan for emergencies; drills; posting of plans; daily sign-in sheets; fire safety; maintenance and availability of reports. (NRS 432A.077, 432A.180)

1. Each licensee shall develop an appropriate plan to ensure that the staff of his or her facility is prepared to respond in an emergency, including, without limitation, a fire or natural disaster. The plan must, at a minimum, be reviewed on a quarterly basis during a meeting of the staff of the facility. Each licensee shall ensure that the plan is, at a minimum, evaluated annually and is changed as necessary.

2. Each plan developed pursuant to subsection 1 must include, without limitation:

(a) The duties of the director and staff;

(b) A procedure for removing staff and children to a shelter within a building of the facility if the staff and children are instructed to do so by emergency personnel;

(c) A procedure for evacuating the facility;

(d) A plan for transportation;

(e) A list of sites that may be used for relocation;

(f) A plan for the supervision of the children of the facility during the emergency;

(g) The manner in which children and staff from the facility will be accounted for during the emergency; and

(h) The method for contacting emergency personnel, including, without limitation, the fire department, a law enforcement agency or any other appropriate authority.

3. The licensee of a facility shall hold:

(a) A fire drill at least once every month; and

(b) A drill for natural disasters at least once every 3 months.

4. Appropriate plans for removing the staff and children of a facility to a shelter within a building of the facility and for the evacuation of the facility in case of emergency must be conspicuously posted in a public place in the facility.

5. The director of the facility shall maintain a daily sign-in sheet that includes:

(a) The first and last names of staff and children; and

(b) The times of arrival and departure for staff and children.

6. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for fire safety which are established by the State Fire Marshal.

7. The State Fire Marshal or a designee thereof shall, at least annually:

(a) Enter and inspect every building or the premises of each facility; and

(b) Observe and make recommendations regarding the drills conducted pursuant to subsection 3.

8. Reports of the drills conducted pursuant to subsection 3 and the inspections concerning the fire safety of a facility conducted pursuant to subsection 7 must be maintained in a physical file at the facility and be available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling his or her child at the facility for at least 2 years after the date of inspection.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical

and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.4.3.1 Emergency Procedures (pg. 14)

Programs should have a procedure for responding to situations when an immediate emergency medical response is required. Emergency procedures should be posted and readily accessible. Child-to-provider ratios should be maintained, and additional adults may need to be called in to maintain the required ratio. Programs should develop contingency plans for emergencies or disaster situations when it may not be possible to follow standard emergency procedures. All providers and/or staff should be trained to manage an emergency until emergency medical care becomes available.

5.6.0.1 First Aid and Emergency Supplies (pg. 21)

The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

9.2.4.3/9.2.4.5 Disaster Planning, Training and Communication/Emergency and Evacuation Drills (pg. 25)

Early care and education programs should consider how to prepare for and respond to emergency situations or natural disasters that may require evacuation, lock-down, or shelter-in-place and have written plans, accordingly. Written plans should be posted in each classroom and areas used by children. The following topics should be addressed, including but not limited to regularly scheduled practice drills, procedures for notifying and updating parents, and the use of the daily class roster(s) to check attendance of children and staff during an emergency or drill when gathered in a safe space after exit and upon return to the program. All drills/exercises should be recorded.

9.2.4.1 Written Plan and Training for handling Urgent Medical Care or Threatening Incidents (pg. 25)

The program should have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers. Caregiver/teacher and staff training procedures should also be included. The management, documentation, and reporting of the following types of incidents should be addressed:

- a) Lost or missing child;
- b) Suspected maltreatment of a child (also see state's mandates for reporting);
- c) Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program;
- d) Injuries to children requiring medical or dental care;
- e) Illness or injuries requiring hospitalization or emergency treatment;
- f) Mental health emergencies;
- g) Health and safety emergencies involving parents/guardians and visitors to the program;
- h) Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program, even if the death occurred outside of early care and education hours;
- i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323(1)(i); CCDP Policy Manual Section 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

NAC 432A.323(1)(i); CCDP Policy Manual Section 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.8 Handling and Storage of Hazardous Materials

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Storage

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.190.2 Inspections; investigations. (NRS 432A.077, 432A.170, 432A.180, 439.150)

In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall

cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license. NAC 432A.200.6 The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

NAC 432A.260 Health standards; inspection reports. (NRS 432A.077)

1. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for environmental health which are established by the Division.
 2. Reports of inspections concerning the sanitation of a facility must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling a child at the facility for at least 2 years after the date of the inspection.
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

5.1.1.5 Environmental Audit of Site Location (pg. 18)

An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:

- a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
- b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
- c) Potential safety hazards in the community surrounding the site.

5.2.9.1 Use and Storage of Toxic Substances (pg.19)

All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the

original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)

Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards:

- a) Openings that could entrap a child's head or limbs;
- b) Elevated surfaces that are inadequately guarded;
- c) Lack of specified surfacing and fall zones under and around climbable equipment;
- d) Mismatched size and design of equipment for the intended users;
- e) Insufficient spacing between equipment;
- f) Tripping hazards;
- g) Components that can pinch, shear, or crush body tissues;
- h) Equipment that is known to be of a hazardous type;
- i) Sharp points or corners;
- j) Splinters;
- k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
- l) Loose, rusty parts;
- m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
- n) Strangulation hazards (e.g., straps, strings, etc.);
- o) Flaking paint;
- p) Paint that contains lead or other hazardous materials; and
- q) Tip-over hazards, such as chests, bookshelves, and televisions.

Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

NV Registry Class:

They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(h); CCDP Policy Manual Section 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(h); CCDP Policy Manual Section 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating

facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.9 Precautions in transporting children

Precautions in transporting children (if applicable).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.290 Telephones; insurance for protection against liability to third persons; transportation. (NRS 432A.077)

3. If transportation is provided by the licensee of a facility, all children must be protected by adequate supervision by the staff, safety precautions and adequate insurance which covers liability for health or injury, medical expenses and damages caused by uninsured motorists. The licensee of a facility shall require that each child is instructed in the conduct required for safe transportation. A driver of a vehicle used by the licensee of a facility shall:

(a) Possess an appropriate driver's license and adequate insurance;

(b) Not leave an unattended child in the vehicle at any time;

(c) Ensure that a parent, or a person designated in writing by the parent, is present to take charge of a child upon delivery of the child to his or her home or the facility;

(d) Ensure that each child boards or departs the vehicle on the side of the vehicle adjacent to a curb and that the child is safely conducted across any street encountered immediately before boarding or after departing; and

(e) Ensure that the doors and windows of the vehicle are secure before proceeding.

4. Except as otherwise provided in this section, when transporting children, the licensee of a facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205. When transporting children who are 2 years of age or older, a licensee of a special needs facility shall ensure that the ratio of caregivers to children in the vehicle

satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205.

5. If, during the time school is in operation, the licensee of a facility provides transportation for children of school age to and from a public or private school, the ratio of staff to children in the vehicle must be not less than one member of the staff for every 15 children.

6. The licensee of a facility shall maintain a log for transportation provided by the licensee of the facility. The log must be maintained at the facility for at least 4 months after the transportation is provided. The log must include:

(a) The name of each child who was transported;

(b) The date the transportation was provided by the licensee of the facility;

(c) The time of departure of the vehicle and the time the vehicle arrived at its destination;

(d) The signature of the driver of the vehicle;

(e) The name of each adult who was transported in the vehicle, including, without limitation, the driver of the vehicle; and

(f) The signed verification required by subsection 7.

7. Upon arrival at the destination, one member of the staff of the facility shall mark each child off the log as the child departs the vehicle, conduct a physical inspection and visually and physically sweep the vehicle to ensure a child is not left behind in the vehicle, and include in the log signed verification that each child who was transported in the vehicle is accounted for and that the visual and physical sweeps were conducted.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

6.5.1.2 Qualifications for Drivers (pg. 22)

In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:

- a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
- b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
- c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
- d) No tobacco use while driving;
- e) No medical condition that would compromise driving, supervision, or evacuation capability;
- f) Valid pediatric CPR and first aid certificate if transporting children alone.

The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

6.5.2.2 Child Passenger Safety (pg. 23)

When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. The child should be securely fastened, according to the manufacturer's instructions. The child passenger restraint system should meet the federal motor vehicle safety standards contained in 49 CFR 571.213 and carry notice of compliance. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only.

Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash.

If the program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:

- a) The school bus should accommodate the placement of wheelchairs with four tie-downs affixed according to the manufacturer's instructions in a forward-facing direction;
- b) The wheelchair occupant should be secured by a three-point tie restraint during transport;
- c) At all times, school buses should be ready to transport children who must ride in wheelchairs;
- d) Manufacturer's specifications should be followed to assure that safety requirements are met.

6.5.2.4 Interior Temperature of Vehicles (pg. 23)

The interior of vehicles used to transport children for field trips and out-of-program activities should be maintained at a temperature comfortable to children. All vehicles should be locked when not in use, head counts of children should be taken before and after transporting to prevent a child from being left in a vehicle, and children should never be left in a vehicle unattended.

6.5.3.1 Passenger Vans (pg. 23)

Early care and education programs that provide transportation for any purpose to children, parents/guardians, staff, and others should not use 15-passenger vans when avoidable.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(j); CCDP Policy Manual Section 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers.

NAC 432A.323 (1)(j); CCDP Policy Manual Section 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

NA

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that

facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standards

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.322 Certification in administration of cardiopulmonary resuscitation. (NRS 432A.077)

1. Each person who is employed in a child care facility shall:

(a) Except as otherwise provided in subsection 2 and NAC 432A.560 and 432A.570, obtain certification in the administration of cardiopulmonary resuscitation within 90 days after the person commences employment in the facility; and

(b) Maintain current certification in the administration of cardiopulmonary resuscitation.

2. A person is not required to obtain the certification required pursuant to subsection 1 if, on the date that he or she commences employment in the facility, the person is certified in the administration of cardiopulmonary resuscitation and that certification satisfies the requirements set forth in this section.

3. The certification required pursuant to subsection 1 must include certification in administering cardiopulmonary resuscitation to children and:

(a) To infants, if care is provided to infants at the facility; and

(b) To adults, if necessary to ensure that the person is certified to administer cardiopulmonary resuscitation to children of all ages for which care is provided at the facility.

4. Each course completed to obtain and maintain the certification required pursuant to subsection 1 must be taught by a certified instructor who meets the standards of a nationally or internationally recognized provider of training in cardiopulmonary resuscitation, including, without limitation, the American Heart Association, the American National Red Cross, MEDIC FIRST AID International, EMS Safety Services, or the American Safety and Health Institute.

5. Evidence that an employee has obtained and maintained current certification in the administration of cardiopulmonary resuscitation as required pursuant to this section must be included in his or her personnel file and must be kept at the facility.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

1.4.3.1 First Aid and CPR Training for Staff (pg. 9)

All staff members involved in providing direct care to children should have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR. Records of successful completion of training in pediatric first aid and CPR should be maintained in the personnel files of the facility.

1.4.4.1/1.4.4.2 Continuing Education for Directors, Caregivers/Teachers in Centers, and Family

Child Care Homes (pg. 9)

Directors and caregivers/teachers should successfully complete intentional and sequential education/professional development in child development programming and child health, safety, and staff health based on individual competency and any special needs of the children in their care.

3.5.0.1 Care Plan for Children with Special Health Care Needs (pg. 14)

Children with special health care needs are defined as . . . those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally (McPherson, 1998).

Any child who meets these criteria in an early care and education setting should have an up-to-date Routine and Emergent Care Plan, completed by their primary health care provider with input from parents/guardians, included in their on-site health record and readily accessible to those caring for the child. Community resources should be used to ensure adequate information, training, and monitoring is available for early care and education staff. Caregivers should undergo training in pediatric first aid and CPR that includes responding to an emergency for any child with a special health care need.

5.6.0.1 First Aid and Emergency Supplies (pg. 21)

The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.5.1.2 Qualifications for Drivers (pg. 22)

In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:

- a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;**
- b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;**
- c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;**

d) No tobacco use while driving;

e) No medical condition that would compromise driving, supervision, or evacuation capability;

f) Valid pediatric CPR and first aid certificate if transporting children alone.

The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NAC 432A.322; CCDP Policy Manual 622.3

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

NAC 432A.322 and 432A.323c; CCDP Policy Manual 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

NA

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed

Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.11 Recognition and reporting of child abuse and neglect

Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

NAC 432A.410 Reports of child abuse or neglect. (NRS 432A.077) If any person suspects that child abuse or neglect is occurring in a facility, the person may immediately report such suspicions to the Division. Every licensee or employee of a facility who has reason to believe child abuse or neglect is occurring in the facility, in the child's home or elsewhere shall report such beliefs to the appropriate authority as required in NRS 432B.220.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.5.2 Child Abuse and Neglect Education (pg. 9)

Caregivers/teachers should be educated on child abuse and neglect to establish child abuse and neglect prevention and recognition strategies for children, caregivers/teachers, and parents/guardians. The education should address physical, sexual, and psychological or emotional abuse and neglect. Caregivers/teachers are mandatory reporters of child abuse or neglect. Caregivers/teachers should be trained in compliance with their state's child abuse reporting laws.

3.4.4.1 Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation (pg. 15)

Because caregivers/teachers are mandated reporters of child abuse and neglect, each program should have a written policy for reporting child abuse and neglect. The written policy should specify that in any instance where there is reasonable cause to believe that child abuse or neglect has occurred, the individual who suspects child abuse or neglect should report directly to the child abuse reporting hotline, child protective services, or the police, as required by state and local laws.

9.2.4.1 Written Plan and Training for handling Urgent Medical Care or Threatening Incidents (pg. 25)

The program should have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers. Caregiver/teacher and staff training procedures should also be included. The management, documentation, and reporting of the following types of incidents should be addressed:

- a) Lost or missing child;
 - b) Suspected maltreatment of a child (also see state's mandates for reporting);
 - c) Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program;
 - d) Injuries to children requiring medical or dental care;
 - e) Illness or injuries requiring hospitalization or emergency treatment;
 - f) Mental health emergencies;
 - g) Health and safety emergencies involving parents/guardians and visitors to the program;
 - h) Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program, even if the death occurred outside of early care and education hours;
 - i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
- For licensed centers: Each person who is employed at a child care facility shall complete 2 or more hours of training in the recognition and reporting of child abuse and neglect; FFN providers must complete 24 hours of annual training including, recognizing and reporting suspected child abuse, neglect, and exploitation.**
- b. Pre-Service and Ongoing Training
 - i. Provide the citation(s) for this training requirement(s), including citations for both

licensed and license-exempt providers.

NAC 432A.323 (1)(e); CCDP Policy Manual 622.2 & 622.3

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.12 Child development

Child Development. Lead Agencies are required to describe in their plan how training

addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

- i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

Nutrition and Physical Activity: NAC 432A.323 (1)(k); CCDP Policy Manual 622.2 & 622.3

- ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

License-Exempt providers utilize the information in Caring for Our Children Basics as related to nutrition and physical activity (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.1.3.1 Active Opportunities for Physical Activity (pg. 12)

Programs should promote developmentally appropriate active play for all children, including infants and toddlers, every day. Children should have opportunities to engage in moderate to vigorous activities indoors and outdoors, weather permitting.

4.2.0.3 Use of U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP) Guidelines (pg. 16)

Programs should serve nutritious and sufficient foods that meet the requirements for meals of the child care component of the USDA CACFP as referenced in 7 CFR 226.20.

4.2.0.6 Availability of Drinking Water (pg. 16)

Clean, sanitary drinking water should be readily accessible in indoor and outdoor areas, throughout the day. On hot days, infants receiving human milk in a bottle may be given additional human milk, and those receiving formula mixed with water may be given additional formula mixed with water. Infants should not be given water, especially in the first six months of life.

4.2.0.10 Care for Children with Food Allergies (pg. 16)

Each child with a food allergy should have a written care plan that includes:

- a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for:

- a) Preventing exposure to the specific food(s) to which the child is allergic;
- b) Recognizing the symptoms of an allergic reaction;
- c) Treating allergic reactions.

The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.

The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered.

Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

4.3.1.3 Preparing, Feeding, and Storing Human Milk (pg. 17)

Programs should develop and follow procedures for the preparation and storage of expressed human milk that ensures the health and safety of all infants, as outlined by the Academy of Breastfeeding Medicine Protocol #8; Revision 2010, and prohibits the use of infant formula for a breastfed infant without parental consent. The bottle or container should be properly labeled with the infant's full name and date; and should only be given to the specified child. Unused breast milk should be returned to parent in the bottle or container.

4.3.1.5 Preparing, Feeding, and Storing Infant Formula (pg. 17)

Programs should develop and follow procedures for the preparation and storage of infant formula that ensures the health and safety of all infants. Formula provided by parents/guardians or programs should come in sealed containers. The caregiver/teacher should always follow the parent or manufacturer's instructions for mixing and storing of any formula preparation. If instructions are not readily available, caregivers/teachers should obtain information from the World Health Organization's Safe Preparation, Storage and Handling of Powdered Infant Formula Guidelines. Bottles of prepared or ready-to-feed formula should be labeled with the child's full name, time, and date of preparation. Prepared formula should be discarded daily if not used.

4.3.1.9 Warming Bottles and Infant Foods (pg. 18)

Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed. If a caregiver/teacher chooses to warm them, or a parent requests they be warmed, bottles should be warmed under running, warm tap water; using a commercial bottle warmer, stove top warming methods, or slow-cooking device; or by placing them in container of warm water. Bottles should never be warmed in microwaves. Warming devices should not be accessible to children.

4.5.0.10 Foods that Are Choking Hazards (pg. 18)

Caregivers/teachers should not offer foods that are associated with young children's choking incidents to children under 4 years of age. Food for infants should be cut into pieces $\frac{1}{4}$ inch or smaller, food for toddlers should be cut into pieces $\frac{1}{2}$ inch or smaller to prevent choking. Children should be supervised while eating, to monitor the size of food and that they are eating appropriately.

4.8.0.1 Food Preparation Area Access (pg. 18)

Access to areas where hot food is prepared should only be permitted when children are

supervised by adults who are qualified to follow sanitation and safety procedures.

4.9.0.1 Compliance with U.S. Food and Drug Administration (FDA) Food Code and State and Local Rules (pg. 18)

The program should conform to applicable portions of the FDA Food Code and all applicable state and local food service rules and regulations for centers and family child care homes regarding safe food protection and sanitation practices.

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 Pre-Service
 Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No
- v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.13 Ongoing training annual requirements

Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

NAC 432A.326 Continuing training in child care. ((<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec077>) NRS 432A.077)

1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to (<https://www.leg.state.nv.us/nac/nac-432a.html#NAC432ASec323>) NAC 432A.323, each director of a child care facility and each caregiver who is employed at the facility shall complete:

(a) If the facility provides care for ill children, at least 24 hours of training, of which not more than 3 hours may be training in the administration of cardiopulmonary resuscitation.

b. License-exempt child care centers:

All required staff of a license-exempt OST/OSR provider must take at least one hour of dedicated health and safety training during an orientation period of 90 days in each of the following topic areas:

Building and Physical Premises Safety (including the handling and storage of biocontaminants and hazardous materials)

Emergency Preparedness and Response Planning (resulting from a natural or man-made event)

Medication Administration and the Prevention of and Response to Food and Other Allergies in the Child Care Environment

Recognition and Reporting of Child Abuse and Neglect

CPR and First Aid including Pediatric

Signs of Illness (Bloodborne Pathogens), Prevention and Control of Infectious Diseases, including immunizations

Precautions in Transporting Children (applicable staff only)

Note: Precautions in Transporting Children training is only required for program staff who are authorized to transport the children in care in a dedicated program vehicle. If a program depends on an outside entity (e.g. a local school district) for transporting children, then the program is not required to provide annual training in this area.

Programs that have written policy or program procedure stating that program staff are not permitted to administer medication to children in care will not be required to cover the Administration of Medication, Consistent with the Standards for Parental Consent training component. These programs will still be responsible for ensuring they are completing the Prevention and Response to Food and Other Allergies in the Child Care Environment component of the training. Additionally, if the program staff have access to an EpiPen for use in these types of environmental emergencies, the

program must provide annual training on (EpiPens); it is acceptable for this to be taught as part of the **☑Prevention and Response to Food and Other Allergies in the Child Care Environment☑** training session.

If a staff member has received training (e.g. from an EMT, Paramedic, or other professional training program) in any of the required Reauthorization Health & Safety Training areas, they may provide written documentation to the OST/OSR program from the instructor that identifies the specific course areas that were covered during the process of certification, along with the completion date. Courses must have been completed within the previous year in order to align with the **☑annual☑** training requirement standards. The individual must also provide a copy of their current certification (EMT card, etc.) - this signifies that they successfully completed the training areas in order to have obtained the stated certification.

This would require at least 6 hours per year of trainings.

- c. Licensed family child care homes:

NAC 432A.326 Continuing training in child care. ((<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec077>) NRS 432A.077)

1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to (<https://www.leg.state.nv.us/nac/nac-432a.html#NAC432ASec323>) NAC 432A.323, each director of a child care facility and each caregiver who is employed at the facility shall complete:

(a) If the facility provides care for ill children, at least 24 hours of training, of which not more than 3 hours may be training in the administration of cardiopulmonary resuscitation.

- d. License-exempt family child care homes:

FFN providers must take 24 hours of health and safety training pre-service or during an orientation period of 90 days.

Mandatory Training Topics:

☑ Prevention and control of infectious diseases

☑ Prevention of sudden infant death syndrome and use of safe sleeping practices

☑ The administration of medication, consistent with standards for parental consent

☑ The prevention of and response to emergencies due to food and allergic reactions

☑ Building and physical premise safety

☑ Prevention of shaken baby syndrome and abusive head trauma

☑ Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility)

The handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Appropriate precautions in transporting children (for providers that offer transportation)

First aid and cardiopulmonary resuscitation

After the first year, FFN providers are required to take a minimum of 24 hours of early education and child care training annually. Case managers must work with the FFN provider to develop a training schedule to ensure that all training is completed within the allowable time frames. Verification of completed training must be provided prior to the end of the orientation period or the end of the yearly time frame for annual training. FFN providers who fail to comply with this requirement will be ineligible to be a provider until they meet the requirement.

e. Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

N/A

5.3.14 Optional standards compliance

In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

For licensed centers: Each person who is employed at a child care facility shall complete 2 or more hours of training in life long wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition, and moderate or vigorous physical activity; FFN providers must complete 24 hours of annual training, which can include nutrition and physical activity (optional).

b. Access to physical activity:

For licensed centers: Each person who is employed at a child care facility shall complete 2 or more hours of training in life long wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition, and moderate or vigorous physical activity; FFN providers must complete 24 hours of annual training, which can include nutrition and physical activity.

c. Caring for children with special needs:

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers _____

caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

Monitoring of Health and Safety requirements is broken into four pieces. The State of Nevada has two child care licensing entities. The Division of Public and Behavioral Health (DPBH) administers State Child Care Licensing which oversees providers in all counties aside from Washoe County, while Washoe County administers their Child Care Licensing within Washoe. Washoe County Child Care Licensing must follow the same rules and regulations as State Licensing unless they choose to be more restrictive. State Licensing, DPBH, oversees Washoe in terms of State and Federal regulations; however, CCDP is responsible for overseeing both in terms of CCDF rules. Subsidy and CCR&R are split with the Children's Cabinet being responsible for the North and the Urban League being responsible for the South. For monitoring purposes: State Licensing, DPBH, monitors licensed providers in all counties aside from Washoe County and also monitors all Out of School Recreation programs (city or county run before and after school programs such as Latchkey) that serve CCDF families, Statewide. Washoe County Licensing monitors licensed providers in Washoe County. Washoe County is not responsible for monitoring and OST or OSR programs. Children's Cabinet monitors FFN providers and Out of School Time programs (private before and after school programs such as Boys and Girls Club) that serve CCDF families in the North. Urban League monitors FFN providers and Out of School Time programs (private before and after school programs such as Boys and Girls Club) that serve CCDF families in the South. State of Nevada Licensed facilities are subject to unannounced visits to ensure maintenance of compliance throughout a licensing year. License-exempt OST, OSR, and FFNs are monitored annually. Each monitor for both licensed and licensed-exempt providers is completed with a checklist of all of the required standards, trainings, and background checks to be reviewed for compliance.

- b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

Each monitor for both licensed and licensed-exempt providers is completed with a checklist of all of the required standards and trainings to be reviewed for compliance. Washoe County Child Care Licensing and State Child Care Licensing monitor all licensed providers, statewide, for compliance with required health and safety trainings ((<https://www.leg.state.nv.us/nac/nac-432a.html#NAC432ASec190>) State Statute), while the Children's Cabinet and the Urban League are responsible for monitoring all Family, Friend, and Neighbor providers annually; these are called Home Visits (see (<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 622.2). The Children's Cabinet and the Urban League are also responsible for monitoring all Out of School Time providers (privately owned before and after school programs), see (<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 623.4. State Child Care Licensing is responsible for monitoring the Out of School Recreation providers (city/county affiliated) (<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20>

Mar%202018.pdf) Policy Manual Section 623.4.

- c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Each monitor for both licensed and licensed-exempt providers is completed with a checklist of all of the required standards, trainings, and background checks to be reviewed for compliance.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

- i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

All prospective providers are subject to an initial on-site inspection once they have completed the required Licensed Application Process (LAP) training, New Facility Training (NFT), Backgrounds training. Prospective providers must also have a completed background check, health inspection, fire inspection, liability insurance and early childhood education initial trainings.

- ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

1. State of Nevada Licensed facilities are subject to unannounced visits to ensure maintenance of compliance throughout a licensing year. Inspections of any building or premises of a facility pursuant to NRS 432A.180 maybe unannounced and must be made at least two times during the 12-month licensing period or once every 6 months. Any authorized member or employee of the Division may enter and inspect any building or premises of a facility at any time pursuant to NRS 432A.180 to secure compliance with or prevent a violation of any provision of this chapter or chapter 432A of NRS.

2. In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license.

3. The Division may charge any licensee subject to a substantiated complaint for the reasonable cost of the investigation conducted as a result of the complaint. As used in this subsection, "substantiated complaint" means a complaint that results in the finding of a violation of any provision of this chapter or chapter 432A of NRS by an authorized member or employee of the Division. COVID-19 Update: Per Waiver approved on June 8th, 2020, with an effective date of March 16th, 2020 Nevada has suspended annual, unannounced inspections for licensed and registered centers and homes due to the COVID-19 public health pandemic emergency as Nevada has implemented social-distancing measures and reduction of face-to-face contact with public, clients, and child care providers wherever possible by State employees to reduce the opportunities for community spread of COVID-19 in Nevada and to support the efforts to not overwhelm Nevada's healthcare system.

iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year. Describe:

Facilities are subject a minimum of 2 unannounced visits a year: a semi-annual and an annual, within a facilities licensing year.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

NAC 432A.190, NAC 432A.260

b. Licensed CCDF family child care home

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

All prospective providers are subject to an initial on-site inspection once they have completed the required Licensed Application Process (LAP) training, New Facility Training (NFT), Backgrounds training. Prospective providers must also have a completed background check, health inspection, fire inspection, liability insurance and early childhood education initial trainings.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

1. Inspections of any building or premises of a facility pursuant to NRS 432A.180 maybe unannounced and must be made at least two times during the 12-month licensing period or once every 6 months. Any authorized member or employee of the Division may enter and inspect any building or premises of a facility at any time pursuant to NRS 432A.180 to secure compliance with or prevent a violation of any provision of this chapter or chapter 432A of NRS.

2. In conducting inspections and investigations, the Division may call upon political subdivisions

and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license.

3. The Division may charge any licensee subject to a substantiated complaint for the reasonable cost of the investigation conducted as a result of the complaint. As used in this subsection, "substantiated complaint" means a complaint that results in the finding of a violation of any provision of this chapter or chapter 432A of NRS by an authorized member or employee of the Division. COVID-19 Update: Per Waiver approved on June 8th, 2020, with an effective date of March 16th, 2020 Nevada has suspended annual, unannounced inspections for licensed and registered centers and homes due to the COVID-19 public health pandemic emergency as Nevada has implemented social-distancing measures and reduction of face-to-face contact with public, clients, and child care providers wherever possible by State employees to reduce the opportunities for community spread of COVID-19 in Nevada and to support the efforts to not overwhelm Nevada's healthcare system.

iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year. Describe:

Facilities are subject a minimum of 2 unannounced visits a year: a semi-annual and an annual, within a facilities licensing year.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers.

NAC 432A.190, NAC 432A.260

c. Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No

Yes. If yes, answer A – E below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

[] 2. More than once a year. Describe:

- D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
- E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

- d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

DPBH-HCQC-Child Care Licensing and Washoe County

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

- a. To certify, describe the policies and practices for the annual monitoring of:

License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Monitoring is announced is conducted annually for licensed-exempt OST and OSR providers. The Children's Cabinet and the Urban League are responsible for monitoring all Out of School Time providers (privately owned before and after school programs), see (<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 623.4. State Child Care Licensing is responsible for monitoring the Out of School Recreation providers (city/county affiliated) (<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 623.4.

- i. Provide the citation(s) for this policy or procedure.

CCDP

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 623.4

- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Monitoring is announced and is conducted annually by the Urban League and the Children's Cabinet for licensed-exempt FFN providers.

- i. Provide the citation(s) for this policy or procedure.

CCDP

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 622.2

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

The Family, Friend, or Neighbor (FFN) Provider is a Non-Licensed Provider. FFN providers can be a relative or non-relative and may provide services in the child's home (in-home) for up to four children. FFN providers who offer in-home services must care for a minimum of two subsidy children to be eligible as an in-home provider. Monitoring, called "home visits" take place annually and a monitoring checklist is used to inspect for health and safety standards, required training, background checks and other requirements. Home Visit Recommendations for Improvement exception: Recommendations for improvements for In-home care must be made however termination must not occur if recommendations for improvement are not pursued.

- b. Provide the citation(s) for this policy or procedure.

CCDP

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual Section 622.2

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

Monitoring is announced and is conducted annually by the Urban League and the Children's Cabinet for licensed-exempt In-Home providers.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified

monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

State licensed inspectors are hired based on experience and qualifications as specified within the Division of Human Resources job classification. The procedure to evaluate inspector qualifications can be found within the State of Nevada, Department of Administration, Division of Human Resource Management states: "Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience providing developmental or educational services to children in an early childhood program which must have included program administration responsibilities; OR Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience evaluating child development or early childhood education programs; OR an equivalent combination of education and experience; OR one year of experience as a Child Care Facilities Surveyor Trainee in Nevada State service."

- b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

State licensed inspectors are hired based on experience and qualifications as specified within the Division of Human Resources job classification. The procedure to evaluate inspector qualifications can be found within the State of Nevada, Department of Administration, Division of Human Resource Management states: "Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience providing developmental or educational services to children in an early childhood program which must have included program administration responsibilities; OR Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience evaluating child development or early childhood education programs; OR an equivalent combination of education and experience; OR one year of experience as a Child Care Facilities Surveyor Trainee in Nevada State service."

- c. Provide the citation(s) for this policy or procedure.

[http://hr.nv.gov/uploadedFiles/hrnv.gov/Content/Resources/ClassSpecs/10/10-520spc\(1\).pdf](http://hr.nv.gov/uploadedFiles/hrnv.gov/Content/Resources/ClassSpecs/10/10-520spc(1).pdf)

5.4.6 Ratio of Licensing Inspectors

The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The inspector to provider ratio is 1:80. This ratio is sufficient to keep inspectors timely in

their procedures for monitoring.

- b. Provide the policy citation and state/territory ratio of licensing inspectors.

CCPT 05-2021

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background check requirements

Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

- a. Components of In-State Background Checks

- i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

FFN and Licensed Providers

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

All other providers eligible to deliver CCDF Services

Citation:

FFN and Licensed Providers

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

OST/OSR PT 05-2018

Comprehensive Background Checks ☐ OST/OSR providers who receive CCDF funding must ensure that no current or prospective staff member refuses to consent to the required comprehensive criminal background check procedures; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository or the National Sex Offender Registry; or has been convicted of a felony consisting of:

o Murder, as described in section 1111 of title 18, United States Code; o Child abuse or neglect; o A crime against children, including child pornography; o Spousal abuse; o A crime involving rape or sexual assault o Kidnapping; o Arson; o Physical assault or battery; or o A drug-related offense committed during the preceding 5 years. OR o Has been convicted of a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography. ☐

Upon hire, prior to being permitted to care for children on an unsupervised basis, and every five years thereafter, all OST/OSR providers who receive CCDF funding must ensure that all program staff successfully complete, and have on record the completion of the following comprehensive background checks:

o Federal Bureau of Investigation (FBI) Fingerprint Check using Next Generation Identification

o State of Nevada (individual's current state of residency) Criminal Registry/Repository Check

o State of Nevada (individual's current state of residency) Sex Offender Registry/Repository Check o State of Nevada (individual's current state of residency) Child Abuse and Neglect Registry Check

Once an individual initiates all of the required background checks, they are eligible to begin working at the OST/OSR program in a supervised capacity by someone who has successfully completed all required background check components.

o NOTE: Individuals employed in this capacity must not be allowed unsupervised access to the children in care under any circumstance; therefore, these individuals are not eligible to be counted when a program is maintaining the required staff-to-child ratio of 1:20. ☐ All OST/OSR programs must ensure that background check records are maintained in a safe and secure environment, with limited and appropriate access being granted to specified administrative staff members.

ii. Sex offender registry or repository check in the current state of residency

[x] Licensed, regulated, or registered child care providers

Citation:

FFN and Licensed Providers

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

All other providers eligible to deliver CCDF Services

Citation:

FFN and Licensed Providers

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

OST/OSR PT 05-2018

Comprehensive Background Checks OST/OSR providers who receive CCDF funding must ensure that no current or prospective staff member refuses to consent to the required comprehensive criminal background check procedures; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository or the National Sex Offender Registry; or has been convicted of a felony consisting of:

Murder, as described in section 1111 of title 18, United States Code; Child abuse or neglect; A crime against children, including child pornography; Spousal abuse; A crime involving rape or sexual assault Kidnapping; Arson; Physical assault or battery; or A drug-related offense committed during the preceding 5 years. OR Has been convicted of a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography.

Upon hire, prior to being permitted to care for children on an unsupervised basis, and every five years thereafter, all OST/OSR providers who receive CCDF funding must ensure that all program staff successfully complete, and have on record the completion of the following comprehensive background checks:

Federal Bureau of Investigation (FBI) Fingerprint Check using Next Generation Identification

State of Nevada (individual's current state of residency) Criminal Registry/Repository Check

o State of Nevada (individual's current state of residency) Sex Offender Registry/Repository Check
o State of Nevada (individual's current state of residency) Child Abuse and Neglect Registry Check

Once an individual initiates all of the required background checks, they are eligible to begin working at the OST/OSR program in a supervised capacity by someone who has successfully completed all required background check components.

o NOTE: Individuals employed in this capacity must not be allowed unsupervised access to the children in care under any circumstance; therefore, these individuals are not eligible to be counted when a program is maintaining the required staff-to-child ratio of 1:20. ☐ All OST/OSR programs must ensure that background check records are maintained in a safe and secure environment, with limited and appropriate access being granted to specified administrative staff members.

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

FFN and Licensed Providers

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

All other providers eligible to deliver CCDF Services

Citation:

FFN and Licensed Providers

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

OST/OSR PT 05-2018

Comprehensive Background Checks ☐ OST/OSR providers who receive CCDF funding must ensure that no current or prospective staff member refuses to consent to the required comprehensive criminal background check procedures; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository or the National Sex Offender Registry; or has been convicted of a felony consisting of:

o Murder, as described in section 1111 of title 18, United States Code; o Child abuse or neglect; o A

crime against children, including child pornography; o Spousal abuse; o A crime involving rape or sexual assault o Kidnapping; o Arson; o Physical assault or battery; or o A drug-related offense committed during the preceding 5 years. OR o Has been convicted of a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography. ☒

Upon hire, prior to being permitted to care for children on an unsupervised basis, and every five years thereafter, all OST/OSR providers who receive CCDF funding must ensure that all program staff successfully complete, and have on record the completion of the following comprehensive background checks:

o Federal Bureau of Investigation (FBI) Fingerprint Check using Next Generation Identification

o State of Nevada (individual's current state of residency) Criminal Registry/Repository Check

o State of Nevada (individual's current state of residency) Sex Offender Registry/Repository Check o State of Nevada (individual's current state of residency) Child Abuse and Neglect Registry Check

Once an individual initiates all of the required background checks, they are eligible to begin working at the OST/OSR program in a supervised capacity by someone who has successfully completed all required background check components.

o NOTE: Individuals employed in this capacity must not be allowed unsupervised access to the children in care under any circumstance; therefore, these individuals are not eligible to be counted when a program is maintaining the required staff-to-child ratio of 1:20. ☒ All OST/OSR programs must ensure that background check records are maintained in a safe and secure environment, with limited and appropriate access being granted to specified administrative staff members.

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

Licensed Providers and FFN Providers:

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

All other providers eligible to deliver CCDF Services

Citation:

Licensed Providers and FFN Providers:

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175> ;

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775>

OST/OSR PT 05-2018

Comprehensive Background Checks ☐ OST/OSR providers who receive CCDF funding must ensure that no current or prospective staff member refuses to consent to the required comprehensive criminal background check procedures; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository or the National Sex Offender Registry; or has been convicted of a felony consisting of:

o Murder, as described in section 1111 of title 18, United States Code; o Child abuse or neglect; o A crime against children, including child pornography; o Spousal abuse; o A crime involving rape or sexual assault o Kidnapping; o Arson; o Physical assault or battery; or o A drug-related offense committed during the preceding 5 years. OR o Has been convicted of a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography. ☐

Upon hire, prior to being permitted to care for children on an unsupervised basis, and every five years thereafter, all OST/OSR providers who receive CCDF funding must ensure that all program staff successfully complete, and have on record the completion of the following comprehensive background checks:

o Federal Bureau of Investigation (FBI) Fingerprint Check using Next Generation Identification

o State of Nevada (individual's current state of residency) Criminal Registry/Repository Check

o State of Nevada (individual's current state of residency) Sex Offender Registry/Repository Check o State of Nevada (individual's current state of residency) Child Abuse and Neglect Registry Check

Once an individual initiates all of the required background checks, they are eligible to begin working at the OST/OSR program in a supervised capacity by someone who has successfully completed all required background check components.

o NOTE: Individuals employed in this capacity must not be allowed unsupervised access to the children in care under any circumstance; therefore, these individuals are not eligible to be counted when a program is maintaining the required staff-to-child ratio of 1:20. ☐ All OST/OSR

programs must ensure that background check records are maintained in a safe and secure environment, with limited and appropriate access being granted to specified administrative staff members.

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

Effective October 1st, 2021, the Department of Public Safety (DPS) will run NCIC NSOR for all Licensed providers, as well as all CCDF funded Family, Friend, and Neighbor and OST/OSR providers, per Policy Transmittal 13-2021.

All other providers eligible to deliver CCDF Services

Citation:

Effective October 1st, 2021, the Department of Public Safety (DPS) will run NCIC NSOR for all CCDF funded Family, Friend, and Neighbor and OST/OSR providers, per Policy Transmittal 13-2021.

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

Nevada is now a compact state under the National Fingerprint File.

Individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate criminal history agency in their previous state(s) of residence .

Name-based checks are completed. Providers are informed that staff must conduct their own interstate background checks. A consent and release form must be completed and signed to attest to whether a staff person has resided in another state within the past five years. Child Care Licensing makes the eligibility determination. States would not disseminate Criminal History or CANS information directly to Nevada's Child Care Licensing Agencies, so Nevada began using the applicant to get the information. It is a bit of an honor system as we try to navigate the obstacles many State Laws have in place that prevent us from receiving this information directly. Right now, as we review the documentation submitted, we look for the information to be presented on official letter head and it usually accompanies contact information where we can call and verify enough information to confirm that the documents received are legitimate. Once states are able to figure out a way to share the information without breaking their own State Laws the process will naturally become more secured.

The individual employee of a licensed family, group, or center, or an unlicensed family, friend, and neighbor provider must request this information on their own

merit, and if a result is provided, they will receive the result from the state or agency.

The criminal history check information is then delivered to the Nevada Department of Public and Behavioral Health Child Care Licensing who makes the eligibility determination.

Nevada Department of Public and Behavioral Health Child Care Licensing or the applicable law enforcement or criminal repository agency in the state for which the result is returned handles the appeals.

All other providers eligible to deliver CCDF Services

Citation:

Nevada is now a compact state under the National Fingerprint File.

Individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate criminal history agency in their previous state(s) of residence .

Name-based checks are completed. Providers are informed that staff must conduct their own interstate background checks. A consent and release form must be completed and signed to attest to whether a staff person has resided in another state within the past five years. Child Care Licensing makes the eligibility determination. States would not disseminate Criminal History or CANS information directly to Nevada's Child Care Licensing Agencies, so Nevada began using the applicant to get the information. It is a bit of an honor system as we try to navigate the obstacles many State Laws have in place that prevent us from receiving this information directly. Right now, as we review the documentation submitted, we look for the information to be presented on official letter head and it usually accompanies contact information where we can call and verify enough information to confirm that the documents received are legitimate. Once states are able to figure out a way to share the information without breaking their own State Laws the process will naturally become more secured.

The individual employee of a licensed family, group, or center, or an unlicensed family, friend, and neighbor provider must request this information on their own

merit, and if a result is provided, they will receive the result from the state or agency.

The criminal history check information is then delivered to the Nevada Department of Public and Behavioral Health Child Care Licensing who makes the eligibility determination.

Nevada Department of Public and Behavioral Health Child Care Licensing or the applicable law enforcement or criminal repository agency in the state for which the result is returned handles the appeals.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

Nevada is now a compact state under the National Fingerprint File. For the Sex Offender Registry (not NCIC), Child Care Licensing DPBH does the check within their office, conducting a Name-Based and Social Security Number search nationwide. The Nevada Department of Public and Behavioral Health Child Care Licensing requires a "Consent & Release" form be completed by licensed family, group, and center providers, as well as all unlicensed family, friend, and neighbor providers in order for them to conduct a search of the public website for the national sex offender registry within their office.

The Nevada Department of Public and Behavioral Health Child Care Licensing completes the eligibility determinations and the appeals.

All other providers eligible to deliver CCDF Services

Citation:

Nevada is now a compact state under the National Fingerprint File. For the Sex Offender Registry (not NCIC), Child Care Licensing DPBH does the check within their office, conducting a Name-Based and Social Security Number search nationwide. The Nevada Department of Public and Behavioral Health Child Care Licensing requires a "Consent & Release" form be completed by licensed family, group, and center providers, as well as all unlicensed family, friend, and neighbor providers in order for them to conduct a search of the public website for the national sex offender registry within their office.

These checks are name-based and Social Security Number.

The Nevada Department of Public and Behavioral Health Child Care Licensing completes the eligibility determinations and the appeals.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

Individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate child abuse and neglect records agency in their previous state(s) of residence. States would not disseminate Criminal History or CANS information directly to Nevada's Child Care Licensing Agencies, so Nevada began using the applicant to get the information. It is a bit of an honor system as we try to navigate the obstacles many State Laws have in place that prevent us from receiving this information directly. Right now, as we review the documentation submitted, we look for the information to be presented on official letter head and it usually accompanies contact information where we can call and verify enough information to confirm that the documents received are legitimate. Once states are able to figure out a way to share the information without breaking their own State Laws the process will naturally become more secured. The applicant must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency. This information is then delivered to the Nevada Department of Public and Behavioral Health Child Care Licensing who makes the eligibility determination.

All other providers eligible to deliver CCDF Services

Citation:

Individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate child abuse and neglect records agency in their previous state(s) of residence. States would not disseminate Criminal History or CANS information directly to Nevada's Child Care Licensing Agencies, so Nevada began using the applicant to get the information. It is a bit of an honor system as we try to navigate the obstacles many State Laws have in place that prevent us from receiving this information directly. Right now, as we review the documentation submitted, we look for the information to be presented on official letter head and it usually accompanies contact information where we can call and verify enough information to confirm that the documents received are legitimate. Once states are able to figure out a way to share the information without breaking their own State Laws the process will naturally become more secured. The applicant must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency. This information is then delivered to the Nevada Department of Public and Behavioral Health Child Care Licensing who makes the eligibility determination.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

STEP 1: Complete Consent and Release Form. Applicant and Owner/Director must sign third page of document. Incomplete forms will not be accepted and will be returned.

STEP 2: Obtain the appropriate fingerprint referral from your employer where applicable.

STEP 3: Take your Consent and Release and Fingerprint card to your Local Law Enforcement agency:

CLARK COUNTY (please call as cost and procedures varies)

BOULDER CITY POLICE DEPARTMENT 1005 Arizona St Boulder City, NV 89005 Phone: 702-293-9224 Tuesday & Thursday ONLY: 8:00A-4:00P

HENDERSON POLICE DEPARTMENT 223 Lead St Henderson, NV 89015 Phone: 702-267-4720 Monday-Thursday: 7:30A-5:00P

LAUGHLIN POLICE DEPARTMENT 101 Civic Way., Ste 3 Laughlin, NV 89029 Phone: 702-298-4282 Monday ☐ Friday: 8:00A-3:30P

LAS VEGAS METROPOLITAN POLICE DEPARTMENT 400 S. Martin Luther King Blvd 1st Floor Bldg C Las Vegas, NV 89106 Phone: 702-828-3271 Monday ☐ Friday: 8:00A-5:00P

CLARK COUNTY CONTINUED (please call as cost and procedures varies)

MESQUITE POLICE DEPARTMENT 695 Mayan Circle Mesquite, NV 89027 Phone: 702-346-5262 Monday ☐ Friday: 7:00A-5:00P

NORTH LAS VEGAS POLICE DEPARTMENT 2266 Civic Center Blvd North Las Vegas, NV 89030 Phone: 702-633-1807 or 633-1728 Monday ☐ Thursday: 8:30A ☐ 4:00P

LINCOLN COUNTY (please call as cost and procedures varies) LINCOLN COUNTY SHERIFF

DEPARTMENT 225 Justice Way Pioche, NV 89043 Phone: 775-962-5151 Open 24 Hours

NYE COUNTY (please call as cost and procedures varies) NYE COUNTY SHERIFF OFFICE 426 C. Avenue South Beatty, NV 89003 Phone: 775-553-2345 Hours: Monday ☒ Thursday: 8:00A-4:00

NYE COUNTY SHERIFF OFFICE 1520 E. Basin Ave Pahrump, NV 89060 Phone: 775-751-7011 Hours: Monday ☒ Thursday: 8:00A-4:00P

STEP 4: Contact Nevada Department of Public Safety at 775-684-6262 for payment and submission information. Mail the money order and the fingerprint card to:

NEVADA DEPARTMENT OF PUBLIC SAFETY CRIMINAL HISTORY REPOSITORY 333 West Nye Lane, Suite 100 Carson City, NV 89706

STEP 5: Upon completion of fingerprinting a copy of the Consent and Release form and applicable work card(s) must be sent to Child Care Licensing for audit purposes.

STATE OF NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH CHILD CARE LICENSING PROGRAM ATTN: BACKGROUND INVESTIGATIONS 3811 W. Charleston Blvd., Ste 210 Las Vegas, NV 89102 FAX: 702-486-6660

STEP 6: Once appropriate card(s) and/or reports are received, Child Care Licensing will notify the facility of the applicant's background clearance status.

- b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

NRS432A.170.4 states the Division may charge each person investigated pursuant to this section for the reasonable cost of that investigation.

- c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:
Staff will continue to work, under supervision by another fully cleared provider/staff person, while

their background check is being processed. The state will continue to work toward compliance in this area.

- d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

CANS: Providers are informed that individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate child abuse and neglect records agency in their previous state(s) of residence. The provider forwards results to Child Care Licensing who makes the eligibility determination.

Criminal History: Providers are informed that the individual employee of a licensed family, group, or center, or an unlicensed provider must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency. This information is then delivered to the Child Care Licensing who makes the eligibility determination.

NSOR: Providers are informed that the individual employee of a licensed family, group, or center, or an unlicensed provider must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency. This information is then delivered to the Child Care Licensing who makes the eligibility determination.

State Child Care Licensing requires a "Consent & Release" form be completed by licensed family, group, and center providers, as well as all unlicensed providers in order for them to conduct a search of the public website for the national sex offender registry within their office. This consent and release asks each individual to answer if they have been a resident of Nevada for the last 5 years and requires them to sign off on the following:

I am required to be fingerprinted and to undergo a criminal record review pursuant to NRS 432A.175. NAC 432A.200(4)(a) requires fingerprinting be completed and submitted within 24 HOURS after date of hire , or date of registration if you are a subsidy provider, and every 5 years thereafter . I do hereby consent to be fingerprinted

and agree to the following conditions and terms:

1. The fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), the Nevada Criminal History Repository, and the Child Abuse and Neglect System (CANS).

2. I hereby authorize the FBI, the National Sex Offender Repository, Nevada Criminal History Repository, and/or other local/national law enforcement agencies and Child Protective Services agencies to release criminal history information and CANS history to Child Care Licensing.

3. All information provided to Child Care Licensing is confidential, as relating to a third party or entity.

4. I hereby authorize the Nevada Criminal History Repository to retain a fingerprint card in the central repository's master file for the sole purpose of identifying same against subsequent disqualifying criminal arrest and I authorize the Nevada Criminal History

Repository to release criminal history information to Child Care Licensing in accordance with dissemination restrictions as provided for in the Nevada Revised Statutes.

5. I may be suspended, terminated, or disqualified from employment/FFN participation, and/or licensure based on the findings of the criminal record review consistent with applicable laws and regulations or on the findings of the Child Abuse and Neglect System.

6. I understand that I may review the challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.

7. This waiver and its authority is valid until such time as the applicant is no longer licensed and/or employed at a child care facility.

8. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions, or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

- e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

State of Nevada has its own database called NABS (Nevada Automated Background System) which tracks each background applicant to ensure each component is complied with, checked and updated accordingly as specified within our NRS432A.170.5. NRS432A.170.5 states the information required to be obtained pursuant to subsections 2 and 3 must be requested concerning an: (a) Employee of an applicant, licensee or small child care establishment, resident of a child care facility or small child care establishment who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or participant in an outdoor youth program who is 18 years of age or older for an initial background check not later than 3 days after the employee is hired, the residency begins or the participant begins participating in the program and before the employee, resident or participant has direct contact with any child at the child care facility, All staff are required to have a comprehensive background check completed every five years and the NABS system tracks the five years and all staff are alerted that need a comprehensive background check (not just individual component, all required components) every five years.

As a contingency plan, Child Care Licensing also tracks the five years to ensure checks are required.

See NRS 432A 170 (<https://www.leg.state.nv.us/nrs/NRS-432A.html#NRS432ASec170>)
<https://www.leg.state.nv.us/nrs/NRS-432A.html#NRS432ASec170>

- f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

State of Nevada has its own database called NABS (Nevada Automated Background System) which tracks each background applicant to ensure each component is complied with, checked and updated accordingly, so if an individual is separated from their employer and then returns to the industry, they are subjected to a newly initiated background check as promoted by the system. All providers are required to update the NABS system when an employee is separated from employments. The NABS system tracks the individual employee and will create an alert to providers and Licensing when 180 days of separation have passed and will require a comprehensive background check for that individual. As a contingency plan, Child Care Licensing also tracks the 180 days to ensure checks are required.

- g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

**(http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_Open_and_Operate/)
http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_Open_and_Operate/**

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
 - How the Lead Agency is informed of the results of each background check component
 - Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
 - How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.
- a. Describe the procedures for conducting In-State Background Check requests and making a _____

determination of eligibility.

For the NSOR, Fingerprint and Criminal Repository checks:

In Washoe County, the sheriff's office sends the fingerprints to the Department of Public Safety (DPS). DPS contacts the sheriff's office. The sheriff's office determines eligibility, per CCDF rules and contacts Washoe County Child Care Licensing on whether the applicant has passed the checks.

In the remaining counties, State Child Care licensing sends the fingerprints to DPS and DPS contacts State Child Care Licensing with results. State Child Care Licensing makes the eligibility determination per CCDF rules.

For the CANS check:

Statewide, both Child Care Licensing entities complete the CAN check internally and determine eligibility per CCDF rules.

Background checks are completed as quickly as possible.

- b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

All NCIC NSOR checks results must be reported to a State Agency, per DPS. State Child Care Licensing receives the results, statewide, and makes the determination per CCDF rules.

- c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

Providers are informed that staff must conduct their own interstate background checks. A consent and release form must be completed and signed to attest to whether a staff person has resided in another state within the past five years. Child Care Licensing makes the eligibility determination. States would not disseminate Criminal History or CANS information directly to Nevada's Child Care Licensing Agencies, so Nevada began using the applicant to get the information. It is a bit of an honor system as we try to navigate the obstacles many State Laws have in place that prevent us from receiving this information directly. Right now, as we review the documentation submitted, we look for the information to be presented on official letter head and it usually accompanies contact information where we can call and verify enough information to confirm that the documents received are legitimate. Once states are able to figure out a way to share the information without breaking their own State Laws the process will naturally become more secured. For the Sex Offender Registry (not NCIC), Child Care Licensing DPBH does the check within their office, conducting a Name-Based and Social Security Number search nationwide.

CANS: Providers are informed that individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate child abuse and neglect records agency in their previous state(s) of residence. The provider forwards results to Child Care Licensing who makes the eligibility determination.

Criminal History: Providers are informed that the individual employee of a licensed family, group, or center, or an unlicensed provider must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency. This information is then delivered to the Child Care Licensing who makes the eligibility determination.

NSOR: Providers are informed that the individual employee of a licensed family, group, or center, or an unlicensed provider must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency. This information is then delivered to the Child Care Licensing who makes the eligibility determination.

State Child Care Licensing requires a "Consent & Release" form be completed by licensed family, group, and center providers, as well as all unlicensed providers in order for them to conduct a search of the public website for the national sex offender registry within their office. This consent and release asks each individual to answer if they have been a resident of Nevada for the last 5 years and requires them to sign off on the following:

I am required to be fingerprinted and to undergo a criminal record review pursuant to NRS 432A.175. NAC 432A.200(4)(a) requires fingerprinting be completed and submitted within 24 HOURS after date of hire , or date of registration if you are a subsidy provider, and every 5 years thereafter . I do hereby consent to be fingerprinted

and agree to the following conditions and terms:

1. The fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), the Nevada Criminal History Repository, and the Child Abuse and Neglect System (CANS).
2. I hereby authorize the FBI, the National Sex Offender Repository, Nevada Criminal History Repository, and/or other local/national law enforcement agencies and Child Protective Services agencies to release criminal history information and CANS history to Child Care Licensing.
3. All information provided to Child Care Licensing is confidential, as relating to a third party or entity.
4. I hereby authorize the Nevada Criminal History Repository to retain a fingerprint card in the central repository's master file for the sole purpose of identifying same against subsequent disqualifying criminal arrest and I authorize the Nevada Criminal History Repository to release criminal history information to Child Care Licensing in accordance with dissemination restrictions as provided for in the Nevada Revised Statutes.
5. I may be suspended, terminated, or disqualified from employment/FFN participation,

and/or licensure based on the findings of the criminal record review consistent with applicable laws and regulations or on the findings of the Child Abuse and Neglect System.

6. I understand that I may review the challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.

7. This waiver and its authority is valid until such time as the applicant is no longer licensed and/or employed at a child care facility.

8. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions, or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

Criminal History:

Individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate criminal history agency in their previous state(s) of residence .

The individual employee of a licensed family, group, or center, or an unlicensed family, friend, and neighbor provider must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency.

This information is then delivered to the Nevada Department of Public and Behavioral Health Child Care Licensing who makes the eligibility determination.

Does this mean that the staff person gets the info back from the other state and then sends it to DPBH? If yes, how do we ensure they don't tamper with it? The system is imperfect as States won't disseminate criminal history information directly to us (DPBH-CCL), so our best option for the time being is using the applicant as an in between. It is a bit of an honor system as we try to navigate the obstacles many State Laws have in place that prevent us from receiving this information directly. Right now, as we review the documentation submitted, we look for the information to be presented on official letter head and it usually accompanies contact information where we can call and verify enough information to confirm that the documents received are legitimate. Once states are able to figure out a way to share the information without breaking their own State Laws the process will naturally become more secured.

Additionally, Name-based checks are completed by DPBH

- d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the

required 45-day timeframe.

NA

- e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

When the state of residence is different from the state in which the staff member works, the staff member is required to have an in-state check and an inter-state check.

5.5.4 "Compact State" and participation in the National Fingerprint File program

State designation as a "Compact State" and participation in the National Fingerprint File program.

- a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit:

<https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

- b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Respond to Interstate Background Checks

Procedures for a Lead Agency to Respond to Interstate Background Checks: Interstate

- a. Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

When a request is received, the requester is notified by the Department of Public Safety (DPS) that Nevada does not provide information at this time, unless a fingerprint based background check is received from a State Agency. If a state agency requests the background check, DPS will respond.

NRS 179A.090 Prerequisite to dissemination of records; exceptions. No agency of criminal justice in Nevada may disseminate any record of criminal history which includes information about a felony or a gross misdemeanor without first making inquiry of the Central Repository, to obtain the most current and complete information available, unless:

1. The information is needed for a purpose in the administration of criminal justice for which time is essential, and the Central Repository is not able to respond within the required time;

2. The full information requested and to be disseminated relates to specific facts or incidents which are within the direct knowledge of an officer, agent or employee of the agency which disseminates the information;

3. The full information requested and to be disseminated was received as part of a summary of records of criminal history from the Central Repository within 30 days before the information is disseminated;

4. The statute, executive order, court rule or court order under which the information is to be disseminated refers only to information which is in the files of the agency which makes the dissemination;

5. The information requested and to be disseminated is for the express purpose of research, evaluation or statistical activities to be based upon information maintained in the files of the agency or agencies from which the information is sought; or

6. The information is requested by a compensation officer pursuant to (<https://www.leg.state.nv.us/NRS/NRS-217.html#NRS217Sec090>) NRS 217.090.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

When a request is received, the requester is notified by the Department of Public Safety (DPS) that Nevada does not provide information at this time, unless a fingerprint based background check is received from a State Agency. If a state agency requests the background check, DPS will respond.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Any employer from out of state must complete the required form to request a CANs check for employees (see link): (<https://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Forms/1607A-EmployerRequestforCentralRegistrySearch.pdf>)

<https://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Forms/1607A->

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

i. Agency Name

ii. Address

iii. Phone Number

iv. Email

v. FAX

vi. Website

vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

viii. Forms

ix. Fees

x. Is the state a National Fingerprint File (NFF) state?

xi. Is the state a National Crime Prevention and Privacy Compact State?

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(<https://nevadachildcare.org/child-care-licensing/>) <https://nevadachildcare.org/child-care-licensing/>

b. Interstate Sex Offender Registry (SOR) Check:

i. Agency Name

ii. Address

iii. Phone Number

iv. Email

v. FAX

vi. Website

vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

viii. Forms

ix. Fees

x. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(<https://nevadachildcare.org/child-care-licensing/>) <https://nevadachildcare.org/child-care-licensing/>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

i. Agency Name

ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

iii. Address

iv. Phone Number

v. Email

vi. FAX

vii. Website

viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

ix. Forms

x. Fees

xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State’s definition of “substantiated” instances of child abuse and neglect.

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(<https://nevadachildcare.org/child-care-licensing/>) <https://nevadachildcare.org/child-care-licensing/>

5.5.7 Child Care Staff Member Disqualification

Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

- a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes. If yes, describe other disqualifying crimes and provide the citation:

These crimes disqualify child care work applicants and are not listed above:

Voluntary manslaughter or mayhem;

Any other felony involving the use of a firearm or other deadly weapon;

Assault with intent to kill or to commit sexual assault or mayhem;

Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;

Any offense relating to the distribution or manufacture of any controlled substance or any dangerous drug as defined in (<https://www.leg.state.nv.us/NRS/NRS-454.html#NRS454>) chapter 454 of NRS, including, without limitation, possession of a controlled substance for the purpose of sale;

Abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons, including, without limitation, a violation of any provision of (<https://www.leg.state.nv.us/NRS/NRS-200.html#NRS200Sec5091>) NRS 200.5091 to (<https://www.leg.state.nv.us/NRS/NRS-200.html#NRS200Sec50995>) 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;

Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property within the immediately preceding 7 years;

A crime that constitutes domestic violence pursuant to (<https://www.leg.state.nv.us/NRS/NRS-033.html#NRS033Sec018>) NRS 33.018;

A violation of (<https://www.leg.state.nv.us/NRS/NRS-484C.html#NRS484CSec430>) NRS 484C.430 regarding Driving Under the Influence (DUI); or

A violation of (<https://www.leg.state.nv.us/NRS/NRS-484C.html#NRS484CSec110>) NRS 484C.110 or (<https://www.leg.state.nv.us/NRS/NRS-484C.html#NRS484CSec120>) 484C.120 regarding Driving Under the Influence (DUI) within the immediately preceding 5 years.

- b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

DPS gives the results to the Washoe County sheriff's office and the sheriff's office makes the eligibility determination and let's Washoe County know if the staff is eligible. An eligibility memo is completed by Washoe County Licensing and sent to the provider, not the staff person. The results are not shared aside from the memo, with any outside entity.

DPS gives the results to State Child Care Licensing and State Child Care Licensing makes the eligibility determination. An eligibility memo is completed by State Child Care Licensing and sent to the provider, not the staff person. The results are not shared aside from the memo, with any outside entity.

- c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4).

The review process is the same for everyone given that it is all backgrounds, including drug offense.

Results received (NDPS Reports)

CCL Reviews Results for determination

Negative = Nothing appeared on background check that was found to be in conflict with NRS43A.170

Positive = Something appeared on background check that was found to be in direct conflict with NRS432A.170

Applicant is contacted and informed that there maybe an issued with their background check. No details given over phone to help ensure privacy and confidentiality.

Applicant is asked to make an appointment with a CCL Supervisor to review the results

Applicant must come in with government issued ID to confirm identity

Applicant must sign document confirmation that they came in to the CCL office to review the results and was presented with options

Review of Results

Applicant states a mistake has been made and the record found under their name is not them. Applicant is given time to get the matter cleared up.

Applicant states that a crime was committed but they were convicted of a different crime than the one is being presented on the results. Applicant is to provide the paperwork or obtain the documentation that will show a mistake has been made. Applicant will be given time to present such documentation.

Applicant was convicted of a crime listed within NRS432A.170.

Time lapse of conviction will can allow for the records to be sealed and they are able to work with the courts to make that happen. Time will be given to allow the process to be worked through by the applicant.

Crime may qualify for expungement through the courts. Applicant will be granted the time necessary to work through the expungement process.

Applicant believes the crime should be and can be overturned. Time will be allotted to allow applicant to work through that process.

Applicant would like to work despite the crime they are aware that they have committed. CCL will review the request and present to Administration and Legal for advisement:

Type of crime committed

Time lapse of crime committed.

Criminal history pattern indicates no recidivism

Applicants seeking to resolve their background will not be given an eligibility memo from CCL until their background is resolved and an eligibility memo can be issued. Applicant and CCL will notify employer that Applicant is actively working their backgrounds case at which time, the applicant will not be getting an eligibility memo and cannot be left unsupervised with any children at any time.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
- a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.
<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1755> :

Termination of employee or removal of resident of facility or establishment or participant in program upon receipt of certain information; opportunity for employee, resident or participant to correct information; applicability to small child care establishment; civil penalties.

1. Subject to the provisions of subsection 2:

(a) Except as otherwise provided in paragraph (c), upon receiving information pursuant to NRS 432A.175 from the Central Repository for Nevada Records of Criminal History or the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child established pursuant to NRS 432.100 or from an employee of an applicant for a license to operate a child care facility, a licensee or a small child care establishment, a resident of a child care facility or small child care establishment who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or participant in an outdoor youth program who is 18 years of age or older or from any other source that such an employee, resident or participant has been convicted of a crime listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child abuse or neglect made against him or her, the applicant, licensee or operator of the small child care establishment shall terminate the employment of the employee or remove the resident from the facility or establishment or participant from the outdoor youth program after allowing the employee, resident or participant time to correct the information as required pursuant to paragraph (b).

(b) If an employee, resident or participant believes that the information provided to the applicant, licensee or operator pursuant to paragraph (a) is incorrect, the employee, resident or participant must inform the applicant, licensee or operator immediately. The applicant, licensee or operator shall give any such employee, resident or participant 30 days to correct the information.

(c) The Division may establish by regulation a process by which it may review evidence upon request to determine whether an employee of an applicant for a license to operate a child care facility, a licensee or operator of a small child care establishment, a resident of a child care facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or a participant in an outdoor youth program who is 18 years of age or older has been convicted of a crime listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child

abuse or neglect made against him or her may remain employed or continue to reside in the facility or establishment, as applicable, despite the conviction. Any such review must be conducted in a manner which does not discriminate against a person in violation of 42 U.S.C. § 2000e et seq.

(d) If a process for review is established pursuant to paragraph (c), an employee, resident or participant, as applicable, may request such a review in the manner established by the Division. Any determination made by the Division is final for purposes of judicial review. (e) During any period in which an employee, resident or participant seeks to correct information pursuant to paragraph (b) or requests a review of information pursuant to paragraph (d), it is within the discretion of the applicant, licensee or operator whether to allow the employee, resident or participant to continue to work for or reside at the child care facility or small child care establishment or participate in the outdoor youth program, as applicable, except that the employee, resident or participant shall not have contact with a child without supervision during such a period.

2. The provisions of this section apply to a small child care establishment and an operator of a small child care establishment if the operator of such an establishment has applied or registered with the Division of Welfare and Supportive Services of the Department pursuant to NRS 432A.1756.

3. The Division shall adopt regulations to establish civil penalties to be imposed against any person, state or local government unit or agency thereof that fails to comply with the requirements of this section.

- b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

The appeals/challenging process is the same for everyone given that it is all backgrounds.

Results received (NDPS Reports)

CCL Reviews Results for determination

Negative = Nothing appeared on background check that was found to be in conflict with NRS43A.170

Positive = Something appeared on background check that was found to be in direct conflict with NRS432A.170

Applicant is contacted and informed that there maybe an issued with their background check. No details given over phone to help ensure privacy and confidentiality.

Applicant is asked to make an appointment with a CCL Supervisor to review the results

Applicant must come in with government issued ID to confirm identity

Applicant must sign document confirmation that they came in to the CCL office to review the results and was presented with options

Applicant states a mistake has been made and the record found under their name is not them. Applicant is given time to get the matter cleared up.

Applicant states that a crime was committed but they were convicted of a different crime than the one is being presented on the results. Applicant is to provide the paperwork or obtain the documentation that will show a mistake has been made. Applicant will be given time to present such documentation.

Applicant was convicted of a crime listed within NRS432A.170.

Time lapse of conviction will can allow for the records to be sealed and they are able to work with the courts to make that happen. Time will be given to allow the process to be worked through by the applicant.

Crime may qualify for expungement through the courts. Applicant will be granted the time necessary to work through the expungement process.

Applicant believes the crime should be and can be overturned. Time will be allotted to allow applicant to work through that process.

Applicant would like to work despite the crime they are aware that they have committed. CCL will review the request and present to Administration and Legal for advisement:

Type of crime committed

Time lapse of crime committed.

Criminal history pattern indicates no recidivism

Applicants seeking to resolve their background will not be given an eligibility memo from CCL until their background is resolved and an eligibility memo can be issued. Applicant and CCL will notify employer that Applicant is actively working their backgrounds case at which time, the applicant will not be getting an eligibility memo and cannot be left unsupervised with any children at any time.

- c. Interstate Child Abuse and Neglect (CAN) Registry Check:

([https://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Policies/CW/1607B_Request_for_Child_Abuse_and_Neglect_Screening_ADA\(2\).pdf](https://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Policies/CW/1607B_Request_for_Child_Abuse_and_Neglect_Screening_ADA(2).pdf))

[https://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Policies/CW/1607B_Request_for_Child_Abuse_and_Neglect_Screening_ADA\(2\).pdf](https://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Policies/CW/1607B_Request_for_Child_Abuse_and_Neglect_Screening_ADA(2).pdf)

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the

individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

a. Relative providers are exempt from all licensing requirements.

b. Relative providers are exempt from a portion of licensing requirements. Describe.
Licensed relative providers are subject to ALL licensing requirements.

Per the Nevada Revised Statute (NRS): NRS 432A.024 "Child care facility" defined.

1. "Childcare facility" means:

(a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children;

(b) An on-site child care facility;

(c) A child care institution; or

(d) An outdoor youth program.

2. "Child care facility" does not include:

(a) The home of a natural parent or guardian, foster home as defined in NRS 424.014 or maternity home;

(b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility;

(c) A home in which a person provides care for the children of a friend or neighbor for not more than 4 weeks if the person who provides the care does not regularly engage in that activity;

(d) A location at which an out-of-school-time program is operated;

(e) A seasonal or temporary recreation program; or

(f) An out-of-school recreation program.

c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

a. Relative providers are exempt from all health and safety standard requirements

b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.

FFN Provider/Relative Exemptions:

Negative TB test result

Immunization records

c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

a. Relative providers are exempt from all health and safety training requirements.

b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.

c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

a. Relative providers are exempt from all monitoring and enforcement requirements.

b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

a. Relative providers are exempt from all background check requirements.

b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

i. Criminal registry or repository using fingerprints in the current state of residency

ii. Sex offender registry or repository in the current state of residency

iii. Child abuse and neglect registry and database check in the current state of residency

iv. FBI fingerprint check

v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.

vi. Criminal registry or repository in any other state where the individual has resided in the past five years.

vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.

viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

c. Relative providers must fully comply with all background check requirements.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Professional development framework for training and professional development

Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The Nevada Registry published Nevada's Core Knowledge Areas (CKA) and Core Competencies for Early Care and Education Professionals in 2007. The CKA are a set of content areas that define what caregivers should know and understand in order to provide quality experiences for children while the Core Competencies are a set of observable skills that reflect a caregiver's knowledge of

the Core Knowledge Areas. All community-based training approved by The Nevada Registry is linked to specific CKA. The CKA support the framework of the Nevada Early Care and Education Career Ladder and provide the foundation for the professional development system. They CKA are also aligned with Nevada's Pre-K Standards. In 2020, the Nevada Department of Education partnered with SRI Education to facilitate the Nevada Ready B5! Alignment Project. Though this work, Nevada's Core Competencies were reviewed, and it was ultimately determined that rather than revising Nevada's existing competencies, our state will adopt the standards and competencies created through the National Association for the Education of Young Children's (NAEYC) Power to the Profession initiative. NAEYC's Standards and Competencies are slated to be formally adopted in FY22.

ii. Career pathways. Describe:

The Nevada Early Care and Education Professional Career Ladder is tailored specifically to the field of Early Care and Education (ECE) with 7 levels representing various combinations of formal education, training and direct experience (up to 4000 hours). Through the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, early childhood professionals pursue Early Childhood Education (ECE) Certificates, Associate, and Bachelor Degrees at participating Institutes of Higher Education within Nevada. The following pathways are available: Early Childhood Education Certificate; Associate of Applied Science: ECE, ECE Director/Administration, Infant/Toddler, Preschool; Associate of Arts: ECE; Bachelor of Science: ECE Administration/Non-License, ECE Pre-K-2nd Grade/License, Human Development and Family Studies.

iii. Advisory structure. Describe:

In addition to the State Early Childhood Advisory Council, each quality initiative in the State of Nevada has developed an advisory board or committee that serves as a sounding board and helps to guide the development of the various projects (i.e. TEACH, QRIS, The Nevada Registry, and State and County Child Care Licensing).

iv. Articulation. Describe:

Course titles and number are consistent between the Institutes of Higher Education. Articulation exists between ECE Associate of Arts degree pathways at community colleges and Bachelor of Science degree pathways at the universities T.E.A.C.H. Early Childhood® Nevada facilitates a workgroup of ECE Higher Education professionals to discuss topics related to the ECE higher education pathways.

v. Workforce information. Describe:

The Nevada Registry publishes a biennial membership and training approval system report highlighting the demographics of the Registry membership. This report includes general demographics, wage information, educational attainment, career ladder information as well as training and trainer statistics. With over 7000 active members, this is currently the primary source of data specific to the ECE workforce. The Registry's data is also referenced in The Children's Cabinet's biennial fact sheets that provide county-level data on the supply, demand, quality and availability of child care in Nevada.

vi. Financing. Describe:

The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides financial assistance for ECE professionals to attain ECE credentials and degrees. Eighty percent (80%) of the cost of tuition and books are supported by the scholarship.

The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides the following financial incentives for educational attainment and retention: 1) \$50 incentive per semester to assist with costs related to tuition, travel and Internet; 2) a bonus for successfully completing a minimum of

nine credits per year while receiving the college scholarship: \$300 bonus for Associate degree scholarships and \$400 bonus for Bachelor degree scholarships. Additionally, employers, sponsoring staff on the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, provide \$300 bonuses or 2% raises per year for successfully completed scholarships.

- b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

iii. Other. Describe:

The Child Care and Development Program has partnered with the TEACH program to pilot an expansion of program services for participants of the Nevada Youth First Program. The Pilot provides scholarships for higher learning in partnership with the Workforce Innovation and Opportunity Act (WIOA) Administration in Nevada to implement statewide efforts to recruit, mentor, and place staff into the field of early childhood.

6.1.2 Consultation with state advisory council

Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Nevada Registry's training approval system launched in 2004 prior to the establishment of the SAC. As a result, the training and professional development requirements were not initially developed in direct consultation with the SAC. However, since that time, both the Registry Advisory Committee and the newly established Training Approval System Advisory Workgroup include representation from the SAC. Both committees help to guide, advise and support the ongoing development of the training and professional development system in Nevada.

6.1.3 Description of framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides financial assistance for ECE professionals to attain ECE credentials and degrees. Eighty percent (80%) of the cost of tuition and books are supported by the scholarship.

The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides the following financial incentives for educational attainment and retention: 1) \$50 incentive per semester to assist with costs related to tuition, travel and Internet; 2) a bonus for successfully completing a minimum of nine credits per year while receiving the college scholarship: \$300 bonus for Associate degree scholarships and \$400 bonus for Bachelor degree scholarships. Additionally, employers, sponsoring staff on the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, provide \$300 bonuses or 2% raises per year for successfully

completed scholarships.

T.E.A.C.H. Early Childhood® Nevada conducts outreach at high schools with ECE programs to inform high school students of the scholarship program and its eligibility criteria.

At the annual Nevada Association for the Education of Young Children (NevAEYC) Early Childhood Conference sessions are offered that address providers' mental health including yoga and relaxation techniques to reduce stress, self-regulation and calming, and to improve sleep.

To assist with retention, recipients of T.E.A.C.H. Early Childhood® Nevada scholarships remain employed with their sponsoring child care programs while receiving the scholarships; as well as commit to remaining employed for one year after the conclusion of the scholarships.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Training and professional development descriptions

Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Learning and Developmental Guidelines

Nevada's early childhood educators rely on the Nevada Pre-K Content Standards to provide a framework and guidance for curriculum development. The Nevada Pre-K Content Standards were developed based on child development research and developmentally appropriate practices for 4 year-old children. Through the PDG B-5 grant, NDE worked with SRI Inc. to embark upon the beginning phases of standards revisions. Work for the next two years will

focus on finalizing the standards revisions to resume statewide training and support to the ECE workforce.

Director and Program Administrator:

Director Perspective training are offered for ECE program directors and administrators to gain more comprehensive information on the use of the Pre-K Standards and Infant and Toddler Guidelines. In addition, they receive information and resources that include The Nevada Registry, T.E.A.C.H.® Early Childhood Nevada, TACSEI, Pre-K to K transitions and QRIS. This information provides program directors and administrators with the knowledge to promote professional development for their staff and to improve program quality and introduces them to other agencies that support their programs.

Parent Education:

The Parent Perspective training is offered and provided to parents about the use of standards. These trainings are available in English and Spanish and parents learn about the Nevada Pre-K Standards and developmentally appropriate strategies on how to support learning at home. They receive an overview of what typically developing 4-year-old children should know and be able to do before they enter kindergarten. They have an opportunity to participate in a variety of activities with their child based on the Nevada Pre-K Content Standards. Parent and family engagement activities are essential, and we recognize that parents are their child's first teacher. Supporting and helping families understand about school readiness skills with easily replicated activities help to foster the importance of the home school connection for their child.

The Infant and Toddler Guidelines are available for parents as a frame of reference for their child's development. Supportive activities are included so parents can foster learning at home. Infants and toddlers grow and develop rapidly so it is important to mention that different milestones can occur at different times and stages in a child's development can change quickly. Parents receive a copy of the "Ready for K" book that provides detailed information about the Pre-K Standards and how they can track their child's development and mastery of new skills.

Health and Safety standards are at the core of training requirements for Family Friend and Neighbor providers. FFN providers must complete 30 hours of training within the first 90 days after registration on the Subsidy program. The same initial training requirements must be met by all providers working in Licensed child care facilities within 120 days of employment, with the exception of Child Abuse and Neglect which must be taken within 90 days.

Training must include:

- Administration of Medication
- Building and physical premises safety
- Emergency preparedness and response planning

- Precautions in transporting children Prevention/response to food allergies
- Handling & storage of biocontaminants Identification of child abuse & neglect
- Nutrition and physical activity
- First-aid and CPR Prevention and control of infectious diseases
- Prevention of shaken baby syndrome
- SIDS and use of safe sleep practices

Social Emotional/Behavioral

Licensed providers that receive subsidy in Nevada are required to participate in Nevada's TACSEI ePyramid training to assist providers and staff with tools for relationship building, challenging behaviors, and to prevent suspension and expulsion.

6.2.2 Accessibility of professional development for tribes and tribal organizations

Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

All trainings are open to any provider in Nevada. There is tribal representation on The Nevada Registry Advisory Committee to help guide, advise and make recommendations concerning issues related to Nevada's professional development and training approval system. T.E.A.C.H. Early Childhood® Nevada scholarships are accessible to early childhood professionals associated with Indian tribes and tribal organizations with state licensed or tribally regulated child care programs. Currently, T.E.A.C.H. Early Childhood® Nevada collaborates with the Inter-Tribal Council of Nevada and a representative from the Inter-Tribal Council participates on the T.E.A.C.H. Early Childhood® Nevada Advisory Committee

With the exception of CPR and First Aid, all of the currently required initial health & safety trainings are available online at no cost through two online training organizations: ProSolutions Training and the University of Nevada Reno Extension Office. These online trainings are available to all providers in Nevada, regardless of setting.

6.2.3 Accessibility for providers with limited English proficiency and disabilities

States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

- a. with limited English proficiency.

CCDP has become a part of Arizona's Kith and Kin program, Candelen, to support kith and kin providers in the community in partnership with the Urban League and Children's Cabinet to provide a

pathway to subsidy. A large focus of this program is to reach those unregistered providers in that may be limited in English proficiency and loop them into opportunities for trainings, wraparound services, and paths to subsidy and/or licensure.

CCDP is utilizing community based organizations embedded within communities with limited English proficiency to recruit adults to become licensed Family Child Care providers and to facilitate a pathway to subsidy.

FFN registration and training materials are available in Spanish. R&R staff have Spanish-speaking staff members to register FFN providers who speak Spanish. All registration materials are available in Spanish. All information on training requirements is available in Spanish including the R&R FFN training catalog which has trainings offered in Spanish. Caring for Our Children Basics was also translated in Spanish and given to providers to prepare to their health & safety visit which is conducted by a Spanish-speaking staff member. For languages other than Spanish, Telelanguage service can be used to communicate with providers. This service is offered 24/7/365 and provides professional translation services for over 200 languages.

- b. who have disabilities.

All R&R offices are ADA compliant, and staff have training on the use of Relay Nevada (7-1-1) which is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech disabled. This service allows relay users to communicate with standard telephone users through specially trained relay operators. The call can be made to anywhere in Nevada 24/7/365 with no restrictions on the number, length, or type of calls. All calls are strictly confidential, and no records of any conversations are maintained.

6.2.4 Training and professional development requirements for CCDF providers

Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

With the exception of requiring specific training for caregivers working with infants under one year of age (Sudden Infant Death Syndrome and Shaken Baby Syndrome), Nevada's Child Care Licensing training regulations apply to all licensed facilities, regardless of the type of setting (Child Care, Family Child Care, etc.) or the ages served. Family, Friend, and Neighbor (FFN) provider training options are available in Spanish and support is given to Spanish-speaking providers to access and complete web-based trainings. Additionally, if training requirements are specifically for infants and toddlers (i.e., SIDS and Shaken Baby Syndrome), these requirements are not enforced if the provider does not care for children in this care level. Caring for Children with Disabilities would count toward the mandatory initial training hours for FFN providers. We do not have training options specifically for Native Americans or Native Hawaiians.

6.2.5 Training and technical assistance to identify families experiencing homelessness

The Lead Agency must provide training and technical assistance (TA) to providers and

appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

- a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

The CCDP subgrants CCDF funds to the Nevada Department of Education, who developed a survey to evaluate providers' understanding of the McKinney-Vento Homeless Assistance Act's definition of homeless, the effects of homelessness on children and families, the effects of homelessness on child behavior and learning, identifying the barriers of providing service to homeless children, as well as ascertain information on what additional resources would be helpful for them to better serve this population. The Las Vegas Urban League partners with Homeless Youth Alliance and participates in their Project Homeless Connect and other events in order to find and assist homeless families. Information, training and webinars are shared with staff. CCR&R staff attended Child Care for Families Experiencing Homelessness: Lessons Learned and the Road Ahead on May 2, 2018 and Serving Young Children Experiencing Homelessness: Practical Strategies for McKinney-Vento Liaisons and School-based Staff on May 8, 2018. Both webinars are from School House Connection.

- b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Information, training and webinars are shared with staff. R&R staff attended Child Care for Families Experiencing Homelessness: Lessons Learned and the Road Ahead on May 2, 2018 and Serving Young Children Experiencing Homelessness: Practical Strategies for McKinney-Vento Liaisons and School-based Staff on May 8, 2018. Both webinars are from School House Connection. A survey was distributed at the 2018 Nevada Association for the Education of Young Children Early Childhood Conference to understand the topics of training and support is needed by child care providers. In addition, meetings have been held with the Nevada Department of Education McKinney-Vento liaison to discuss possible shared resources and training opportunities. We are in the process to determine if Initial online trainings offered by the Office of Head Start and Child Care can be approved by The Nevada Registry for child care training hours.

6.2.6 Strategies to strengthen business practices

Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

There are two business series trainings available through a blended online training and cohort meetings training format. A Basic Center Management Certificate and a Budgeting and Risk Management Certificate are available. Providers who complete the series are reimbursed the cost of the training (\$69). The Child Care and Development Program intends to use COVID Response and Relief funding (CRRSA) to strengthen business practices of child care providers and to improve the quality of child care services through Staffed Family Child Care Networks, including training and technical assistance on fiscal management, budgeting, recordkeeping, community relationships, marketing and public relations, and parent-provider communication.

- b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other. Describe:

Time management, developing a philosophy & mission, developing organizational structure and organizational culture, achieving a culture of improvement, assessment tools, civil right & labor laws, developing a fee structure, conducting cost-benefit analysis.

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

- a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

- i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age- appropriate strategies (98.53 (a)(1)(i)(A)). Describe the content and funding:

CCDF funds Technical Assistance for Social Emotional Development (Pyramid model) training for all licensed providers that receive subsidy.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

- ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.)

(98.53(a)(1)(iii)). Describe the content and funding:

Effective April 1, 2019, the Child Care and Development Program (CCDP) began the process of rolling out CCDP funded Technical Assistance Center for Social-Emotional Intervention (TACSEI) trainings and support to licensed providers who accept child care certificates through either The Children’s Cabinet or The Las Vegas Urban League, with the exception of Head Start programs. Listed below are the trainings and support which will be implemented:

- Required Training:** At least one designated staff member with a leadership role (e.g. director or assistant director) at any child care site that is funded with CCDF dollars must complete either the TACSEI ePyramid training or the TACSEI in-person training covering modules 1-3.
- Implementation of Training Content:** The designated staff member mentioned above will facilitate implementation of methods that promote social-emotional development, including building positive relationships, creating supportive environments, and facilitating social-emotional teaching strategies amongst the staff in their child care center.
- Scheduled Support:** Childcare Information and Resource Phone Support (CHIRPS) community of practice phone conferences with a Pyramid Model Specialist will be regularly scheduled to provide a platform for group discussions and support with implementation of the training content.
- Real-Time Support:** A support hotline will be available for immediate assistance from a Pyramid Model Specialist.
- In-Person Training:** A designated staff member must attend an in-person TACSEI training on Pyramid Model Module 3 content prior to a temporary or permanent removal of a child from their program.

Effective June 1, 2019, if a provider expels a child from their program without at least one staff member having enrolled into the required training and having accessed the additional support options, the provider risks being dropped from the CCDP Subsidy program, unless the provider had prior approval from the CCDP to use a different positive discipline model.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)). Describe the content and funding:

CCDP will conduct an RFP to identify a marketing/PR firm to conduct an extensive, statewide communications and outreach campaign directed at parents of young children to connect them to resources including, but not limited to the nvchildcare.org website which includes information on financial assistance programs and includes an interactive tool to identify child care providers (with real time capacity detail). The campaign will be utilized to connect parents with resources, as well as

to assist providers in connecting with parents, as well as sharing information on best practices and related resources necessary for the care and development of young children. The RFP will also include updates to the current nvchildcare.org website.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe the content and funding:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii). Describe the content and funding:

CRRSA and ARP funding are earmarked to support these trainings.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License-exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe the content and funding:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii). Describe the content and funding:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

x. Other. Describe:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License-exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?

i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iv. Other. Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

6.3.2 Measurable indicators of progress

Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Indicators: Number of trainings and how many hours; number of participants broken into participant

types; and a survey on how much knowledge did you have before the trainings (scale of 1-5) and after the trainings (scale of 1-5) ; lastly, how effective was your trainer (scale of 1-5).

98.8% of participants who attended QRIS related trainings in 2020-beginning of 2021 agreed or strongly agreed that the training they attended was effective.

98.0% of participants who attended QRIS related trainings in 2020 – beginning of 20201 agreed or strongly agreed that the training added to their knowledge on the topic.

98.8% of participants who attended QRIS related trainings in 2020 – beginning of 20201 agreed or strongly agreed that they gained new methods and strategies about this topic from the training.

6.4 Early Learning and Developmental Guidelines

6.4.1 Implementation of early learning and developmental guidelines

States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory’s early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Nevada Pre-K Content Standards are research based and aligned to the Nevada Academic Content Standards. The developmentally appropriate standards include the aligned K-12 standard to help support the Pre-K to K transition. The content standards are used for planning curriculum, assessing growth and development, and for sharing important information with families about their child’s growth and development.

ii. Developmentally appropriate.

The Early Learning Guidelines provide a framework of developmental milestones to guide and support ECE Practioners and professionals in their teaching practices. The guidelines are developmentally appropriate and help teachers to implement curriculum and improve child outcomes. The guidelines are aligned and the support the developmental growth from birth to kindergarten.

iii. Culturally and linguistically appropriate.

Nevada's Early Learning Guidelines include culture, diverstiy, and language into the guidelines

and standards; for example, language development, social emotional development, and creative expression. Culture, diversity and language are important issues in early childhood programs. Providing a classroom that is rich in language and that embraces the culture of the program is key to helping children develop a positive culture identity (Derman-Sparks, Edwards, 2009). Young children begin to develop a greater understanding about themselves, their families and their communities in classrooms that foster this approach. Providing children with opportunities to learn about other cultures gives them experiences where they can learn about the similarities and the differences of about each other. Modeling respect for each other, tolerance and acceptance of different points of view helps young children to understand and promote a true antibias classroom. Understanding and respecting others will help to develop a compassionate attitude. Early childhood programs that model acceptance and respect of a child's native language will help them to feel more included in a classroom. A program that supports the use of a child's home language sends the message that their culture is important while exposing them to an enriched bilingual environment. Language barriers exist when we fail to provide support for children to be successful.

- iv. Aligned with kindergarten entry.

The Early Learning Guidelines provide a framework of developmental milestones to guide and support ECE Practitioners and professionals in their teaching practices. The guidelines are developmentally appropriate and help teachers to implement curriculum and improve child outcomes. The guidelines are aligned and the support the developmental growth from birth to kindergarten.

- v. Appropriate for all children from birth to kindergarten entry.

The Early Learning Guidelines provide a framework of developmental milestones to guide and support ECE Practitioners and professionals in their teaching practices. The guidelines are developmentally appropriate and help teachers to implement curriculum and improve child outcomes. The guidelines are aligned and the support the developmental growth from birth to kindergarten.

- vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The Early Learning Guidelines and the Nevada Pre-K Standards are written into the State Advisory Council's Strategic plan that is currently going through the final edits and revisions. Aligning programs, resources and quality indicators supports best practices and better outcomes for Nevada's children

- b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

- i. Cognition, including language arts and mathematics.

Cognition & General Knowledge

Discovering the World

Discover and Learn: Mathematical Exploration and Learning

Discover and Learn: Scientific Exploration and Learning

Language Development & Communication

Communicating & Understanding

Pre-Reading

Pre-Writing

ii. Social development.

Personal & Social/Emotional

Developing Sense of Self and Others

Emotional Expression

Pro-Social Behaviors

Self Regulation & Self Control Skills

iii. Emotional development.

Personal & Social/Emotional

Developing Sense of Self and Others

Emotional Expression

Pro-Social Behaviors

Self Regulation & Self Control Skills

iv. Physical development.

Physical Development & Health

Coordinate Movements

Gross Motor Coordination

Fine Motor Control

Health

v. Approaches toward learning.

Approaches to Learning: Creative Expression/ Experiences

Creativity, Curiosity & Critical Thinking

Visual & Sensory Arts

Music/Movement

Dramatic Play

- vi. Describe how other optional domains are included, if any:

NA

- c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Nevada Pre-K Content Standards were originally established in 2004 and updated in 2010. The companion crosswalk to the Nevada Academic Content Standards was completed in 2014 and provides guidance for aligning Math and Language and Literacy standards. The Early Learning Guidelines were established in 2013 and revised in 2014. Work groups are currently being developed to review and align the B-third grade standards to better support the State of Nevada's B-3 plan. We may want to add that we are looking to use the Head start learning outcomes as a guide in this work.

- d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school timestandards.

The State has adopted OST health and safety standards but has not implemented or revised the standards to include the CCDF reauthorization requirements. In addition, Nevada has developed a OST Self-Assessment tool.

- e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

http://www.nevadaregistry.org/fb_files/PreKStandards-FINAL.pdf; and

http://www.nevadaregistry.org/fb_files/InfantToddlerGuidelines.pdf

6.4.2 How early learning and guidelines are used

CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

The Early Learning Guidelines and Pre-K Standards provide the guidance for the ECE workforce to establish appropriate outcomes for the children that they serve. The QRIS and licensing provide guidance to programs regarding the implementation of the guidelines and standards. Early Learning Guidelines were used as the basis for Nevada's I'm Ready for K! What I know about Nevada's Pre-K Standards and more: A booklet for my parents and teachers. This booklet contains all Nevada's early learning and developmental guidelines written from a child's voice. The booklet contains very specific skills that children will exhibit when they have mastered the standard area. This booklet is shared with all families on the Subsidy program, all early learning providers (including FFN providers), school district Pre-k programs, and all libraries across Nevada.

6.4.3 Measurable Indicators for early learning and developmental guidelines

If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Nevada's early childhood educators rely on the Nevada Pre-K Content Standards to provide a framework and guidance for curriculum development. The Nevada Pre-K Content Standards were developed based on child development research and developmentally appropriate practices for 4 year-old children. Through the PDG B-5 grant, NDE worked with SRI Inc. to embark upon the beginning phases of standards revisions. Work for the next two years will focus on finalizing the standards revisions to resume statewide training and support to the ECE workforce.

Director and Program Administrator:

Director Perspective training are offered for ECE program directors and administrators to gain more comprehensive information on the use of the Pre-K Standards and Infant and Toddler Guidelines. In addition, they receive information and resources that include The Nevada Registry, T.E.A.C.H.® Early Childhood Nevada, TACSEI, Pre-K to K transitions and QRIS. This information provides program directors and administrators with the knowledge to promote professional development for their staff and to improve program quality and introduces them to other agencies that support their programs.

Parent Education:

The Parent Perspective training is offered and provided to parents about the use of standards. These trainings are available in English and Spanish and parents learn about the Nevada Pre-K Standards and developmentally appropriate strategies on how to support learning at home. They receive an overview of what typically developing 4-year-old children should know and be able to do before they enter kindergarten. They have an opportunity to participate in a variety of activities with their child based on the Nevada Pre-K Content Standards. Parent and family engagement activities are essential, and we recognize that parents are their child's first teacher. Supporting and helping families understand about school readiness skills with easily replicated activities help to foster the importance of the home school connection for their child.

The Infant and Toddler Guidelines are available for parents as a frame of reference for their child's development. Supportive activities are included so parents can foster learning at home. Infants and toddlers grow and develop rapidly so it is important to mention that different milestones can occur at different times and stages in a child's development can change quickly. Parents receive a copy of the "Ready for K" book that provides detailed information about the Pre-K Standards and how they can track their child's development and mastery of new skills.

For State Fiscal Year 2019/20 - WCSO Standards Office provided 120 trainings, equaling 458 hours, to 641

participants. Those participants included center-based staff, family child care providers, FFN providers, after school staff, school district staff, and parents. They did 12 TA visits around standards. They provided 20 orientations (which is different than trainings) for 220 participants. They distributed 7,528 materials which included books, periodicals, packets and toys.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Assessment process and frequency of assessment

Lead Agencies must invest in quality activities based on an assessment of the state/territory’s needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

A needs assessment was completed in order to develop the Nevada Early Childhood Advisory Council’s (NECAC) strategic plan. As part of the assessment the following steps were completed: extensive interviewing of public and private leaders throughout Nevada, formation and facilitation of strategic planning working groups, and discussions with potential partners for each area of focus to determine interest and opportunities of involvement. The assessment established three overarching goals to strengthen Nevada’s early childhood system. Next steps include the formation of work groups who are determining action steps for each goal. In addition, quality activities will be reviewed to ensure alignment with these goals. A needs assessment will be completed every four years to inform the revision of the strategic plan.

7.1.2 Assessment findings and identified quality improvement goals

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

The goals identified:

- 1) Strengthen the complex system of early learning to provide every child and family with high quality education and development,**
- 2) Ensure families have the support they want and need to nurture their children’s early learning and development, and**

3) Promote and support increased access to and the delivery of high quality, evidence-based health services for families with young children.

(http://https://doe.nv.gov/uploadedFiles/nde.doe.nv.gov/content/Early_Learning_Development/State_PreK/PDG_Needs_%20Assessment_%20Final.pdf)

https://doe.nv.gov/uploadedFiles/nde.doe.nv.gov/content/Early_Learning_Development/State_PreK/PDG_Needs_%20Assessment_%20Final.pdf

7.2 Use of Quality Funds

7.2.1 Quality improvement activities

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

(Centers for Disease Control; Part B; Part C; Maternal and Child Health; Newmont Foundation (Elko only); Provider revenue generated from training classes is reinvested in training and professional development opportunities); COVID (CRRSA and ARP funds)

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

N/A

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

N/A

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

(W.K. Kellogg Foundation) and COVID funds (CRRSA and ARP) for contracted slots for infants and toddlers and capacity building.

[x] e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

(W.K. Kellogg Foundation; BUILD Initiative - Project HOPE)

[x] f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

[x] i. CCDF funds

ii. State general funds

Other funds: describe

(Washoe County funds their own)

[x] g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

[x] i. CCDF funds

ii. State general funds

Other funds: describe

N/A

[x] h. Accreditation Support (Related Section: 7.8). Check all that apply.

[x] i. CCDF funds

ii. State general funds

Other funds: describe

N/A

[x] i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

[x] i. CCDF funds

ii. State general funds

Other funds: describe

N/A

[x] j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i. CCDF funds

ii. State general funds

Other funds: describe

(Department of Defense via Child Care Aware of America \$ dollars support the training of providers to care for children with special needs) CRRSA and ARP will be used to grants toward operating costs of child care providers. The CRRSA grants will be earmarked for all licensed FCCs and Centers in the State and to subsidized Out of School Time license exempt centers. ARP grant plan is still being developed.

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 QRIS or another system of quality improvement

Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Nevada's QRIS is administered through the Nevada Department of Education, Office of Early Learning and Development. Nevada's QRIS works with multiple partners, including: Statewide CCR&R for coaching, University of Nevada, Cooperative Extension for Assessments, and Nevada Institute for Children's Research & Policy for evaluation. Two assessment tools are used to determine a program's QRIS rating – the Environment Rating Scales (center and family home provider model) and the CLASS (district pre-k QRIS model.) An outside evaluator, UNLV Nevada Institute for Children's Research and Policy (NICRP), has been contracted to evaluate the impact of the star ratings on outcomes for children. We no longer use the CLASSS tool on the LEA (District) model or any of the QRIS models as an evaluation tool, it is used strictly as a coaching tool on all three models.

(<http://www.nvsilverstatestars.org/>) <http://www.nvsilverstatestars.org/>

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.

?

- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

7.3.2 QRIS or another system of quality improvement participation

Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

- a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

i. Participation is voluntary.

ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation in Nevada QRIS is mandatory for all licensed providers ☐ centers, family, and group facilities receiving subsidy. Mandatory participation began in 2016 and the full roll out /onboarding of all subsidy programs is ongoing in Nevada. It became mandatory for group and family childcare programs began in 2019. Nevada’s QRIS is a 5-level (stars) rating system. Providers on subsidy with one star receive the state rate for reimbursement. Providers at 5-stars receive the 75th percentile rate. Providers at 2-stars receive the state rate plus an additional 25% of the difference between the state rate and the 75th percentile rate. Providers at 3-stars receive the state rate plus an additional 50% of the difference between the state rate and the 75th percentile rate. Providers at 4-stars receive the state rate plus an additional 75% of the difference between the state rate and the 75th percentile rate. All tiered reimbursements are then rounded up to the nearest dollar. Nevada is phasing in mandatory participation for providers serving children receiving subsidy. Priority has been given to programs with the highest number of children receiving subsidy. We have currently enrolled the top 79 subsidy providers. There are currently no minimum rating requirements for programs, however if they are not meeting QRIS goals they will no longer be allowed to provide services to children receiving subsidy. All participating QRIS programs are required to sign an MOA with required timelines and participation requirements. The requirements include a coaching cycle of 2 years and an updated star rating every 2 years.

iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory’s QRIS or another system of quality improvement? Check all that apply.

i. Licensed child care centers

ii. Licensed family child care homes

iii. License-exempt providers

iv. Early Head Start programs

v. Head Start programs

vi. State Prekindergarten or preschool programs

vii. Local district-supported Prekindergarten programs

viii. Programs serving infants and toddlers

ix. Programs serving school-age children

x. Faith-based settings

xi. Tribally operated programs

xiv. Other. Describe:

N/A

- c. Describe how the Lead Agency’s QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The Nevada Silver State Stars QRIS greatly values the differences in program types. As such, we have 3 separate and unique QRIS models for Centers, Family Child Care and Local Education Agencies (Districts). Each model includes an environment rating scale assessment tool that is most appropriate for their setting. For example: Family childcare is assessed on the FCCERS (Family Child Care Environment Rating Scale) and classrooms in a childcare center are rated on ages of the children served in that room, either the Infant Toddler Environment Rating Scales (ITERS) or the Early Childhood Environment Rating Scale (ECERS). Each model also includes required criteria or quality indicators that are relevant and specific to their program type.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory’s quality improvement standards align with or have reciprocity with any of the following standards?

No

Yes. If yes, check the type of alignment, if any, between the state/territory’s quality standards and other standards. Check all that apply.

a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).

b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other. Describe:

N/A

7.3.4 Link between quality standards and licensing requirements

Do the state/territory’s quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS.

c. State/territory license is a "rated" license.

d. Other. Describe:

N/A

7.3.5 Financial or other incentives through QRIS or another quality improvement system

Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	[x]	[]	[x]	[]	[]
vii. Materials and supplies	[x]	[]	[x]	[]	[]
viii. Priority access for other grants or programs	[x]	[]	[x]	[]	[]
ix. Tax credits for providers	[x]	[]	[x]	[]	[]
x. Tax credits for parents	[x]	[]	[x]	[]	[]
xi. Payment of fees (e.g., licensing, accreditation)	[]	[]	[]	[]	[]

b. Other:

N/A

7.3.6 Measurable indicators of progress relevant to Subsection 7.3

Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Indicators of Progress for QRIS:

Assessment scales - assessment scores and scale of indicators, for example group size and ratio, percentage of children screened, membership in the professional registry (NV Registry). Also, the star rating achieved reflects the impact of coaching and support by QRIS.

Results: 51.5% of QRIS participating programs achieved between 3 and 5 star levels after coaching. Nevada has surpassed our QRIS State Plan goal for 30% of participating providers to achieve either 4 or 5 stars; 33% of providers achieved 4 or 5 stars. The next goal is to have 60% of all programs meet between 3 and 5 star ratings.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Activities to improve supply and quality of infant and toddler care

Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

CCDP is utilizing ARP/CRRSA funds to establish FCC networks including training and TA on fiscal management, budgeting, recordkeeping, community relationships, marketing and public relations, parent-provider communication. As part of the Pritzker/ARP/CRRSA planning, slots for infants and toddlers will be contracted to licensed child care providers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Nevada is currently working with ZERO TO THREE to build a cadre of certified infant toddler trainers with intensive training in critical competencies in caring for infants and toddlers. Additionally in fiscal year 18, these certified trainers will train 165 early childhood professionals in the critical competencies for infant and toddlers. In fiscal year 19, ZERO TO THREE will provide two critical

competencies trainings (one in Reno and one in Las Vegas) for early childhood educators. Again in fiscal year 2020, ZERO TO THREE will provide 2 more trainings (one in Reno and one in Las Vegas) for early childhood educators.

Through T.E.A.C.H. Early Childhood® Nevada, ECE professionals providing services to infants and toddlers can pursue Associate of Applied Science degrees in Early Childhood Education with an emphasis on Infants and Toddlers. Coursework includes, but is not limited to: Role Play for Infants and Toddlers; Infancy; Understanding Human Growth and Development; Guiding Infants and Toddlers; Literacy and the Young Child; Teaching the Two-Year Old; Principles of Child Guidance; Social/Emotional Development for Infants and Toddlers; Diversity in Children; Self Help Skills for Infants and Toddlers; and Infant and Toddler Curriculum. A training program has been implemented statewide for participants to earn an Infant Toddler CDA. The coursework is offered online or in-person and the program pays for all materials and fees for the participants.

This is offered at no cost to the providers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

[x] d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

As part of the statewide CDA program offered through the University of Nevada Reno Cooperative Extension, infant toddler specialist work with CDA participants and provide focused classroom observations and coaching.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

[x] e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Through Nevada Early Intervention Services a Partners Program has been implemented statewide. Through this program child care providers increase their competencies to include children with disabilities in child care programs and collaborate with other early interventions staff to provide opportunities during daily routines to support the child in achieving the outcomes on their Individualized Family Service Plan. Our contract with NEIS contract will end in July and we are currently looking to find additional Early intervention providers who may be interested in partnering on a similar project to support the needs of children with disabilities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Infant toddler environment rating scale is used in all infant/toddler classrooms.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

g. Developing infant and toddler components within the state/territory's child care licensing regulations.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

h. Developing infant and toddler components within the early learning and developmental guidelines.

Nevada's early learning guidelines are for infants and toddlers and are aligned to Nevada's PreK Standards for children ages 3 through kindergarten entry. The infant toddler guidelines are available for parents as a frame of reference for their child's development. Supportive activities are included so parents can foster learning at home.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home

In-home care (care in the child's own home)

j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Through Nevada's Pritzke/ARP/CRRSA plan, an additional 200 infants and toddlers below 200% FPL will have access to high quality child care through contracted slots at 3/4/5 star centers. Also, an additional 250 infants and toddlers below 200% FPL will have access to high quality child care by establishing alternative rate for providers in 3/4/5 star programs during non-standard hours.

Licensed center-based

License exempt center-based

Licensed family child care home

License-exempt family child care home

In-home care (care in the child's own home)

k. Coordinating with child care health consultants.

Community Health Workers with an Early Childhood Education endorsement will be procured to promote health literacy and empowerment in child care settings and direct linkages to healthcare settings/clinics in their communities. Working through the state's trusted Child Care Resource and Referral agencies, the state proposes to address community health disparities by entering into cooperative agreements with them and their partners, including health organizations (i.e., FQHCs, Tribal Clinics), nonprofits and childcare providers piloting in Nevada's underserved communities in Clark and Washoe Counties and expanding to our rural and Tribal communities, and within those, families with young children 0-5 years:

To reduce disparities in healthcare access among Nevada's medically underserved communities of color and those living at 200% or below poverty level that have been disproportionately impacted by COVID.

To increase equitable access to community supports, services and resources that can improve the social determinants linked with health and well-being of families with young children.

To strengthen families/caregivers' knowledge, skills and practices in maintaining the social, emotional and physical health and well-being of each family member, especially during times of crisis.

Licensed center-based

License exempt center-based

Licensed family child care home

License-exempt family child care home

In-home care (care in the child's own home)

l. Coordinating with mental health consultants.

Licensed center-based

License exempt center-based

- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

n. Other.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Measurable indicators of progress relevant to Subsection 7.4

Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

CCDP will collect data on number of infants/toddlers being served before and after implementation of slot agreements; additionally, CCDP will track the number of infants/toddlers allotted nonstandard hour slots by providers. Providers will be surveyed on how the slot funding and support have impacted their business and their families.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 Child care resource and referral agencies' services

What are the services provided by the local or regional child care and resource and referral agencies?

In Nevada, two agencies are responsible for CCR&R. The Children's Cabinet is responsible for CCR&R in the north and rural areas, and the Urban League is responsible for CCR&R in the south. They assist with development of CCDP policy and procedures, and resources to families and providers in terms of education and trainings, annual monitoring of our Family Friend and Neighbor Providers as well as our Out of School Time

programs (like the Boys and Girls Clubs). They also conduct developmental screenings for children, support providers in meeting the requirements of the of the program, and provide parents with tools for finding quality child care.

7.5.2 Measurable indicators of progress relevant to Subsection 7.5

Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Accreditation support is offered to child care centers and family home providers who have achieved a four-star QRIS rating. Measurement of progress: # of centers and family home providers who achieve national accreditation (new) and # of centers and family home providers maintain national accreditation (renewal. The latest numbers are that there are 40 childcare centers and 2 family childcare centers for a total of 42 programs nationally accredited. It is the belief that all of these have been renewals in this past year.

7.6 Facilitating Compliance with State Standards

7.6.1 Activities to facilitate provider compliance with health and safety requirements

What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

CCDF funds all of our State Child Care Licensing's activities, including all licensing staff and operating costs, all orientations, trainings, inspections for any applicable providers, and any other associated costs toward compliance with health and safety standards under State Licensing. Additionally, CCDF funds our CCR&Rs that conduct home visits for FFN providers and Out of Schol Time providers (privately owned before and after school programs). CCDF also funds child care licensing positions at Washoe County Human Services Agency/WC Child Care Licensing.

7.6.2 Financial assistance to support complying with minimum health and safety requirements

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

a. Licensed CCDF providers

b. Licensed non-CCDF providers

c. License-exempt CCDF providers

d. Other. Describe:

Family, friend, and neighbor providers are reimbursed for the cost of fingerprinting with CCDF direct service dollars.

7.6.3 Measurable indicators of progress relevant to Subsection 7.6

Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the

state or territory has met these measures

TACSEI - reduce number of challenging behaviors, # of providers who have improved their program policies that address childhood obesity, physical activity, nutrition, and breastfeeding, number of providers who enroll in CACFP training and technical assistance.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Measures of quality and effectiveness of child care programs

Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Nevada Institute for Children’s Research and Policy has been contracted to evaluate Nevada’s QRIS. This includes interviews of coaches, assessors, online participant survey, analysis of ERS scores and ratings, and child outcomes. Tools used include Peabody Picture Vocabulary Test-IV, Woodcock Johnson Applied Problems subtest, Woodcock Johnson Letter Identification subtest, Woodcock Johnson Passage Comprehension subtest, and Devereux Early Childhood Assessment.

7.7.2 Measurable indicators of progress relevant to Subsection 7.7

Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

Nevada is working to align all outcomes as part of program evaluation and moving towards evidence-based planning. Outcomes will be aligned with the Department of Education’s goals and CCDF state plan.

7.8 Accreditation Support

7.8.1 Pursuit of Accreditation

Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

CCDF funds are used to support programs pursuing national accreditation including payment of application and annual report fees, providing technical assistance, and grants for materials. Specifically, it is a reimbursement (not a payment) for application fees.

b. Yes, the state/territory has supports operating statewide or territory-wide for child care

centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:

c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:

d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

i. Focused on child care centers. Describe:

ii. Focused on family child care homes. Describe:

e. No, but the state/territory is in the in the development phase of supporting accreditation.

i. Focused on child care centers. Describe:

ii. Focused on family child care homes. Describe:

f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Measurable indicators of progress relevant to Subsection 7.8

Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Accreditation support is offered to child care centers and family home providers who have achieved a four-star QRIS rating. Measurement of progress: # of centers and family home providers who achieve national accreditation (new) and # of centers and family home providers maintain national accreditation (renewal).

7.9 Program Standards

7.9.1 High-Quality program standards

Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

Mental Health: Nevada uses the Pyramid Model through Nevada TACSEI to set standards for social emotional practices. CCDF funds are used to support TACSEI activities.

Nutrition: Nevada has nutrition standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd

Edition and CACFP standards.

Physical Activity: Nevada has physical activity standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd Edition.

b. Preschoolers

Mental Health: Nevada uses the Pyramid Model through Nevada TACSEI to set standards for social emotional practices. CCDF funds are used to support TACSEI activities.

Nutrition: Nevada has nutrition standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd Edition and CACFP standards.

Physical Activity: Nevada has physical activity standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd Edition.

c. and/or School-age children.

Mental Health: Nevada uses the Pyramid Model through Nevada TACSEI to set standards for social emotional practices. CCDF funds are used to support TACSEI activities.

Nutrition: Nevada has nutrition standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd Edition and CACFP standards.

Physical Activity: Nevada has physical activity standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd Edition.

7.9.2 Measurable indicators of progress relevant to Subsection 7.9

Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

TACSEI - reduce number of challenging behaviors, number of providers who have improved their program policies that address childhood obesity, physical activity, nutrition, and breastfeeding, number of providers who enroll in CACFP training and technical assistance.

7.10 Other Quality Improvement Activities

7.10.1 Other quality improvement activities and measurable indicators of progress

List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

Nevada has implemented statewide use of the Brigance Early Childhood Screen III as the Kindergarten Entry Assessment (KEA). To align with the KEA, the Brigance is also required for children receiving subsidy services in family, friend, and neighbor care as well as a requirement of the QRIS. Results of the Brigance are being collected in the Curriculum Associates Online Management System. In addition, children receiving subsidy will be entered into Infinite Campus which is Nevada's student information system. They will be receiving their student unique identifier that will be used through grade 12.

COVID-19 Activities: Quality funds were used to establish an emergency stipend for COVID related supplies for child care providers.

- CARES Act funds were used to establish a competitive grant program to cover operating costs of child care providers. The grant application requires the submission of an annual budget, a "steps-to-sustainability" plan, and a marketing plan to be evaluated by a Grant Evaluation Committee established from a pool of subject matter experts. Also, CRRSA and ARP funds will be used to provide grants to child care providers to assist with operation costs.

- The CRRSA funds are earmarked for all licensed FCCs and Centers in Nevada aside from Head Start as well as earmarked for subsidized Out of School Time programs. The grants cover 2 months of operating costs at 75% capacity based on the Simon Workman calculator. The application consists of questions to gather data; the grant is not competitive. Any eligible providers that do not complete an application will be contacted and provided TA.

- The ARP grant process is still being developed.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of

CCDF

- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Fiscal management practices

Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

a. Verifying and processing billing records to ensure timely payments to providers. Describe:

At the Cabinet and Urban League level, timesheets are received and placed in date stamp order. The billing is reviewed for accuracy and placed in a billing log and given a number to be processed. Staff then send the Request for Reimbursement sheets to CCDP at DWSS. CCDP then analyzes and reconciles each RFR to ensure accuracy of formulas, that spending is toward allowable costs and then sends the document to the DWSS's Fiscal team to analyze again and move to the process of drawing down the funds - this process allows providers to be reimbursed within the 30-business day deadline while still ensuring integrity of the program.

b. Fiscal oversight of grants and contracts. Describe:

Every request for funds must have supporting documentation that is specific to the scope of work outlined in the agreement. Funds are monitored against spending authority and any requests for budget modification must be in writing and the modification must be related to achieving the scope of work. The Lead Agency maintains fiscal oversight of subgrants and contracts by monitoring all subgrants and contracts to ensure federal and state regulations are adhered to and to ensure outcomes are met by the contractor or subrecipient. The grants and contracts are monitored by CCDP fiscal staff, and DWSS fiscal staff for accurate billing.

The Child Care and Development Program monitors the Subsidy/Eligibility CCR&R agencies, Licensing agencies (State and Washoe) and the Department of Ed (Quality) annually to assess policy implementation and ensure integrity of the program:

Internal Controls

Each agency is required to develop written procedures to carry out its systems of internal accounting and administrative control including:

A plan of organization, which provides for the segregation of duties appropriate to safeguard the assets of the agency;

A plan which limits access to assets of the agency to persons who need the assets to perform their assigned duties;

Procedures for authorizations and record keeping which effectively control accounting of assets, liabilities, revenues, and expenses;

A system of practices to be followed in the performance of the duties and functions of each

agency;

An effective system of internal review.

The purpose of internal control is to help ensure that the following objectives are being achieved:

Effectiveness and efficiency of operations;
Reliability of financial reporting; and
Compliance with applicable laws and regulations.

An effective internal control system consists of five standards:

Control Environment: Management and employees must establish and maintain an environment throughout the organization that sets a positive and supportive attitude toward internal control and conscientious management.

Risk Assessment: Internal control must provide for an assessment of the risks the agency faces both external and internal sources.

Control Activities: Policies, procedures, techniques, and mechanisms implemented by management to address all levels and all functions of an agency covering operational, financial reporting, and compliance issues.

Information and Communication: Information should be recorded and communicated to management and others within the agency who need it and in a form and within a time frame that enables them to carry out their internal control and other responsibilities.

Monitoring: Internal control monitoring must assess the quality of performance overtime and ensure that the audit findings and other issues are promptly resolved.

Each Agency must complete a Self Assessment Questionnaire:

Self-Assessment Questionnaire (SAQ)

The SAQ is a tool to be used by an agency to:

Develop fiscal and administrative controls.
Evaluate the adequacy of existing procedures, both as written and actually performed.
Ensure that written procedures and actual practices are the same.

Each agency should review its procedures annually to ensure compliance with the minimal internal control standards as set forth in this SAQ. By completing the SAQ, an agency can identify potential internal weaknesses. Each year's SAQ should be reviewed and approved by management and the original maintained in the agency's files for audit purposes.

The SAQ is designed so that a No response indicates an area of concern, which may require corrective action in the form of:

**Developing new or revised procedures to correct the deficiencies found; or
Implementing a compensating control.**

c. Tracking systems to ensure reasonable and allowable costs. Describe:

DWSS's internal Quality Control team completes reviews through desk audits to ensure proper payment is being made. An error occurs when proper payment is not given (over/under issuance), a customer is not eligible for benefits, or policy and procedures were not being followed at a State for Federal level. Child Care reports at a State level each month. Currently, 23 cases are pulled every 30 days for review.

d. Other. Describe:

8.1.2 Identifying risk

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

a. Conduct a risk assessment of policies and procedures. Describe:

A risk assessment is completed by DWSS's internal monitoring team for the Children's Cabinet and the Urban League (Subsidy/Eligibility and CCR&R), the Department of Education (Quality), and Child Care Licensing (both State and Washoe County) annually to evaluate and determine risk level for each agency and implementation of policies and procedures.

b. Establish checks and balances to ensure program integrity. Describe:

Requests for reimbursement are analyzed through three tiers of reviewers; first at the Cabinet and Urban League level, then CCDP, then DWSS fiscal. Subawards and contracts are monitored to ensure federal and fiscal compliance, and are evaluated to ensure requirements fall within the scope of work and that outcomes are met. Monitoring is completed by a team of staff that includes program, fiscal/contracts, our DWSS auditor, and a CPA certified contractor.

c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

In addition to supervisory case reviews of eligibility determinations, CCDP conduct on site reviews of contractors through programmatic review processes, internal audits, Management Evaluation Processes and Quality Control processes. These reviews are based on scopes of work outlined in contracts/sub-grants, and the Child Care Policy Manual.

d. Other. Describe:

NA

8.1.3 Processes to train about CCDF requirements and program integrity

States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

- a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices. Describe:

The Provider Service Agreement, which includes information on rates, reporting changes,

attendance and reimbursement timesheet guidance, payment practices (including overpayments and underpayments and program violations) and provider responsibilities is reviewed with and signed by all providers. An orientation is conducted for all providers, and any policy changes received from State are discussed and distributed to staff. Providers are notified through email of all policy updates.

[x] ii. Issue policy manual. Describe:

Updated policy manuals are placed on the DWSS website all new PT's are shared with staff and providers to keep them informed.

(<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>) Policy Manual

[x] iii. Provide orientations.

New providers set an appointment with the Specialist. At this time all expectations and process for billing are explained, required documents are completed.

[x] iv. Provide training. Describe:

All providers are required to participate in the NV Registry approved course on Provider Billing Training is completed at orientation. It helps the provider to navigate the subsidy reimbursement process by sharing: how to read a certificate, the age and care levels of children, the billing cycle process, how to complete their timesheets, how to read the Reimbursement Detail Report that shows how they were paid, how to submit for an adjustment, how and when to report changes, red flags that trigger payment records to be reviewed, and explains what an overpayment and intentional program violation are, and the penalties that could be imposed for improper billing. This training helps providers to understand the expectations for accurately billing for care provided and contributes to maintaining a high level of program integrity.

[x] v. Monitor and assess policy implementation on an ongoing basis. Describe:

The Child Care and Development Program monitors the Subsidy/Eligibility CCR&R agencies, Licensing agencies (State and Washoe) and the Department of Ed (Quality) annually to assess policy implementation and ensure integrity of the program:

Internal Controls

Each agency is required to develop written procedures to carry out its systems of internal accounting and administrative control including:

A plan of organization, which provides for the segregation of duties appropriate to safeguard the assets of the agency;

A plan which limits access to assets of the agency to persons who need the assets to perform their assigned duties;

Procedures for authorizations and record keeping which effectively control accounting of assets, liabilities, revenues, and expenses;

A system of practices to be followed in the performance of the duties and functions of each agency;

An effective system of internal review.

The purpose of internal control is to help ensure that the following objectives are being achieved:

Effectiveness and efficiency of operations;
Reliability of financial reporting; and
Compliance with applicable laws and regulations.

An effective internal control system consists of five standards:

Control Environment: Management and employees must establish and maintain an environment throughout the organization that sets a positive and supportive attitude toward internal control and conscientious management.

Risk Assessment: Internal control must provide for an assessment of the risks the agency faces both external and internal sources.

Control Activities: Policies, procedures, techniques, and mechanisms implemented by management to address all levels and all functions of an agency covering operational, financial reporting, and compliance issues.

Information and Communication: Information should be recorded and communicated to management and others within the agency who need it and in a form and within a time frame that enables them to carry out their internal control and other responsibilities.

Monitoring: Internal control monitoring must assess the quality of performance overtime and ensure that the audit findings and other issues are promptly resolved.

Each Agency must complete a Self Assessment Questionnaire:

Self-Assessment Questionnaire (SAQ)

The SAQ is a tool to be used by an agency to:

Develop fiscal and administrative controls.
Evaluate the adequacy of existing procedures, both as written and actually performed.
Ensure that written procedures and actual practices are the same.

Each agency should review its procedures annually to ensure compliance with the minimal internal control standards as set forth in this SAQ. By completing the SAQ, an agency can identify potential internal weaknesses. Each year's SAQ should be reviewed and approved by management and the original maintained in the agency's files for audit purposes.

The SAQ is designed so that a No response indicates an area of concern, which may require corrective action in the form of:

Developing new or revised procedures to correct the deficiencies found; or
Implementing a compensating control.

vi. Meet regularly regarding the implementation of policies. Describe:

The Child Care and Development Program speaks with the Children's Cabinet and the Urban League, both Licensing agencies, and the Department of Ed to develop and implement policy for the program.

vii. Other. Describe:

NA

- b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices. Describe:

Any policy changes are typically developed as a team with our Subsidy/Eligibility and CCRR partners, the Children's Cabinet and the Urban League; and other partners/stakeholders such as Child Care Licensing, depending on the policy and who it impacts. Once developed and finalized, the policies are published, shared with partners via our Publications Recipient Log, and included in our next policy manual release. We also maintain a policy change spreadsheet in our QA department that is shared with staff and other lead agencies that administer the CCDF program.

ii. Train on policy change notices. Describe:

As stated, any policy changes are typically developed as a team with our Subsidy/Eligibility and CCRR partners, the Children's Cabinet and the Urban League; and other partners/stakeholders such as Child Care Licensing, depending on the policy and who it impacts. Any policy change received from the State are also discussed in team meetings with staff. Any training needed for the policy change, is administered in the meeting.

iii. Issue policy manuals. Describe:

The policy manual is updated via a publications schedule at DWSS; however, if policy is to be implemented prior to a manual release, a Policy Transmittal is developed and published until the policy can be included in the manual. Staff are given the policy manual at the time of hire. Any policy changes received from the State are given to staff to update their manual and placed in a local drive.

iv. Train on policy manual. Describe:

The Children's Cabinet and the Urban League conduct trainings with eligibility staff on policy and internally, CCDP trains on policy at time of hire. Staff are included in policy development along with Children's Cabinet and Urban League staff.

v. Monitor and assess policy implementation on an ongoing basis. Describe:

Auditing is conducted by Supervisors, Managers and QA department on an ongoing basis. Additionally, CCDP conducts annual monitoring of the Children's Cabinet and the Urban League with a team that includes fiscal, program, our DWSS auditor and a contracted CPA.

The Child Care and Development Program monitors the Subsidy/Eligibility CCR&R agencies, Licensing agencies (State and Washoe) and the Department of Ed (Quality) annually to assess policy implementation and ensure integrity of the program:

Internal Controls

Each agency is required to develop written procedures to carry out its systems of internal accounting and administrative control including:

A plan of organization, which provides for the segregation of duties appropriate to safeguard the assets of the agency;

A plan which limits access to assets of the agency to persons who need the assets to perform their assigned duties;

Procedures for authorizations and record keeping which effectively control accounting of assets, liabilities, revenues, and expenses;

A system of practices to be followed in the performance of the duties and functions of each agency;

An effective system of internal review.

The purpose of internal control is to help ensure that the following objectives are being achieved:

Effectiveness and efficiency of operations;

Reliability of financial reporting; and

Compliance with applicable laws and regulations.

An effective internal control system consists of five standards:

Control Environment: Management and employees must establish and maintain an environment throughout the organization that sets a positive and supportive attitude toward internal control and conscientious management.

Risk Assessment: Internal control must provide for an assessment of the risks the agency faces ☐ both external and internal sources.

Control Activities: Policies, procedures, techniques, and mechanisms implemented by management to address all levels and all functions of an agency covering operational, financial reporting, and compliance issues.

Information and Communication: Information should be recorded and communicated to management and others within the agency who need it and in a form and within a time frame that enables them to carry out their internal control and other responsibilities.

Monitoring: Internal control monitoring must assess the quality of performance overtime and ensure that the audit findings and other issues are promptly resolved.

Each Agency must complete a Self Assessment Questionnaire:

Self-Assessment Questionnaire (SAQ)

The SAQ is a tool to be used by an agency to:

Develop fiscal and administrative controls.

Evaluate the adequacy of existing procedures, both as written and actually performed.

Ensure that written procedures and actual practices are the same.

Each agency should review its procedures annually to ensure compliance with the minimal internal control standards as set forth in this SAQ. By completing the SAQ, an agency can identify potential internal weaknesses. Each year's SAQ should be reviewed and approved by management and the original maintained in the agency's files for audit purposes.

The SAQ is designed so that a "No" response indicates an area of concern, which may require corrective action in the form of:

Developing new or revised procedures to correct the deficiencies found; or
Implementing a compensating control.

The next pages represent the SAQ. Each agency must have written policies to ensure that each of the items in this Self-Assessment Questionnaire is addressed.

The "Cross-reference" column on the SAQ is to be used to identify the section, page, and paragraph where the answer to each applicable SAQ question can be located in the agency's written procedures.

vi. Meet regularly regarding the implementation of policies. Describe:

All staff meetings are conducted quarterly, and managers meet with their teams on a monthly basis.

vii. Other. Describe:

NA

8.1.4 Evaluate internal control activities

Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

Nevada's Child Care and Development Program has an annual single audit conducted by a certified public accountant firm, Eide Bailly, who reviews processes and internal controls to ensure the program is compliant with state and federal requirements. Every three years, Nevada's Child Care and Development Program is monitored by the Office of Child Care for compliance with the 2014 Reauthorization requirements. Intermittently, Nevada's Child Care program has been audited by OIG for compliance with the CCDF Background Check regulations.

8.1.5 Identify fraud and other program violations

Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of

fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

<p><input checked="" type="checkbox"/></p>	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: DWSS allows access to our TANF/SNAP/Medicaid systems, Nomads and Amps, as well as ANSRS and Prism for the Urban League and the Children's Cabinet to help identify information/countable income that was not reported at the time of applying for services. This has resulted in less burden for families in providing verifications that can be accessed through these systems. Additionally, this results in less chance of misinformation from families regarding income or participation in other programs.</p>
<p><input type="checkbox"/></p>	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: NA</p>
<p><input checked="" type="checkbox"/></p>	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Provider files and timesheets are audited by staff on a regular basis making sure all documents are current. Billing is doublechecked by matching entered time and dates against system generated queue reports. Signatures are verified when needed by matching to client files. Requests for reimbursement are analyzed through three tiers of reviewers; first at the Cabinet and Urban League level, then CCDP, then DWSS fiscal. This results in less errors in requests for reimbursement and enables case managers to identify when a provider may be fraudulently signing timesheets.</p>

[x]	<p>iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Managers, Supervisors and QA staff do ongoing audits to ensure that all information in files are accurate and that all systems were checked for correct information.</p> <p>Quality Assurance Results in SFY21 (69 randomly pulled cases were reviewed):</p> <p>The percentage of cases with errors was 1.45%; the percentage of cases with improper payments was 1.45%; the percentage of the total amount of payments for the sampled cases that are improper payments was 0.00%; the average amount of improper payments was \$0.00; the estimated annual amount of improper payments was \$0.00</p>
[x]	<p>v. Audit provider records. Describe the activities and the results of these activities: Ongoing reviews of provider and client files and documents are done. Licensed providers must keep licenses current and submit copies to the program. Provider billing documents are reviewed upon receipt and when being processed. The result is that this ensures documents are completed accurately and signatures are valid.</p>
[x]	<p>vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: During initial training, subsidy eligibility staff are introduced to the Quality Assurance Department and are given a detailed overview of what the Quality Assurance Department does. During this training, staff are trained on what to look for, or "red flags" while processing and when and how to send cases over to the QA department for review. Internal audits are also done to prevent fraud and IPV's.</p>

[x]

vii. Other.

Describe the activities and the results of these activities:

The I&R Unit is principally responsible for activities associated with Child Care and Development Program penalties of an accused individual suspected of program rule violations. However, any employee of the Division or the Child Care Staff may initiate penalty/disqualification action against an accused individual by completing Form 6021- AF, Administrative Disqualification/ Penalty Waiver. Staff initiating a penalty action must complete all required administrative penalty paperwork and be prepared to act in the capacity of a witness in front of the hearings officer. The Division's Central Office Investigations & Recovery (I&R) Unit maintains a central repository for all Nevada Child Care and Development Program IPV's. Before completion or submittal of Form 6021-AF, the worker must check for prior disqualifications by sending an email to welfinvest@dwss.nv.gov (Welfare Investigations) to ensure the appropriate penalty period is requested. The email must specify the program type (e.g., Child Care), last name, first name, date of birth, Social Security Number, and any alias of the accused individual. If past IPV penalties are identified, the I&R worker shall obtain a copy of the previous IPV waiver, hearing decision or criminal court disposition. These documents must be attached to the new IPV paperwork (Form 6021-AF) to substantiate pursuit of enhanced penalties. The IPV waiver may be used to address an accused individual's program violations without prior submittal of the 6021-AF to the Hearing Unit. This permits accused individual acceptance of IPV penalty without the formality of the actual hearing. If this method is used, the accused individual must also sign the "Rights of the Accused and Waiver of Right to Administrative Disqualification Hearing/Acceptance of Penalty" section of Form 6021-AF acknowledging their understanding of their rights under program laws, regulation and rules. Note: If a signed IPV waiver is obtained, penalties must not be imposed until the case manager has forwarded the signed waiver, via referral to IRIS, and received notification from I&R staff. No further administrative appeal procedure exists after an accused individual waives his/her right to an administrative disqualification hearing and a disqualification penalty has been imposed. The accused individual, however, is entitled to seek relief in a court having appropriate jurisdiction. To eliminate confusion and duplication of effort, all administrative penalty/disqualification requests and signed IPV waivers must be sent to the I&R Unit assigned responsibility for the submitting office. The approval of the I&R supervisor or their designee is mandatory to ensure prior penalty occurrences have been checked and case manager actions are not duplicating the actions of I&R staff. If a signed IPV Waiver or judgment of conviction is obtained, penalties shall not be imposed until the case manager has received notification from I&R staff. For open cases, penalties are imposed against current benefits as soon as administratively possible after the signed Waiver is approved by the designated I&R staff or receipt of the hearing officer's penalty order or criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered or applicable period of time. Worker inability to affect benefits because of computer programming restriction does not negate the case manager's ability to impose the full penalty period. For closed cases, the penalties will be imposed immediately after the signed waiver is approved by the designated I&R staff or, receipt of the hearing officer's penalty order or a criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered period of time.

- b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

[x]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities:</p> <p>DWSS allows access to our TANF/SNAP/Medicaid systems, Nomads and Amps, as well as ANSRS and Prism for the Urban League and the Children's Cabinet to help identify information/countable income that was not reported at the time of applying for services. This has resulted in less burden for families in providing verifications that can be accessed through these systems. Additionally, this results in less chance of misinformation from families regarding income or participation in other programs.</p>
[]	<p>ii. Run system reports that flag errors (include types).</p> <p>Describe the activities and the results of these activities:</p> <p>NA</p>
[x]	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities:</p> <p>Provider files and timesheets are audited by staff on a regular basis making sure all documents are current. Billing is doublechecked by matching entered time and dates against system generated queue reports. Signatures are verified when needed by matching to client files. Requests for reimbursement are analyzed through three tiers of reviewers; first at the Cabinet and Urban League level, then CCDP, then DWSS fiscal. This results in less errors in requests for reimbursement and enables case managers to identify when a provider may be fraudulently signing timesheets.</p>
[x]	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities:</p> <p>Managers, Supervisors and QA staff do ongoing audits to ensure that all information in files are accurate and that all systems were checked for correct information.</p> <p>Quality Assurance Results in SFY21 (69 randomly pulled cases were reviewed):</p> <p>The percentage of cases with errors was 1.45%; the percentage of cases with improper payments was 1.45%; the percentage of the total amount of payments for the sampled cases that are improper payments was 0.00%; the average amount of improper payments was \$0.00; the estimated annual amount of improper payments was \$0.00</p>

[x]	<p>v. Audit provider records.</p> <p>Describe the activities and the results of these activities:</p> <p>Ongoing reviews of provider files and documents are done. Licensed providers must keep licenses current and submit copies to the program. Provider billing documents are reviewed upon receipt and when being processed. This ensures documents are completed accurately and signatures are valid.</p>
[x]	<p>vi. Train staff on policy and/or audits.</p> <p>Describe the activities and the results of these activities:</p> <p>During initial training, subsidy eligibility staff are introduced to the Quality Assurance Department and are given a detailed overview of what the Quality Assurance Department does. During this training, staff are trained on what to look for, or "red flags" while processing and when and how to send cases over to the QA department for review. Internal audits are also done to prevent fraud and IPV's.</p>

<p>[x]</p>	<p>vii. Other. Describe the activities and the results of these activities:</p> <p>The I&R Unit is principally responsible for activities associated with Child Care and Development Program penalties of an accused individual suspected of program rule violations. However, any employee of the Division or the Child Care Staff may initiate penalty/disqualification action against an accused individual by completing Form 6021- AF, Administrative Disqualification/ Penalty Waiver. Staff initiating a penalty action must complete all required administrative penalty paperwork and be prepared to act in the capacity of a witness in front of the hearings officer. The Division's Central Office Investigations & Recovery (I&R) Unit maintains a central repository for all Nevada Child Care and Development Program IPV's. Before completion or submittal of Form 6021-AF, the worker must check for prior disqualifications by sending an email to welfinvest@dwss.nv.gov (Welfare Investigations) to ensure the appropriate penalty period is requested. The email must specify the program type (e.g., Child Care), last name, first name, date of birth, Social Security Number, and any alias of the accused individual. If past IPV penalties are identified, the I&R worker shall obtain a copy of the previous IPV waiver, hearing decision or criminal court disposition. These documents must be attached to the new IPV paperwork (Form 6021-AF) to substantiate pursuit of enhanced penalties. The IPV waiver may be used to address an accused individual's program violations without prior submittal of the 6021-AF to the Hearing Unit. This permits accused individual acceptance of IPV penalty without the formality of the actual hearing. If this method is used, the accused individual must also sign the <input type="checkbox"/>Rights of the Accused and Waiver of Right to Administrative Disqualification Hearing/Acceptance of Penalty<input type="checkbox"/> section of Form 6021-AF acknowledging their understanding of their rights under program laws, regulation and rules. Note: If a signed IPV waiver is obtained, penalties must not be imposed until the case manager has forwarded the signed waiver, via referral to IRIS, and received notification from I&R staff. No further administrative appeal procedure exists after an accused individual waives his/her right to an administrative disqualification hearing and a disqualification penalty has been imposed. The accused individual, however, is entitled to seek relief in a court having appropriate jurisdiction. To eliminate confusion and duplication of effort, all administrative penalty/disqualification requests and signed IPV waivers must be sent to the I&R Unit assigned responsibility for the submitting office. The approval of the I&R supervisor or their designee is mandatory to ensure prior penalty occurrences have been checked and case manager actions are not duplicating the actions of I&R staff. If a signed IPV Waiver or judgment of conviction is obtained, penalties shall not be imposed until the case manager has received notification from I&R staff. For open cases, penalties are imposed against current benefits as soon as administratively possible after the signed Waiver is approved by the designated I&R staff or receipt of the hearing officer's penalty order or criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered or applicable period of time. Worker inability to affect benefits because of computer programming restriction does not negate the case manager's ability to impose the full penalty period. For closed cases, the penalties will be imposed immediately after the signed waiver is approved by the designated I&R staff or, receipt of the hearing officer's penalty order or a criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered period of time.</p>
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- c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

[x]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities:</p> <p>DWSS allows access to our TANF/SNAP/Medicaid systems, Nomads and Amps, as well as ANSRS and Prism for the Urban League and the Children's Cabinet to help identify information/countable income that was not reported at the time of applying for services. This has resulted in less burden for families in providing verifications that can be accessed through these systems. Additionally, this results in less chance of misinformation from families regarding income or participation in other programs.</p>
[]	<p>ii. Run system reports that flag errors (include types).</p> <p>Describe the activities and the results of these activities:</p> <p>NA</p>
[x]	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities:</p> <p>Provider files and timesheets are audited by staff on a regular basis making sure all documents are current. Billing is doublechecked by matching entered time and dates against system generated queue reports. Signatures are verified when needed by matching to client files. Requests for reimbursement are analyzed through three tiers of reviewers; first at the Cabinet and Urban League level, then CCDP, then DWSS fiscal. This results in less errors in requests for reimbursement and enables case managers to identify when a provider may be fraudulently signing timesheets.</p>
[x]	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities:</p> <p>Managers, Supervisors and QA staff do ongoing audits to ensure that all information in files are accurate and that all systems were checked for correct information.</p> <p>Quality Assurance Results in SFY21 (69 randomly pulled cases were reviewed): The percentage of cases with errors was 1.45%; the percentage of cases with improper payments was 1.45%; the percentage of the total amount of payments for the sampled cases that are improper payments was 0.00%; the average amount of improper payments was \$0.00; the estimated annual amount of improper payments was \$0.00</p>

[x]	<p>v. Audit provider records.</p> <p>Describe the activities and the results of these activities: Ongoing reviews of provider and client files and documents are done. Licensed providers must keep licenses current and submit copies to the program. Provider billing documents are reviewed upon receipt and when being processed. The result is that this ensures documents are completed accurately and signatures are valid.</p>
[x]	<p>vi. Train staff on policy and/or audits.</p> <p>Describe the activities and the results of these activities: All staff complete 4 weeks of training that include orientation (overview of the Child Care program), manual training, policies and procedures and supervised case processing. Case audits are completed monthly to ensure staff are processing correctly and utilizing current policy and trainings are developed based off these audit results if needed.</p>

<p>[x]</p>	<p>vii. Other. Describe the activities and the results of these activities:</p> <p>The I&R Unit is principally responsible for activities associated with Child Care and Development Program penalties of an accused individual suspected of program rule violations. However, any employee of the Division or the Child Care Staff may initiate penalty/disqualification action against an accused individual by completing Form 6021- AF, Administrative Disqualification/ Penalty Waiver. Staff initiating a penalty action must complete all required administrative penalty paperwork and be prepared to act in the capacity of a witness in front of the hearings officer. The Division's Central Office Investigations & Recovery (I&R) Unit maintains a central repository for all Nevada Child Care and Development Program IPV. Before completion or submittal of Form 6021-AF, the worker must check for prior disqualifications by sending an email to welfinvest@dwss.nv.gov (Welfare Investigations) to ensure the appropriate penalty period is requested. The email must specify the program type (e.g., Child Care), last name, first name, date of birth, Social Security Number, and any alias of the accused individual. If past IPV penalties are identified, the I&R worker shall obtain a copy of the previous IPV waiver, hearing decision or criminal court disposition. These documents must be attached to the new IPV paperwork (Form 6021-AF) to substantiate pursuit of enhanced penalties. The IPV waiver may be used to address an accused individual's program violations without prior submittal of the 6021-AF to the Hearing Unit. This permits accused individual acceptance of IPV penalty without the formality of the actual hearing. If this method is used, the accused individual must also sign the <input checked="" type="checkbox"/>Rights of the Accused and Waiver of Right to Administrative Disqualification Hearing/Acceptance of Penalty<input type="checkbox"/> section of Form 6021-AF acknowledging their understanding of their rights under program laws, regulation and rules. Note: If a signed IPV waiver is obtained, penalties must not be imposed until the case manager has forwarded the signed waiver, via referral to IRIS, and received notification from I&R staff. No further administrative appeal procedure exists after an accused individual waives his/her right to an administrative disqualification hearing and a disqualification penalty has been imposed. The accused individual, however, is entitled to seek relief in a court having appropriate jurisdiction. To eliminate confusion and duplication of effort, all administrative penalty/disqualification requests and signed IPV waivers must be sent to the I&R Unit assigned responsibility for the submitting office. The approval of the I&R supervisor or their designee is mandatory to ensure prior penalty occurrences have been checked and case manager actions are not duplicating the actions of I&R staff. If a signed IPV Waiver or judgment of conviction is obtained, penalties shall not be imposed until the case manager has received notification from I&R staff. For open cases, penalties are imposed against current benefits as soon as administratively possible after the signed Waiver is approved by the designated I&R staff or receipt of the hearing officer's penalty order or criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered or applicable period of time. Worker inability to affect benefits because of computer programming restriction does not negate the case manager's ability to impose the full penalty period. For closed cases, the penalties will be imposed immediately after the signed waiver is approved by the designated I&R staff or, receipt of the hearing officer's penalty order or a criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered period of time.</p>
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8.1.6 Identify and recover misspent funds

The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The DWSS Investigations and Recovery (I&R) unit is responsible for pursuing fraud and overpayments for clients and providers. The CCR&R entities are responsible for calculating overpayments associated with the Child Care Subsidy program.

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - [x] i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

\$0.00

- [x]ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

The Children’s Cabinet and the Urban League do an internal review and then refers the case to state I&R. The CCRR agency collects provider overpayments through the retention of future payments for active providers. The DWSS I&R unit will pursue collection from clients and termed providers either directly (if client makes and keeps a payment arrangement) and/or may take other actions, such as obtaining a court summary judgement (\$5000 through the Deputy AG’s office) to garnish wages and/or may use an outside collections agency to recoup debts if no payment is made within 180 days of a judgement (I&R manual section 403.4).

- [x] iii. Recover through repayment plans. Describe the activities and the results of these activities

The Children’s Cabinet and the Urban League create a repayment plan with the provider and withholds a portion of the child care reimbursement on each payment until the payment is received in full. Clients receive a Notification of Debt and Debt Repayment Plan notice when an overpayment is calculated. This document allows them to request repayment over a period of time (up to 36 months, I&R manual 405), rather than through a lump sum payment.

- [x]iv. Reduce payments in subsequent months. Describe the activities and the results of these activities:

The Children’s Cabinet and the Urban League reduce payment if the provider desires as part of the payment plan. Active Child Care providers with an overpayment may have payments reduced in future months to repay the debt. Providers are notified of the debt and may have debt collected over more than one payment if taking the lump sum would create a hardship for the provider. If collection can not be made through the reduction in payment, the debt is set to DWSS I&R for collection through other methods.

- [x] v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

(I&R manual section 415)

The Treasury Offset Program (TOP) allows money to be intercepted from federal sources (e.g., IRS tax refund and Social Security benefits, etc.) and applied against delinquent SNAP claims. Claims eligible for TOP collection include:

- o Inadvertent household errors;

- o Intentional Program Violation errors; and

- o Agency errors DIVISION OF WELFARE AND SUPPORTIVE SERVICES INVESTIGATIONS AND RECOVERY POLICY MANUAL Section 415 MTL 1/11 1 Jan 11 Eligible claims must be referred to TOP when they are at least 180 days delinquent and meet the following criteria:

- o at least the minimum amount prescribed by TOP, which is currently \$25.00;

- o not included under an automatic stay due to bankruptcy;

- o not currently under litigation or review;

- o not currently being collected through allotment reduction;

- o not currently under a repayment plan approved by the agency; and

- o at least one responsible person has a valid SSN (pseudo numbers may not be submitted to TOP) When claims meet the criteria as outlined above, the I&R worker must designate the case for TOP intercept by marking the TREASURY INTRCPT flag and inputting the social security number of the responsible persons in the TRS UNT RESP PRSN field on the DEBT details screen in NOMADS. 60-Day Notice Due Process: y informs the debtor their claim is being referred to TOP unless action is taken;

- o allows the debtor the opportunity to inspect and receive copies of the Division's records with respect to the claim;

- o allows the debtor the opportunity to review the Division's determination of the claim and the opportunity to present evidence that all or part of the claim is not past-due or legally enforceable;

- o allows the debtor an opportunity to enter into an acceptable repayment agreement. If the debtor signs and returns the agreement within the due process timeframe, the claim will not be submitted to TOP. However, failure to abide by the terms of the agreement may result in the claim being referred to TOP; and

- o informs the debtor that fees may be added to the claim amount. The request for review must be made in writing within the 60-day notification period to avoid the claim from being sent to TOP. The agency has thirty (30) days to review the case and inform the debtor of the decision in writing.

The agency must also inform the debtor of the intent to refer to TOP if the decision is not in favor of the debtor and the debtor's right for an FNS review. When TOP notices are sent to the I&R offices, a

copy of the notice is to be placed in the claim file and may be used to update the debtor's mailing address in NOMADS.

vi. Recover through other means. Describe the activities and the results of these activities:
(I&R Manual 418)

Compromising claims I&R may negotiate a reduced payoff amount if debtor is paying the compromised claim in a lump sum. I&R staff may compromise up to 10% of the claim balance; I&R Supervisors up to 20%, all other requests must be sent to the I&R Chief for consideration. Clients can also make a voluntary reimbursement of their benefits by check, cashier's check or money order payable to the NV State Treasurer (I&R Manual 423).[Click or tap here to enter text.](#)

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

The Las Vegas Urban League and The Children's Cabinet work directly with the Lead Agency and the DWSS internal Investigations and Recovery Unit to establish debts and repayment of incorrect payments. Investigations & Recovery staff (I&R) use collateral sources to secure factual information and/or evidence to determine violator intent and program consequence.

viii. Other. Describe the activities and the results of these activities:
NA

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

\$0.00

All overpayments are recovered. The dollar amount is irrelevant.

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

The Children's Cabinet and the Urban League do an internal review and then refers the case to state I&R. The CCRR agency collects provider overpayments through the retention of future payments for active providers. The DWSS I&R unit will pursue collection from clients and termed providers either directly (if client makes and keeps a payment arrangement) and/or may take other actions, such as obtaining a court summary judgement (\$5000 through the Deputy AG's office) to garnish wages and/or may use an outside collections agency to recoup debts if no payment is made within 180 days of a judgement (I&R manual section 403.4).

iv. Recover through repayment plans. Describe the activities and the results of these activities:

The Children's Cabinet and the Urban League create a repayment plan with the provider and

withholds a portion of the child care reimbursement on each payment until the payment is received in full. Clients receive a Notification of Debt and Debt Repayment Plan notice when an overpayment is calculated. This document allows them to request repayment over a period of time (up to 36 months, I&R manual 405), rather than through a lump sum payment.

v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

The Children's Cabinet and the Urban League create a repayment plan with the provider and withholds a portion of the child care reimbursement on each payment until the payment is received in full. Active Child Care providers with an overpayment may have payments reduced in future months to repay the debt. Providers are notified of the debt and may have debt collected over more than one payment if taking the lump sum would create a hardship for the provider. If collection can not be made through the reduction in payment, the debt is set to DWSS I&R for collection through other methods.

vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

(I&R manual section 415)

The Treasury Offset Program (TOP) allows money to be intercepted from federal sources (e.g., IRS tax refund and Social Security benefits, etc.) and applied against delinquent SNAP claims. Claims eligible for TOP collection include:

- o Inadvertent household errors;

- o Intentional Program Violation errors; and

- o Agency errors DIVISION OF WELFARE AND SUPPORTIVE SERVICES INVESTIGATIONS AND RECOVERY POLICY MANUAL Section 415 MTL 1/11 1 Jan 11 Eligible claims must be referred to TOP when they are at least 180 days delinquent and meet the following criteria:

- o at least the minimum amount prescribed by TOP, which is currently \$25.00;

- o not included under an automatic stay due to bankruptcy;

- o not currently under litigation or review;

- o not currently being collected through allotment reduction;

- o not currently under a repayment plan approved by the agency; and

- o at least one responsible person has a valid SSN (pseudo numbers may not be submitted to TOP) When claims meet the criteria as outlined above, the I&R worker must designate the case for TOP intercept by marking the TREASURY INTRCPT flag and inputting the social security number of the responsible persons in the TRS UNT RESP PRSN field on the DEBT details screen in NOMADS. 60-Day Notice Due Process: y informs the debtor their claim is being referred to TOP unless action is taken;

- o allows the debtor the opportunity to inspect and receive copies of the Division's records with

respect to the claim;

o allows the debtor the opportunity to review the Division's determination of the claim and the opportunity to present evidence that all or part of the claim is not past-due or legally enforceable;

o allows the debtor an opportunity to enter into an acceptable repayment agreement. If the debtor signs and returns the agreement within the due process timeframe, the claim will not be submitted to TOP. However, failure to abide by the terms of the agreement may result in the claim being referred to TOP; and

o informs the debtor that fees may be added to the claim amount. The request for review must be made in writing within the 60-day notification period to avoid the claim from being sent to TOP.

The agency has thirty (30) days to review the case and inform the debtor of the decision in writing. The agency must also inform the debtor of the intent to refer to TOP if the decision is not in favor of the debtor and the debtor's right for an FNS review. When TOP notices are sent to the I&R offices, a copy of the notice is to be placed in the claim file and may be used to update the debtor's mailing address in NOMADS.

vii. Recover through other means. Describe the activities and the results of these activities:
(I&R Manual 418)

Compromising claims I&R may negotiate a reduced payoff amount if debtor is paying the compromised claim in a lump sum. I&R staff may compromise up to 10% of the claim balance; I&R Supervisors up to 20%, all other requests must be sent to the I&R Chief for consideration. Clients can also make a voluntary reimbursement of their benefits by check, cashier's check or money order payable to the NV State Treasurer (I&R Manual 423).

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

The Las Vegas Urban League and The Children's Cabinet work directly with the Lead Agency and the DWSS internal Investigations and Recovery Unit to establish debts and repayment of incorrect payments. Investigations & Recovery staff (I&R) use collateral sources to secure factual information and/or evidence to determine violator intent and program consequence.

ix. Other. Describe the activities and the results of these activities:
NA

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

CCDP Manual section 761 requires the program staff to calculate an overpayment when it is

determined that an individual, household or business received benefits they were not eligible to receive. Individuals who owe money are required to repay the program. For clients, the calculated overpayment is sent to the DWSS Investigations & Recovery department for collection activities; for provider overpayments, if the provider is active, the overpayment is recouped through the retention of one or more future payments. For inactive providers, the debtor file is created and sent to DWSS I&R for collection as with clients. The threshold for collection is \$125 (per I&R manual section 306.2).

Claims are determined through a review of program records by the Child Care Contractor. The claim is the difference between what they received as a benefit minus what they were entitled to received if the individual or business had reported correctly. Claims can be calculated for up to 3 years back from the date of discovery if there is sufficient evidence to substantiate that the overpayment exists. A debtor file is created which provides the evidence of the claim, applicable policies used to determine the claim exists and documents showing how the claim was calculated by the program. The program sends a Notification of Debt and Debt Repayment notice to the client informing them of the overpayment. The Debt Repayment notice allows them to request a repayment plan if the debt cannot be paid in full. These forms are not used for active providers; for the active provider, the overpayment is sent to the Child Care Contractor's payment department for retention of future reimbursements until the debt can be collected in full. The DWSS I&R department is responsible for the collection of debt activities for all Welfare programs, to include Child Care Program clients and inactive providers.

[x] iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

All claims must be calculated by the Child Care Resource and Referral (CCR&R) agency within sixty (60) calendar days of receipt of all necessary collateral information. Prior to initiating the calculation process, the CCR&R agency must ensure they possess credible evidence, which clearly substantiates, verifies, or confirms the client received benefits they were not entitled to for a specific period of time. CCR&Rs will coordinate with the Chief of Child Care to ensure the claim is calculated within 60 days and all necessary documentation is completed and then forwarded to I&R.

The Child Care Chief must be CC'd when the claim calculation is returned to I&R by the CCR&R agency for tracking purposes.

[x] iv. Recover through repayment plans. Describe the activities and the results of these activities:

Clients can request a repayment plan if payment of the full debt in a lumpsum payment would be a hardship. The amount of the repayment in installments is determined by dividing the total owed by 36 months to determine the minimum monthly payment. The minimum acceptable monthly payment is set at \$25 unless otherwise approved by DWSS I&R. Clients must sign the Debt Repayment form indicating the minimum amount to be paid by which date each month. If the client fails to meet the payment amount and frequency of the repayment agreement, debts may be collected through other methods.

[x] v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

For the Child Care Program, active provider payments are reduced for the collection of owed debts. This is done by creating a negative adjustment to offset the payment owed in one ore more months until the debt is fully

[x] vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

DWSS I&R makes several attempts to collect overpayments directly from the client. An initial Notification of Debt/First Demand Letter is sent to the debtor informing them of the overpayment. If the client makes payment in full or sets up a repayment agreement and makes their scheduled payment, no additional notifications are sent (I&R Manual 403.2). If the debt becomes delinquent, or the client fails to respond to the initial notice within 30 days, a Final Demand notice will be sent. If the client fails to respond after the Final Notice, the DWSS I&R staff may complete and mail a Notice of Court Filing if the debt exceeds the debt threshold of \$125 and the individual is still living in Nevada, and possesses the ability to pay.

After sending the Notice of Court Filing, the I&R wait 10 days for response from the debtor. If no response, then I&R staff will: 1) prepare a case for submission to Small Claims Court of the amount is under \$5000, or 2) submit the debt to the Deputy Attorney General of Nevada if the amount exceeds \$5000. Once a summary judgement is made, the DWSS I&R team can pursue repayment through wage garnishment or other means.

vii. Recover through other means. Describe the activities and the results of these activities:

DWSS may pursue claims collection through the use of a Collection Agency if the claim cannot be collected through other means. The claim must be at least \$25, must be delinquent 90 days or more, is unable to be collected through intercept of funds (I&R MS 414.1).

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities:

The Las Vegas Urban League and The Children’s Cabinet work directly with the Lead Agency and the DWSS internal Investigations and Recovery Unit to establish debts and repayment of incorrect payments, both intentional and unintentionally, by recipients and Investigations & Recovery staff (I&R) use collateral sources to secure factual information and/or evidence to determine violator intent and program consequence. The DWSS Quality Control department conducts monthly audits of program records to determine if contractors correctly apply policies in determining eligibility and issuing provider payments. When errors are identified which are classified as a contactor error, the total error amount is calculated, and if it is an underpayment, the contractor must adjust the calculation of benefits. If it is an overpayment, the agency must identify corrective actions that will be put into place to prevent future errors. Contractors are required to maintain a 95% policy adherence rate through annual reviews or further corrective actions will be taken by the Lead Agency to address the errors (e.g. providing formal training in targeted policy areas).

ix. Other. Describe the activities and the results of these activities:

8.1.7 Sanctions to reduce improper payments

What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities:

Individuals found to have committed an intentional program violation are penalized as follows: NEON TANF clients are ineligible for benefits for a period of twelve months for the first violation, twenty four months for the second violation, and permanently for the third violation. During the ineligible period, the individuals required to participate in NEON work activities unless otherwise exempt; therefore, the individual is entitled to NEON support services, such as child care

benefits. Non- TANF clients are decreased by two subsidy percentage steps for a period of six months for the first occurrence, three subsidy percentage steps for twelve months for the second occurrence.

[x] b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:

If an intentional program violation has been validated by DWSS Investigations and Recovery Unit, the Chief of the Child Care and Development Program will render a decision on the appropriate action to be taken against the provider. The penalty can be either suspension for an appropriate amount of time, or termination from the program.

[x] c. Prosecute criminally. Describe the activities and the results of these activities:

See manual section 725 IPV Penalty Occurrences

[] d. Other. Describe the activities and the results of these activities:

NA

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The Nevada Division of Welfare and Supportive Services is requesting a waiver from the Administration for Children and Families (ACF), Office of Child Care (OCC) from Nevada's compliance with the regulatory section specified below:

Unmet requirement: §98.45 Equal Access

The State seeks relief from the MRS for 2021 due to the pandemic and its effects on child care, staff, enrollment/attendance, and rates.

Nevada does not need a waiver for 4.1.3b because we have the data: Currently, the subsidy program is serving 61% of licensed child care providers in Nevada.

Nevada is requesting a waiver for 4.4.1c to conduct an analysis of Nevada's current fee cap (\$40 annual fee cap), what providers in Nevada currently charge for the annual fee, and the out-of-pocket expense or "gap" between the two to determine if the fee cap should be raised to reduce inequity.

Nevada is requesting a waiver for 4.5.2 to gather data through an Ad Hoc request from our Nevada Child Care System Database in comparison to the current price of care, to analyze the difference, by provider type, between the reimbursement rate and the price of care, statewide.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Allowing the State a waiver for the Market Rate Survey will give Nevada child care providers a chance to recover from the effects of the pandemic and for their businesses to be at least somewhat recovered from the impact, prior to submitting their price of care for assessment. This will result in improved reliability of the true price of care providers have established post-pandemic, taking into account any changes they may have implemented, included any changes in staffing, supplies, or other needs that may result in a change in price of care.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

CCDP can ensure that the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver, due to the program's policy of payments based on enrollment rather than attendance for most children receiving subsidy, and due to the CRRSA/ARP planning which will positively impact wages, subsidy, capacity, in addition to health and safety.

[x] Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

The Nevada Division of Welfare and Supportive Services is requesting a waiver from the Administration for Children and Families (ACF), Office of Child Care (OCC) from Nevada's compliance with the regulatory section specified below:

Unmet requirement: §98.45 Equal Access

The State seeks relief from completing a Narrow Cost Analysis due to the pandemic and its effects on child care, staff, enrollment/attendance, and rates.

CCDP is working on gathering this data through an Ad Hoc request from our Nevada Child Care System Database, to reflect the difference, by provider type, between the reimbursement rate statewide as compared to the most current data on market rate to assess the gap.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child

care services for children.

Allowing the State a waiver will give the State a chance to conduct a cost analysis once child care providers are able to report rates which more accurately align with the true cost of care (which are sufficient to enable them to meet health, safety, quality, and staffing requirements). Additionally, this will allow the state time to procure a consultant to conduct an in-depth cost modeling analysis to determine the fiscal impact of restructuring Nevada's subsidy reimbursement system to reflect the cost of care versus utilization of the market rate survey, which has been shown to perpetuate inequities in low-income communities where markets cannot support the true cost of high quality care.

CCDP has earmarked funds to hire a contractor to complete a cost analysis on the estimated cost of care, including relevant variation by geographic location, category of provider, and age of child. CCDP will include the cost of child care providers' implementation of health, safety, quality and staffing requirements in the RFP for the contractor. CCDP will address the gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

CCDP can ensure that the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver, due to the program's policy of payments based on enrollment rather than attendance for most children receiving subsidy, and due to the CRRSA/ARP planning which will positively impact wages, subsidy, capacity, in addition to health and safety.