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Child Care and Development Fund (CCDF) Plan

for

State of Nevada

FFY 2025 – 2027

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, 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.

Table of Contents

Overview	4
1 CCDF Program Administration	6
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority	7
1.3 Consultation in the Development of the CCDF Plan	11
2 Child and Family Eligibility and Enrollment and Continuity of Care	14
2.1 Reducing Barriers to Family Enrollment and Redetermination	14
2.2 Eligible Children and Families.....	16
2.3 Prioritizing Services for Vulnerable Children and Families.....	26
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities	29
2.5 Promoting Continuity of Care.....	31
3 Child Care Affordability	36
3.1 Family Co-payments	36
3.2 Calculation of Co-Payment.....	38
3.3 Waiving Family Co-payment.....	39
4 Parental Choice, Equal Access, Payment Rates, and Payment Practices	40
4.1 Access to Full Range of Provider Options.....	40
4.2 Assess Market Rates and Analyze the Cost of Child Care	41
4.3 Adequate Payment Rates	47
4.4 Payment Practices to Providers.....	51
4.5 Supply Building	54
5 Health and Safety of Child Care Settings	57
5.1 Licensing Requirements	57
5.2 Ratios, Group Size, and Qualifications for CCDF Providers	60
5.3 Health and Safety Standards for CCDF Providers.....	65
5.4 Pre-Service or Orientation Training on Health and Safety Standards.....	94
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements.....	96
5.6 Ongoing Health and Safety Training.....	102
5.7 Comprehensive Background Checks	102
5.8 Exemptions for Relative Providers	113
6 Support for a Skilled, Qualified, and Compensated Child Care Workforce	114
6.1 Supporting the Child Care Workforce	114
6.2 Professional Development Framework.....	116
6.3 Ongoing Training and Professional Development.....	119
6.4 Early Learning and Developmental Guidelines	120
7 Quality Improvement Activities	122
7.1 Quality Activities Needs Assessment	123
7.2 Use of Quality Set-Aside Funds	123

8	Lead Agency Coordination and Partnerships to Support Service Delivery	130
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care	130
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds	134
8.3	Coordination with Child Care Resource and Referral Systems	137
8.4	Public-Private Partnerships	137
8.5	Disaster Preparedness and Response Plan	138
9	Family Outreach and Consumer Education	139
9.1	Parental Complaint Process	139
9.2	Consumer Education Website	140
9.3	Increasing Engagement and Access to Information	145
9.4	Providing Information on Developmental Screenings	148
10	Program Integrity and Accountability	149
10.1	Effective Internal Controls.....	149
10.2	Fraud Investigation, Payment Recovery, and Sanctions	151
	Appendix 1: Lead Agency Implementation Plan	158
	Appendix 1: Form	159

Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS 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.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: *Division of Welfare and Supportive Services*
 - ii. Street Address: *1470 College Parkway*
 - iii. City: *Carson City*
 - iv. State: *Nevada*
 - v. ZIP Code: *89706*
 - vi. Web Address for Lead Agency: *dwss.nv.gov*
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: *Karissa*
 - ii. Lead Agency Official Last Name: *Machado*
 - iii. Title: *Agency Manager*
 - iv. Phone Number: *(775) 684-0630*
 - v. Email Address: *kxloper@dwss.nv.gov*

1.1.2 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. The OCC 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,

identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: *Karissa*
 - ii. CCDF Administrator Last Name: *Machado*
 - iii. Title of the CCDF Administrator: *Agency Manager*
 - iv. Phone Number: *(775) 684-0630*
 - v. Email Address: *kxloper@dwss.nv.gov*

- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: *Cynthia*
 - ii. CCDF Co-Administrator Last Name: *Magana*
 - iii. Title of the CCDF Co-Administrator: *CCDP Chief*
 - iv. Phone Number: *(775) 684-0791*
 - v. Email Address: *cxmagana@dwss.nv.gov*
 - vi. 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. 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 Entity establishing CCDF program rules

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.

Check one of the following:

- All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- 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:
 - State or Territory.

- Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- ii. Sliding-fee scale is set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- iii. Payment rates and payment policies are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- iv. Licensing standards and processes are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- v. Standards and monitoring processes for license-exempt providers are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- vi. Quality improvement activities, including QIS, are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: [Click or tap here to enter text.](#)
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: [Click or tap here to enter text.](#)

1.2.2 Entities implementing CCDF services

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

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
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who issues payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other. List and describe any other State or Territory agencies or partners that implement or perform CCDF services and identify their responsibilities. *The State of Nevada Department of Education Office of Early Learning and Development (NDE-OELD) also implements quality improvement activities, including the state’s Quality Rating and Improvement System (QRIS).*

1.2.3 Written agreements and oversight

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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.

a. Tasks to be performed.

Yes. If yes, describe: *All subawards include a detailed Scope of Work and reporting requirements which are a condition of being a subaward recipient.*

No. If no, describe: *Click or tap here to enter text.*

b. Schedule for completing tasks.

Yes. If yes, describe: *Subawards and other communication outline the schedule for completing assigned work, reimbursement schedules and procedures, regular reporting, and documentation requirements.*

No. If no, describe: *Click or tap here to enter text.*

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: *All subawards include a detailed budget narrative which itemizes categorical expenditures. The Lead Agency tracks categorical expenditures made by subrecipients in accordance and to ensure compliance with CCDF requirements.*

No. If no, describe: *Click or tap here to enter text.*

d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: *All subaward Scopes of Work include evaluation measures used to assess performance. The Lead Agency requires all contractors, vendors, and subrecipients 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. Quarterly reports from agencies are evaluated to ensure program compliance and evidence-based measures are used to assess performance.*

No. If no, describe: *Click or tap here to enter text.*

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. *The Division of Welfare and Supportive Services (DWSS) uses Quality Control reviews, Management reviews, requires internal audit by subcontractor supervisory personnel, and monthly and quarterly reporting to assess programmatic activities and outcomes. Management, QC and Supervisor reviews examine program records for accurate eligibility determinations of subsidy families and proper payment to providers, and ensure program expenditures comply with agency, state and federal requirements.*

1.2.4 Information systems availability

Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe: *Click or tap here to enter text.*

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe: *Click or tap here to enter text.*

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.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) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: *The CCDF 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. This engagement includes county school district staff and other local government staff, and the information received from stakeholders was used in drafting the plan. Stakeholders include 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. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: *The CCDF Administrator is an official, Governor-appointed member of the Nevada Early Childhood Advisory Council (ECAC). The ECAC meets quarterly. Information about State Plan development is shared during partner updates. Information has also been shared in ECAC Subcommittee meetings.*
- c. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: *The CCDF provided an invitation to the State Plan public hearing to allow a formal platform for consultation with Tribal governments, including Tribal leadership.*

- d. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: *The CCR&R agencies were consulted in plan development as well as the NDE-OELD.*

1.3.2 Public hearing process

Lead Agencies must 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.

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.

- i. Date of the public hearing: Date of the public hearing: *June 21, 2024*

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

- ii. Date of notice of public hearing: *May 20, 2024*

- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

Yes.

No. If no, describe: *Click or tap here to enter text.*

- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. *The notice for public hearing was published on the following websites: Division of Welfare and Supportive Services, Early Childhood Advisory Council, and Nevadachildcare.org. The notification for public hearing was posted on the following links: <https://dwss.gov/home/features/public-information/>; <http://nvecac.com/community-events-calendar>; <https://nevadachildcare.org/meetings-public-notices/>. The public hearing Notice & Agenda was also mailed and e-mailed on May 20, 2024 to be posted in the following locations: Child Care Service Centers (Reno, Las Vegas), Division of Public and Behavioral health (Carson City), Division of Welfare and Supportive Services district offices (Las Vegas, Carson City, Elko, Reno, Fallon), 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 Library (Virginia City), Tonopah Public Library (Tonopah), and Washoe County Library (Reno).*

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: *The public hearing was made available by video via Microsoft Teams, audio by a call-in phone number, and with physical locations in both Carson City and Las Vegas.*
- vi. Describe 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 draft was made available on the same three websites that the hearing notice was published on: DWSS website, ECAC website, and Nevadachildcare.org website on **NEED DATE**.*
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: *Click or tap here to enter text.*

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. *Click or tap here to enter text.*
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe: *The CCDF Administrator is a Governor-appointed, voting member on the statewide ECAC. Local ECACs provide information to stakeholders and the state's ECAC through participation in quarterly meetings.*
 - ii. Working with child care resource and referral agencies. Describe: *CCR&R agencies are made aware of all programmatic changes and are consulted when the State Plan is developed and implemented.*
 - iii. Providing translation in other languages. Describe: *Click or tap here to enter text.*
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: *The State Plan is not disseminated through email; however, a link to the draft plan was emailed to the child care listservs, the Tribes, the ECAC, and the Child and Adult Care Food Program (CACFP) for feedback, collaboration on planning, and coordination.*
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: *Changes to the State Plan follow the State's Public Hearing process including public notification of meetings.*

- vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: *CCDP works closely with Nevada’s Out of School Time (OST) providers to coordinate efforts to allow parents to work and adapt to the need for different types of services including before and after school programming and emergency child care for a wider range of ages. CCDP also works closely with the Nevada Afterschool Network: <https://www.nevadaafterschool.org/>.*
- vii. Direct communication with the child care workforce. Describe: *CCDP partners with NDE-OELD, The Nevada Registry, The Children’s Cabinet and Las Vegas Urban League to provide information about the State Plan to both early childhood and OST providers. CCDP sends a representative to the Child Care Provider Advisory Committee meetings held quarterly.*
- viii. Other. Describe: *Click or tap here to enter text.*

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable childcare arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent’s work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency’s eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

2.1.1 Eligibility practices to reduce barriers to enrollment.

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
- i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: *DWSS allows a 90-day exemption for priority populations, including households experiencing homelessness, and CPS/Foster families, to remove barriers to accessing services.*
 - ii. Leveraging eligibility from other public assistance programs. Describe: *NEON households (TANF recipients) are not required to do a full eligibility certification to be eligible. We only require their ID, application, and a NEON referral to approve them for services.*
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: *All children requiring care at the time of application receive certificates with the same start and end dates, so families only must certify eligibility once per year. When mid-certification changes occur, the end date for the change will be the same date as the original certification end date to keep the 12-month eligibility period consistent for the family.*
 - iv. Self-assessment screening tools for families. Describe: *Families with children 5 years of age and younger can visit <https://www.first5nevada.org/> to access a self-assessment eligibility screening tool that will inform them of their eligibility for a variety of benefits/services, including child care subsidy assistance.*
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: *DWSS requires eligibility decisions to be made within 30 days of receipt of the application to ensure timely processing. DWSS requires CCR&R staff to utilize state system records to verify eligibility factors which have already been reviewed by another public benefit program (such as TANF or SNAP) before asking for additional information from families to expedite processing and eliminate burdens on families to produce verifications for multiple programs.*
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
- Yes. *DWSS uses a single application to allow Nevadans to apply for all Welfare benefits through the Access Nevada website (<https://accessnevada.dwss.nv.gov/public/landing-page>). DWSS is also working with a contractor to develop a new child care system which will include an online portal for families and child care providers to access information.*
 - No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: *TANF families do not have to provide verification of eligibility to receive care. CCR&R staff only need a DWSS referral, photo ID, and an initial application to approve the case. For renewals, only an updated referral is needed if they are still receiving TANF.*

No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/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. Leveraging eligibility from other public assistance programs.

ix. Other. Describe: *Clients can submit documents by email or fax; in person certification is not required for eligibility.*

b. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: *TANF families do not have to provide full verification of eligibility to receive care. CCR&R staff only need a DWSS referral, photo ID, and an initial application to approve the case. For renewals, only an updated referral is needed if they are still receiving TANF.*

No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. [Click or tap here to enter text.](#)

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

i. If yes, the upper age is (may not equal or exceed age 19): *The Lead agency extends eligibility for CCDF-funded child care to children ages 13 up to 19 years for children that have special health care/behavioral health needs.*

ii. 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 extend eligibility for CCDF-funded childcare to children ages 13 and older but below age 19 who are under court supervision?

No.

i. Yes. If yes, and the upper age is (may not equal or exceed age 19): *The Lead agency extends eligibility for CCDF-funded child care to children ages 13 up to 19 years old for children that are under court supervision.*

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

i. "residing with": *living with (in same residence as)*

ii. "in loco parentis": *a person other than the natural or adoptive parent, who is serving as legal guardian for a child; serving in a parent/guardian capacity.*

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for childcare assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized childcare services strictly based on the work, training, or educational schedule/hours of

the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
- i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search. (mid certification period only, not for initial eligibility determination or recertification.)
 - viii. Other. Describe: [Click or tap here to enter text.](#)
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe: [Click or tap here to enter text.](#)
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.

- v. Four-year degree.
- vi. Travel to and from classrooms, labs, or study groups.
- vii. Study time.
- viii. Hours required for associated activities such as study groups, lab experiences.
- ix. Time for outside class study or completion of homework.
- x. Applicable meal and break times.
- xi. Other. Describe: *Click or tap here to enter text.*

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

No.

Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

Work. Describe: *Click or tap here to enter text.*

Job training. Describe: *20 hours or more per week, study time 2 hours per day on same day as activity, 1-hr for travel each way for commute to/from training program.*

Education. Describe: *6 or more credit hours per semester, study time 2 hours per day on same day as activity, 1-hr for travel each way for commute to/from education program.*

Combination of allowable activities. Describe: *Click or tap here to enter text.*

Other. Describe: *Click or tap here to enter text.*

e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

Yes.

No. If no, describe the additional work requirements: *Click or tap here to enter text.*

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded childcare 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 Lead Agency’s protective services definition.

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

- Children in foster care.
- Children in kinship care.
- Children who are in families under court supervision.
- Children who are in families receiving supports or otherwise engaged with a child welfare agency.
- Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.
- Children whose family members are deemed essential workers under a governor-declared state of emergency.
- Children experiencing homelessness.
- Children whose family has been affected by a natural disaster.
- Other. Describe: [Click or tap here to enter text.](#)

g. 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?

- No.
- Yes.

h. 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.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

- No.
- Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

- There is a statewide limit with no local variation.
- There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)
- Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)
- Other. Describe: [Click or tap here to enter text.](#)

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	\$3689.84	85% SMI	\$3290.14
2	\$4726.60	85% SMI	\$4302.49
3	\$5826.39	85% SMI	\$5314.84
4	\$6936.18	85% SMI	\$6327.19
5	\$8045.96	85% SMI	\$7339.54

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: [Click or tap here to enter text.](#)

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
4	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: [Click or tap here to enter text.](#)

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.
- vii. Pensions or annuities.
- viii. Inheritance.
- ix. Public assistance.
- x. Other. Describe: *Foster payments, kinship care payments, military allowances (BAS, BAQ), some cash contributions, lump sum more than \$5000, in-kind income, bonuses, tips, dividends, gambling winnings, Indian General Assistance (IGA), Royalties.*

d. What is the effective date for these income eligibility limits? *October 1, 2023*

e. 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, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?

LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: [Click or tap here to enter text.](#)

Other. Describe: [Click or tap here to enter text.](#)

f. Provide the direct URL/website link, if available, for the income eligibility limits.
[https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/CC%20PT%2007-23%20Annual%20Income%20Ceiling%20Increase%20\(Public%20Distribution\).pdf](https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/CC%20PT%2007-23%20Annual%20Income%20Ceiling%20Increase%20(Public%20Distribution).pdf)

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. Average the family’s earnings over a period of time (e.g., 12 months).
Identify the period of time: *up to 12 months*.
- ii. Request earning statements that are most representative of the family’s monthly income.
- iii. Deduct temporary or irregular increases in wages from the family’s standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: *Anticipate income using the best available information. If income is ongoing, but the amounts fluctuate, the Lead Agency anticipates total household income by averaging income from past pay periods.*

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 Yes.
 No. If no, describe: *Click or tap here to enter text.*
- 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: *Click or tap here to enter text.*

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe: *ID, SSN, Citizenship, Relationship, Special Needs, Household Composition, Homeless Status, Residency*
- b. Eligibility redetermination? If checked, describe: *Homeless status, Residency, Special Needs (if not permanent condition)*

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: <i>Driver’s license, state ID, Passport, Military ID, Work/School ID, Hospital or Public health record, baptismal record, adoption record, child welfare record, consular ID card, printout from DWSS database verifying eligibility for public assistance, other document providing identifying data such as physical description, photograph, or signature.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant’s relationship to the child. Describe how you verify: <i>Birth certificate, legal court documents, adoption record, hospital birth records, Vital statistics document, baptismal record, government/military record, school records, immigration and naturalization records, child support paternity records, juvenile court records, BIA or Tribal records, marriage license, divorce/custody records, court records, letter from CPS or social worker record, DWSS database record, other.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: <i>Birth certificate, hospital or public health record, baptismal record, U.S. passport, military ID, Indian census papers, Naturalization papers, DWSS database record, Consular report of birth or “certification of birth” issued by the U.S. Department of State, I-551, I-94, USCIS documents.</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Work. Describe how you verify: <i>paystubs, letter from employer on company letterhead indicating days and hours of employment, effective/hire date and signed/dated by employer. Employment Verification Form, Form 2186-WA</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Job training or educational program. Describe how you verify: <i>official class schedule, other documentation from school that indicates the start and end date of the course.</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Family income. Describe how you verify: : <i>paystubs, letter from employer on company letterhead indicating days and hours of employment, effective/hire date and signed/dated by employer. Employment Verification Form, Form 2186-WA</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Household composition. Describe how you verify: <i>Copy of lease listing all household members, statement from non-relative landlord listing all household members, DWSS data base records, custody court records, temporary custody notarized letter, DFS placement letter (CPS/Foster)</i>

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant residence. Describe how you verify: <i>Current Utility bill, current state photo ID, Current paystub, or Employment Verification Form, DWSS data base</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other. Describe how you verify: <i>Special needs status for child, if applicable, especially if care needed over age 13. Require IEP or statement by physician indicating child definition of “special need”. Only required at initial application if permanent condition or at each renewal if condition may improve and child may no longer meet the “special need” definition.</i>

2.2.9 Exception to TANF work requirements.

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain childcare for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: *Division of Welfare and Supportive Services*
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate childcare”: *Child care chosen by the parent offering developmentally appropriate practices which meet the needs of the parent and child.*
 - ii. “Reasonable distance”: *Parent should not have to travel more than 60 minutes to drop off or pick up their child.*
 - iii. “Unsuitability of informal childcare”: *Informal child care is unsuitable if it is not being provided legally and/or does not meet basic health and safety standards as outlined in the state plan.*
 - iv. “Affordable childcare arrangements”: *Affordable child care is care that does not exceed 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: *Click or tap here to enter text.*

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for childcare assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

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.*
- b. “Families with very low incomes.” *The household’s income is less than or equal to 130% of FPL.*

2.3.2 Prioritization of childcare services

Identify how the Lead Agency will prioritize childcare services for the following children and families.

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

Population Prioritized	Prioritize for enrollment in childcare services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to enter text.
Families with very low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to enter text.
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to enter text.
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: Click or tap here to enter text.

Population Prioritized	Prioritize for enrollment in childcare services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
dependent on TANF						

b. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: *CPS and Foster children are also priority populations, including those participating in a “Voluntary” or “Reunification Plan” with the local CPS agency. CPS and Foster children are prioritized for enrollment, are not placed on a waiting list when active, and their copayments are waived. Children receiving wraparound services in collaboration with Early Head Start/Head Start are also priority populations - prioritized for enrollment and their copayments are waived. Parents who are attending an approved substance use disorder (SUD) treatment or recovery program through the Nevada Division of Public and Behavioral Health are also a priority population - prioritized for enrollment and their copayments are waived.*

2.3.3 Enrollment and grace period for children experiencing homelessness.

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: *Households experiencing homelessness are allowed up to 90 days to provide verifications.*
- b. Describe the grace period for each population below and how it allows them 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.

- i. Provide the policy for a grace period for:
 - Children experiencing homelessness: *Households experiencing homelessness are allowed up to 90 days to provide verifications.*
 - Children who are in foster care: *Children in foster care are allowed up to 90 days to provide verifications.*
- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- c. 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: *Child Care Licensing surveyors can work with child care providers to access Nevada WebIZ to help a family access and print a child's official immunization record. CCR&R staff provide referrals to local public health agency clinics where families can receive low to no-cost immunizations for their children.*

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: *Click or tap here to enter text.*

- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. 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.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. Other. Describe: *The Nevada Early Childhood-Community Health Worker program connects families with a person(s) with disability to local medical and community resources.*

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness 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. Describe: *Click or tap here to enter text.*
- b. 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.
- i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. *DWSS has 90-day exemption to allow homeless families time to collect documentation not readily available at the time of application to remove this barrier to eligibility. DWSS is able to waive components of program eligibility (such as work activity) on a case by case basis for families experiencing hardships.*

- ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. *DWSS manual includes policy guidance to allow 90-day exemption to providing documentation if not readily available. DWSS provides special considerations to exempt populations from eligibility requirements on a case-by-case basis. CCRR partners provide referrals and other resources for families experiencing homelessness.*

2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care to support children’s development. *Families receive 12-month eligibility certification to promote continuity of care and to limit the family’s need to report and verify eligibility factors to remain on the program. CCDF limits the types of changes that will impact certification negatively (except for leaving the state or completely exceeding the income guidelines for services), to ensure families maintain 12 months of eligibility between recertifications. We provide \$40 annual/registration fees to help families access licensed child care for their children. CCR&R partners assist families in locating appropriate child care options that meet the needs of each child and provide families with the information needed to make informed choices on the care for their children.*

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- 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 Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
 - Regardless of temporary changes in participation in work, training, or educational activities.
- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
 - b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
 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 between regular industry work seasons.
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 cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination: [Click or tap here to enter text.](#)

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: [Click or tap here to enter text.](#)

ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: [Click or tap here to enter text.](#)

iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: [Click or tap here to enter text.](#)

- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: *The report of loss of employment activity triggers a change in eligibility; families have 90 days to gain another purpose of care activity. If new activity is started, the certification is updated with the new activity information (no adverse actions to funding, unless new income exceeds 85% SMI). If no new activity is started, case is terminated allowing 10-day notice of adverse action.*
 - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? *90 days.*
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

- 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: *Excessive absence is defined as absence from care for a period of thirty calendar days during the certification period. Child Care staff must document attempts to contact the parent to inform them of possible discontinuation of services due to excessive absences via 1. Phone call; 2. Written Correspondence and 3. Email (if available). All attempts at contact must be noted in the child care system. If no contact is made, services are discontinued with a 10 day advance notice of adverse action. If the parent responds within 10 calendar dates and provides a valid explanation for the absence, assistance will continue through the certification period.*

- iii. A change in residency outside of the State or Territory.
Provide the Lead Agency's policy for a change in residency outside the State or Territory: *Applicants and eligible household members must be living in Nevada to be eligible for benefits.*
- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: *An intentional program violation is an action by the accused for the purpose of establishing or maintaining program eligibility, or increasing or preventing a reduction in the benefits 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.

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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; or,
- (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 family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes 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 must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even

if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children 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-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

- a. Not applicable. 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 question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: [Click or tap here to enter text.](#)
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: [Click or tap here to enter text.](#)
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: [Click or tap here to enter text.](#)
- c. 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. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: [Click or tap here to enter text.](#)
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: [Click or tap here to enter text.](#)
 - iii. Describe how the second eligibility threshold 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: [Click or tap here to enter text.](#)
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: [Click or tap here to enter text.](#)

- v. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: [Click or tap here to enter text.](#)
- vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: [Click or tap here to enter text.](#)

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of a family’s lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family’s co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of a family’s lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family’s gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? *The Lead Agency does not charge more than 7% of a family’s gross income for a co-payment.*

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe: *Click or tap here to enter text.*

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set: *Click or tap here to enter text.*

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	B	C	D	E	F
Family Size	Lowest income at initial eligibility where the family is first charged a 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 the co-payment in (B)?	Highest income at initial eligibility where a family is charged a co-pay 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 (E)?
1	\$1476	\$14.76	1%	\$3290.14	\$230.31	7%
2	\$1977	\$19.77	1%	\$4302.49	\$301.17	7%
3	\$2479	\$24.79	1%	\$5314.84	\$372.04	7%
4	\$2980	\$29.80	1%	6327.19	\$442.90	7%
5	\$3481	34.81	1%	7339.54	\$513.77	7%

c. What is the effective date of the sliding-fee scale(s)? *October 1, 2023*

d. **Provide the link(s) to the sliding-fee scale(s):** *Click or tap here to enter text.*

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?

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 does not provide a barrier and promotes affordability and access for families: *The subsidy program is a parent-choice model. Parents can choose whichever provider they want for their child. Due to limited child care capacity in the State of Nevada, the Lead Agency allows subsidy providers to determine their own rates, however they may not charge Subsidy families a rate greater than what is charged to non-subsidy families.*
The Lead Agency aligns with Market Rate Survey (MRS) to offset the family’s financial obligation which promotes affordability. By supporting family choice of provider, the Lead Agency increases access to providers statewide.
- 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 rates charged, providers also charge a variety of fees including initial registration, annual fees, materials and supplies, meals, field trips, and late payments.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family’s contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family’s contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)
 - Other. Describe: [Click or tap here to enter text.](#)
 - ii. The fee is a percent of income and (check all that apply):
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.

- The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)
 - Other. Describe: [Click or tap here to enter text.](#)
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family’s co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
 - Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe: [Click or tap here to enter text.](#)
 - ii. Quality of care (as defined by the Lead Agency). Describe: [Click or tap here to enter text.](#)
 - iii. Other. Describe: [Click or tap here to enter text.](#)
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family’s income. For instance, only consider the family income over the federal poverty level.
 - ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
 - iii. Other. Describe: [Click or tap here to enter text.](#)

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

- No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)
- Yes. If yes, identify and describe which family contributions/co-payments waived.
 - i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: *The Lead Agency has elected to waive co-payments for families experiencing Foster Care or Child Protective Services (CPS) involvement. Income received by the traditional household is not countable and not required to be verified.*
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: *Families are waived from a co-payment if only using Out of School Recreational (OSR) programs or Out of School Time (OST) programs, those participating in a substance use disorder treatment or recovery program through Nevada Division of Public and Behavioral Health (DBPH), and those who are approved for special consideration on a case-by-case basis by the Child Care Chief.*

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parent’s choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family’s needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g.,

center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. 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, public comment, and reports to the Lead Agency: [Click or tap here to enter text.](#)
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe 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; family child care homes; or in-home providers: *Information is provided to parents in the subsidy application, Frequently Asked Questions and in enrollment packets. Parents are informed of the variety of child care options available during the intake application process. This information is also available through various consumer education websites including: [childcarelv.org](#), [first5nevada.org](#), [childrenscabinet.org](#), [nevadachildcare.org](#)*
- e. Describe what information is included on the child care certificate: [Issuance date](#), [provider name](#), [provider ID](#), and [location](#); [child name](#), [child dob](#), [child id](#); [parent name](#), [parent id](#), [parent phone number](#); [dates of eligibility](#), [schedule and schedule notes](#), [case manager name and phone number](#); [provider rate](#), [parent copay amount](#), [signatures for parent \(if issued in person\)](#) and the [Child Care Case Manager](#).

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (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, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate

entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. Market rate survey.

i. When were the data gathered (provide a date range; for instance, September – December 2023)? January 1, 2022 to April 1, 2022. Report can be accessed here:

<https://www.nevadachildcare.org/static/7f5c9ce75784d311d4bd2b30038d8885/2022-Market-Rate-Report-FINAL.pdf> Click or tap here to enter text.

b. ACF pre-approved alternative methodology.

i. The alternative methodology was completed. **Marty note: Will be completed in June 2024**

ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? *February-April 2024*

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. **TBD – In Process, but will be completed in June 2024.**

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). [Click or tap here to enter text.](#)

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- i. State Advisory Council or similar coordinating body: *A survey was asking stakeholders to review and provide feedback on the 2022 Market Rate Survey (MRS). The stakeholder group consisted of 48 stakeholders which included the Nevada Early Childhood Advisory Council (ECAC). A stakeholder survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS report.*
- ii. Local child care program administrators: *A survey was sent to a group of 48 stakeholders which included child care program administrators from centers, 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 which were included in the final 2022 MRS report.*
- iii. Local child care resource and referral agencies: *A survey was sent to a group 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 which were included in the final 2022 MRS report.*
- iv. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: *A survey was sent to a group of 48 stakeholders which 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, Nevada Registry, and the 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.*

- v. *Other. Describe: A survey was sent asking stakeholders to review and provide feedback on the 2022 MRS. The 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.*
- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? *June 2022. Final Report can be found here: <https://www.nevadachildcare.org/static/7f5c9ce75784d311d4bd2b30038d8885/2022-Market-Rate-Report-FINAL.pdf>*
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? *January 1, 2022 to April 1, 2022*
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: *100% of the Licensed Population was Surveyed plus Out of School Time Providers participating on the Subsidy program. Of the providers that were surveyed, 74.91% provided responses.*
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? *Resource & Referral Database, which includes all licensed child care providers from licensing database. Subsidy database was used to pull all Out of School Time providers. An email was sent to providers on April 6, 2022 with the Survey Monkey link. The survey was provided both in English and Spanish.*
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? *Methodology Established. 5 points of contact until 65% response rate by type of care and region is achieved. Consistent data collection tool is used for survey responses. The notification and survey were provided in both English and Spanish and included the importance of the survey, the estimated length of completion, items to prepare, and the survey incentive. To reduce bias, all providers in Nevada were sent the notification regardless of participation on the Child Care Subsidy program.*
- vi. What is the percent of licensed or regulated child care centers responding to the survey? *65% by licensed provider type and region. Out of School Time is not licensed or regulated outside of subsidy program requirements nor is rate setting consistent across OST providers.*
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? *65%*
- viii. Describe if the survey conducted in any languages other than English: *Spanish*

- ix. Describe if data were analyzed in a manner to determine price of care per child: *Price per child by region, type of care and care level. Average price was identified as was the 75th percentile.*
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: *Sample was not used.*
- e. Price variations reflected. <<Marty will pick up here again on Monday>>

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. *Market rate results are aggregated by geographical area: Washoe County, Carson/Douglas County, Clark County, and Rural counties (the balance of all other counties in Nevada). Rates are analyzed separately within each geographical area for centers, family child care, and group family child care. Rates are analyzed separately withing each geographical area and provider type based on child age groups.*
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). *Click or tap here to enter text.*
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): *Click or tap here to enter text.*
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: *Click or tap here to enter text.*

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child’s age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? [Click or tap here to enter text.](#)
- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? [Click or tap here to enter text.](#)
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? [Click or tap here to enter text.](#)
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). [Click or tap here to enter text.](#)
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? [Click or tap here to enter text.](#)

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report 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 prior to conducting the MRS or ACF pre-approved alternative methodology.

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 by responding to the questions below.

- i. Provide the date the report was completed: [Click or tap here to enter text.](#)
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): [Click or tap here to enter text.](#)
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: [Click or tap here to enter text.](#)
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: [Click or tap here to enter text.](#)

4.3 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 and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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 provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
 - Yes.
 - i. If yes, check if the Lead Agency:
 - Sets the same payment rates for the entire State or Territory.
 - Sets different payment rates for different regions in the State or Territory.
 - No.
 - ii. If no, identify how many jurisdictions set their own payment rates: [Click or tap here to enter text.](#)
 - b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). *OST/OSR Rates 7/1/23, FFN Rates 1/1/23, Head Start/Early Head Start Wraparound 7/1/22, Licensed Provider Rates 5/1/22. Rates were based on the 2018 MRS.*
 - c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? *Daily rate x 5.*

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. 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 families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

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.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)		Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Family Child Care for Infants (6 months)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Center Care for Toddlers	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
(18 months)									
Family Child Care for Toddlers (18 months)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Center Care for Preschoolers (4 years)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Family Child Care for Preschoolers (4 years)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Center Care for School-Age (6 years)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Family Child Care for School-Age (6 years)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe: [Click or tap here to enter text.](#)

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: [QRIS Star Bonus \(2-5 star\)](#)

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

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:

- i. Differential rate for non-traditional hours. Describe: *Click or tap here to enter text.*
- ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe *Click or tap here to enter text.*
- iii. 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: *Infant and toddler rates are typically higher than preschool or school aged rates. Infant and toddler rates set by MRS by provider type and geographic area.*
- iv. 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: *School aged rates are set by MRS and by provider type and geographic area.*
- v. Differential rate for higher quality, as defined by the Lead Agency. Describe: *Tiered rate for higher star rating in QRIS participating licenses providers.*
- vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: *differentiated rates by geographical area and provider type. Nevada has different rates for Clark County, Washoe County and rural communities, as well as different rates by provider type.*
- vii. If applicable, describe any additional add-on rates that you have besides those identified above. *Nevada used contract rates for certain types of care offered through contracted slots. Slots are used to create spaces for subsidy children in hard to serve populations, such as children with special needs, non-traditional hour care as part of pilot projects using ARPA funding. These projects may be reinitiated as funding permits.*

c. Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe: *Click or tap here to enter text.*

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency’s methodology or process for setting the rates or how did the Lead Agency use their data to set rates? [Click or tap here to enter text.](#)
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? [Click or tap here to enter text.](#)
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? [Click or tap here to enter text.](#)
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? [Click or tap here to enter text.](#)
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. [Click or tap here to enter text.](#)

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child’s authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child’s authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child’s authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based

payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe: *Click or tap here to enter text.*

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: *Current payment practices are to pay providers following services to ensure accurate payment to providers. This is appropriate because: 1. Some children have 2 providers requiring us to verify attendance for both providers to make proper payment to the correct one for each day of care; 2. This ensures there is not an overpayment to a provider when parents transfer providers during the reimbursement period. 3. This allows us to receive a timesheet signed by the parent and provider verifying care was used during the reimbursement period.*

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: *In cases where the child is enrolled with 2 providers, the care is paid based on actual attendance at each provider so as not to exceed the daily state max rate (only one provider may be paid per day). When children do not have 2 providers, they are paid by scheduled enrollment.*

No, it is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: *Click or tap here to enter text.*

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

- No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: *Click or tap here to enter text.*
- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- Yes. If yes, identify the fees the Lead Agency pays for: *The state will pay up to \$40 in registration or annual fees per year, per child.*
- No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: *Click or tap here to enter text.*
- c. Describe how 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, and the dispute-resolution process: *Each provider is required to sign a Provider Agreement form at registration and as changes occur. Providers also receive training or technical assistance on billing practices to ensure accurate payment for subsidy children.*
- d. Describe how 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: *Providers receive an amended certificate or certificate termination via email whenever eligibility changes occur. Additionally, staff may call the provider to inform of changes impacting payments. Policy updates are shared with providers via email and/or through townhall meetings to help them be aware of upcoming changes and provide an opportunity to ask questions.*
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: *Providers have 60 calendar dates from the payment date 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 requests.*
- f. Other. Describe any other payment practices established by the Lead Agency: *Provider overpayments are validated within 60 calendar days of the date the overpayment is discovered. Collection of the overpayment is accomplished through retention of future provider payments until the debt is retired in whole. For closed providers, a debtor file is submitted to the DWSS Investigation & Recovery unit for collection. Provider underpayments are resolved in the next available reimbursement period from the date the underpayment is validated.*

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? *DWSS sets payment rates comparable to market standards to ensure equitable access for all families to a variety of quality care. They ensure timely reimbursement for care authorized by the subsidy program. Most children are reimbursed based on their scheduled care hours, and full time to ensure providers receive adequate compensation to maintain staffing ratios needed for safe care.*

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Parents have the option of enrolling a child directly with the contracted provider or enrolling the child under a certificate care provider (cannot use both types for the same child). Parents with multiple children can choose the appropriate care setting for each child and enroll through either certificate, contracted slot or wraparound (Head Start/Early Head Start) care.*

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Click or tap here to enter text.*

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: *Click or tap here to enter text.*

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

Children with disabilities. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Infants and toddlers. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children in underserved geographic areas. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children needing non-traditional hour care. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

School-age children. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children experiencing homelessness. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*

Children in urban areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*

Children in rural areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*

Other populations. If checked, describe: *Click or tap here to enter text.*

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? *Click or tap here to enter text.*

4.5.2 Care in the child's home (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.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: *Minimum of 2 children, maximum of 4 children*
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: *Must be 18 years of age or older*
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: *Click or tap here to enter text.*
- iv. 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.) Describe: *Click or tap here to enter text.*
- v. Restricted to care for children with special needs or a medical condition. Describe: *Provider caring for child with special needs may live in the child's home*
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: *Click or tap here to enter text.*
- vii. Other. Describe: *Provider may not be the natural parent or guardian of the child. Provider may not be both a provider and a child care subsidy participant.*

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:

- i. Data sources used to identify shortages: Census, licensing and reporting from stakeholder groups
 - ii. Method of tracking progress: [Click or tap here to enter text.](#)
 - iii. What is the plan to address the child care shortages using family child care homes? *DWSS has established shared services hubs to help FFN and small providers to become licensed family and group care homes, and to provide resources to help them sustain their businesses to create more care slots in our community. State is using recruitment methods*
 - iv. What is the plan to address the child care shortages using child care centers? [Click or tap here to enter text.](#)
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: [Click or tap here to enter text.](#)
 - ii. Method of tracking progress: [Click or tap here to enter text.](#)
 - iii. What is the plan to address the child care shortages using family child care homes? [Click or tap here to enter text.](#)
 - iv. What is the plan to address the child care shortages using child care centers? [Click or tap here to enter text.](#)
- c. In care for special populations:
 - i. Data sources used to identify shortages: [Click or tap here to enter text.](#)
 - ii. Method of tracking progress: [Click or tap here to enter text.](#)
 - iii. What is the plan to address the child care shortages using family child care homes? [Click or tap here to enter text.](#)
 - iv. What is the plan to address the child care shortages using child care centers? [Click or tap here to enter text.](#)

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: Census, licensing and reporting from stakeholder groups
- b. Infants and toddlers. Describe: Census, licensing and reporting from stakeholder groups
- c. Children with disabilities. Describe: Census, licensing and reporting form stakeholder groups
- d. Children who receive care during non-traditional hours. Describe: Census, licensing and reporting from stakeholder groups

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: *Infant and toddlers, children with special needs, non-traditional hours and school aged care.*

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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. *Click or tap here to enter text.*

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. 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.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: [Click or tap here to enter text.](#)

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

- b. Identify the family child care providers subject to licensing: [Click or tap here to enter text.](#)

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

- c. Identify the in-home providers subject to licensing: [Click or tap here to enter text.](#)

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: [Click or tap here to enter text.](#)

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **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. 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. : Before or after school; On the weekend; During the summer or other seasonal breaks in the school calendar; or Between sessions for children who attend a school which operates on a year-round calendar.
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Upon a complaint, NRS432A.700-740 allows Child Care Licensing to investigate to ensure the following: to Requirements concerning first aid and emergency exit plan. Background check and child abuse and neglect screening of staff members. Termination of staff member upon receipt of certain information; opportunity for staff member to correct information. Review maintenance of records concerning staff; confidentiality. A civil penalty may be issued via the Attorney General’s Office if facility found non-compliant.
- b. License-exempt family child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. Per State of Nevada NRS432A.024, a family child care may care for up to 4 children without a child care facility license.

- ii. 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 child care provider cares for less than 5 children for a friend, family, and/or neighbor.
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Although these CCDF-eligible providers are not licensed, they are monitored annually.
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. Per NRS432A.024, a child care facility does not include the home of a natural parent or guardian, foster home or maternity home
 - ii. 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. Per NRS432A.024, a child care facility does not include the home of a natural parent or guardian, foster home or maternity home.
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Per NRS432A.024, a child care facility does not include the home of a natural parent or guardian, foster home or maternity home.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff: child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: Birth to age 1
- b. Toddler. Describe: Age 1 to age 3
- c. Preschool. Describe: Age 3 to age 6
- d. School-Age. Describe: Age 6 to age 13

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:
 - i. Infant.

Ratio: Less than 9 months of age = 1 caregiver for every 4 children; 9 months of age or older but less than 2 years of age = 1 caregiver for every 6 children.

Group size: Less than 9 months of age = 1 caregiver for every 4 children; 9 months of age or older but less than 2 years of age = 1 caregiver for every 6 children

ii. Toddler.

Ratio: 2 years of age or older but less than 3 years of age = 1 caregiver for every 9 children.

Group size: 2 years of age or older but less than 3 years of age = 1 caregiver for every 9 children would allow for a group size of 18.

iii. Preschool.

Ratio: 3 years of age or older but less than 4 years of age = 1 caregiver for every 12 children; 4 years of age or older but less than 5 years of age = 1 caregiver for every 13 children.

Group size: 3 years of age or older but less than 4 years of age = 1 caregiver for every 12 children would allow for a group size of 24; 4 years of age or older but less than 5 years of age = 1 caregiver for every 13 children would allow for a group size of 26.

iv. School-Age.

Ratio: 5 years of age or older = 1 caregiver for every 18 children.

Group size: 5 years of age or older = 1 caregiver for every 18 children would allow for a group size of 36.

v. Mixed-Age Groups (if applicable).

Ratio: If a licensee of a child care facility care for children of different age groups as described the licensee shall abide by the required staff to child ratio and group size based on the age of the youngest child in the group.

Group size: If a licensee of a child care facility care for children of different age groups as described the licensee shall abide by the required staff to child ratio and group size based on the age of the youngest child in the group.

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. Not applicable. There are no differences in ratios and group size requirements.

ii. Infant: [Click or tap here to enter text.](#)

iii. Toddler: [Click or tap here to enter text.](#)

iv. Preschool: [Click or tap here to enter text.](#)

v. School-Age: [Click or tap here to enter text.](#)

- vi. Mixed-Age Groups: *Click or tap here to enter text.*
- c. Licensed CCDF family child care home providers:
 - i. Infant (if applicable)
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
 - ii. Toddler (if applicable)
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
 - iii. Preschool (if applicable)
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
 - iv. School-Age (if applicable)
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
 - v. Mixed-Age Groups
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
- d. Are any of the responses above different for license-exempt family child care homes?
 - No.
 - Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. *Click or tap here to enter text.*
 - Not applicable. The Lead Agency does not have license-exempt family child care homes.
- e. Licensed in-home care (care in the child’s own home):
 - i. Infant (if applicable)
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
 - ii. Toddler (if applicable)
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
 - iii. Preschool (if applicable)
 - Ratio: *Click or tap here to enter text.*
 - Group size: *Click or tap here to enter text.*
 - iv. School-Age (if applicable)

Ratio: [Click or tap here to enter text.](#)

Group size: [Click or tap here to enter text.](#)

v. Mixed-Age Groups (if applicable)

Ratio: [Click or tap here to enter text.](#)

Group size: [Click or tap here to enter text.](#)

f. Are any of the responses above different for license-exempt in-home care? State of Nevada does not license or monitor in-home child care.

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. [Click or tap here to enter text.](#)

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

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 (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: Per NAC432A.306, 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. Qualifications also include initial and annual training hours (24): CPR, First Aid, Symptoms of Illness/Blood Borne Pathogens, SIDS and Shaken Baby Syndrome/Abusive Head Trauma-if working with children under 1, Recognizing and Reporting Child Abuse and Neglect, 3 hours of Child Development specific to the age group served by the facility, Administration of Medication, Building and Physical Premises Safety, Emergency Preparedness, Wellness, and Transportation-if facility transports.

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: Per NRS432A.1773 a director is required to have the following: 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.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: Per NAC432A.306, 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. Qualifications also include initial and annual training hours (24): CPR, First Aid, Symptoms of Illness/Blood Borne Pathogens, SIDS and Shaken Baby Syndrome/Abusive Head Trauma-if working with children under 1, Recognizing and Reporting Child Abuse and Neglect, 3 hours of Child Development specific to the age group served by the facility, Administration of Medication, Building and Physical Premises Safety, Emergency Preparedness, Wellness, and Transportation-if facility transports.

- c. Licensed, regulated, or registered in-home care (care in the child’s own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child’s own home) including any variations based on the ages of children in care: State of Nevada does not license or monitor in-home child care.

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. Requirements concerning first aid and emergency exit plan. Background check and child abuse and neglect screening of staff members.
- b. License-exempt home-based child care. [Click or tap here to enter text.](#)
- c. License-exempt in-home care (care in the child’s own home). State of Nevada does not license or monitor in-home child care.

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers 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. 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 by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers’ standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.308 states 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. **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. (Added to NRS by [1979, 318](#); [A 1987, 1336](#); [1989, 1849](#); [1995, 809](#); [2005, 2092](#)) **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. (Added to NRS by [2005, 2090](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#); [2017, 1746](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#)) **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. (Added to NRS by [1979, 319](#)) **NRS 432A.280**

Penalty for refusal to remove child from child care facility when required by law. Any parent or guardian who refuses to remove his or her child from the child care facility to which the child has been admitted when retention in the facility is prohibited under the provisions of [NRS 432A.230](#), [432A.235](#), [432A.260](#) or [432A.270](#) is guilty of a misdemeanor. (Added to NRS by [1979, 319](#); A [2005, 2093](#)).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.308 states 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.
- 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. (Added to NRS by [1979, 318](#); A [1987, 1336](#); [1989, 1849](#); [1995, 809](#); [2005, 2092](#))

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. (Added to NRS by [2005, 2090](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#); [2017, 1746](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#)) **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. (Added to NRS by [1979, 319](#)) **NRS 432A.280**

Penalty for refusal to remove child from child care facility when required by law. Any parent or guardian who refuses to remove his or her child from the child care facility to which the child has been admitted when retention in the facility is prohibited under the provisions of [NRS 432A.230](#), [432A.235](#), [432A.260](#) or [432A.270](#) is guilty of a misdemeanor. (Added to NRS by [1979, 319](#); A [2005, 2093](#)).

iii. All CCDF-eligible licensed in-home care. Provide the standard: **State of Nevada does not license in-home child cares.**

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **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. (Added to NRS by [1979, 318](#); A [1987, 1336](#); [1989, 1849](#); [1995, 809](#); [2005, 2092](#)) **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. (Added to NRS by [2005, 2090](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#); [2017, 1746](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#))

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. (Added to NRS by [1979, 319](#))

NRS 432A.280 Penalty for refusal to remove child from child care facility when required by law. Any parent or guardian who refuses to remove his or her child from the child care facility to which the child has been admitted when retention in the facility is prohibited under the provisions of [NRS 432A.230](#), [432A.235](#), [432A.260](#) or [432A.270](#) is guilty of a misdemeanor.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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. (Added to NRS by [1979, 318](#); A [1987, 1336](#); [1989, 1849](#); [1995, 809](#); [2005, 2092](#)) **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. (Added to NRS by [2005, 2090](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#); [2017, 1746](#)) **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. (Added to NRS by [1979, 319](#); A [2005, 2093](#)) **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. (Added to NRS by [1979, 319](#)) **NRS 432A.280 Penalty for refusal to remove child from child care facility when required by law.** Any parent or guardian who refuses to remove his or her child from the child care facility to which the child has been admitted when retention in the facility is prohibited under the provisions of [NRS 432A.230](#), [432A.235](#), [432A.260](#) or [432A.270](#) is guilty of a misdemeanor.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: State of Nevada does not licensing in-home child cares.
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 providers work with infants under 12 months of age, at least: (1) Two hours of training concerning Sudden Infant Death Syndrome. This requirement is written out on the on-site inspection that an Inspector will observe sleep practices.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 providers work with infants under 12 months of age, at least: (1) Two hours of training concerning Sudden Infant Death Syndrome. This requirement is written out on the on-site inspection that an Inspector will observe sleep practices.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: State of Nevada does not license in-home child cares.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 providers are required to train in the administration of medication. Further, this standard is listed on the on-site inspection form where this practice will be observed for appropriate implementation.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 providers are required to train in the administration of medication. Further, this standard is listed on the on-site inspection form where this practice will be observed for appropriate implementation.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: State of Nevada does not license in-home child cares.
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: NAC 432A.376 Medication. (NRS 432A.077) Except as otherwise provided in 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 NRS 453.375 or 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. All CCDF-eligible licensed family child care homes. Provide the standard: NAC 432A.376 Medication. (NRS 432A.077) Except as otherwise provided in 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 NRS 453.375 or 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.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 providers are required to be trained in the prevention of and response to emergencies due to food and allergic reactions. This requirement is written out on the on-site inspection form that an Inspector will how this standard is maintained and implemented.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Provide the standard: Per NAC432A.323 providers are required to be trained in the prevention of and response to emergencies due to food and allergic reactions. This requirement is written out on the on-site inspection form that an Inspector will how this standard is maintained and implemented.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: Provide the standard: Per NAC432A.323 providers are required to be trained in the prevention of and response to emergencies due to food and allergic reactions. This requirement is written out on the on-site inspection form that an Inspector will how this standard is maintained and implemented. Further how a facility responds to emergencies is required to be written out in their parent handbook.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Provide the standard: Per NAC432A.323 providers are required to be trained in the prevention of and response to emergencies due to food and allergic reactions. This requirement is written out on the on-site inspection form that an Inspector will how this standard is maintained and implemented. Further how a facility responds to emergencies is required to be written out in their parent handbook
- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 providers are required to be trained in regarding building and physical premises safety. This requirement is written out on the on-site inspection form that an Inspector will how this standard is maintained and implemented. Further how a facility responds to emergencies is required to be written out in their parent handbook. Further, all facilities are required to obtain a health in section per NAC432A.260.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 providers are required to be trained in regarding building and physical premises safety. This requirement is written out on the on-site inspection form that an Inspector will how this standard is maintained and implemented. Further how a facility responds to emergencies is required to be written out in their parent handbook. Further, all facilities are required to obtain a health in section per NAC432A.260.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)
- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.250 facilities required to ensure that children have no access to bodies of water. An onsite facility inspection is conducted to ensure this standard is met.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.250 facilities required to ensure that children have no access to bodies of water. An onsite facility inspection is conducted to ensure this standard is met.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.250 facilities required to ensure that their playgrounds are fenced and secured to help ensure appropriate supervision where children are not easily accessed or able to leave with being noticed or escorted. An onsite facility inspection is conducted to ensure this standard is met..
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.250 facilities required to ensure that their playgrounds are fenced and secured to help ensure appropriate supervision where children are not easily accessed or able to leave with being noticed or escorted. An onsite facility inspection is conducted to ensure this standard is met.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: *Click or tap here to enter text.*
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *Click or tap here to enter text.*
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Click or tap here to enter text.*
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Click or tap here to enter text.*

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 caregivers are required to be trained in the prevent of shaken baby syndrome, abusive head trauma and maltreatment. Further this standard is noted on the facility on-site inspection form to help ensure compliance and implementation.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 caregivers are required to be trained in the prevent of shaken baby syndrome, abusive head trauma and maltreatment. Further this standard is noted on the facility on-site inspection form to help ensure compliance and implementation.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)
- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.400 establishes what is considered inappropriate discipline and considered maltreatment of a child: NAC432A.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. Ê 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. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.400 establishes what is considered inappropriate discipline and considered maltreatment of a child: NAC432A.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. É 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.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation

- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 caregivers are required to be trained in the handling and storage of hazardous materials. All facilities are annually inspection by the Health Department (NAC432A.260) and Child Care Licensing (listed on the on-site inspection conducted biannually) to ensure compliance and implementation.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 caregivers are required to be trained in the handling and storage of hazardous materials. All facilities are annually inspection by the Health Department (NAC432A.260) and Child Care Licensing (listed on the on-site inspection conducted biannually) to ensure compliance and implementation.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 caregivers are required to be trained in the handling and storage of hazardous materials. All facilities are annually inspection by the Health Department (NAC432A.260) and Child Care Licensing (listed on the on-site inspection conducted biannually) to ensure compliance and implementation.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 caregivers are required to be trained in the handling and storage of hazardous materials. All facilities are annually inspection by the Health Department (NAC432A.260) and Child Care Licensing (listed on the on-site inspection conducted biannually) to ensure compliance and implementation.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
- Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 caregivers are required to be trained in how to safely transport children. NAC432A.290 very clearly lists out standards of how transportation is to be handled by facilities: 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. Biannual inspections are conducted to ensure compliance and implementation.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 caregivers are required to be trained in how to safely transport children. NAC432A.290 very clearly lists out standards of how transportation is to be handled by facilities: 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. Biannual inspections are conducted to ensure compliance and implementation.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Per NAC 432A.323 caregivers are required to be trained in pediatric first aid and pediatric CPR. Providers are required to maintain an updated certification card as proof of current first aid/CPR has been taken and it is to be kept on file at the facility for review. Biannual inspections are conducted to ensure compliance and implementation.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 caregivers are required to be trained in pediatric first aid and pediatric CPR. Providers are required to maintain an updated certification card as proof of current first aid/CPR has been taken and it is to be kept on file at the facility for review. Biannual inspections are conducted to ensure compliance and implementation.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC432A.323 caregivers are required to be trained in pediatric first aid and pediatric CPR. Providers are required to maintain an updated certification card as proof of current first aid/CPR has been taken and it is to be kept on file at the facility for review. Biannual inspections are conducted to ensure compliance and implementation.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC432A.323 caregivers are required to be trained in pediatric first aid and pediatric CPR. Providers are required to maintain an updated certification card as proof of current first aid/CPR has been taken and it is to be kept on file at the facility for review. Biannual inspections are conducted to ensure compliance and implementation.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: Per NAC 432A.323 caregivers are required to be trained in recognizing and reporting child abuse and neglect. This standard is discussed during Licensing facilitated training about being a mandated reporter and what the expectations are. Each staff member is required to have proof of taking the recognizing and reporting child abuse class on file for review. Biannual inspections are conducted to ensure compliance and implementation.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC 432A.323 caregivers are required to be trained in recognizing and reporting child abuse and neglect. This standard is discussed during Licensing facilitated training about being a mandated reporter and what the expectations are. Each staff member is required to have proof of taking the recognizing and reporting child abuse class on file for review. Biannual inspections are conducted to ensure compliance and implementation.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: Per NAC 432A.323 caregivers are required to be trained in recognizing and reporting child abuse and neglect. This standard is discussed during Licensing facilitated training about being a mandated reporter and what the expectations are. Each staff member is required to have proof of taking the recognizing and reporting child abuse class on file for review. Biannual inspections are conducted to ensure compliance and implementation.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: Per NAC 432A.323 caregivers are required to be trained in recognizing and reporting child abuse and neglect. This standard is discussed during Licensing facilitated training about being a mandated reporter and what the expectations are. Each staff member is required to have proof of taking the recognizing and reporting child abuse class on file for review. Biannual inspections are conducted to ensure compliance and implementation.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: [Click or tap here to enter text.](#)
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: [Click or tap here to enter text.](#)
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: [Click or tap here to enter text.](#)
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: [Click or tap here to enter text.](#)

c. Confirm if child care providers must comply with the Lead Agency’s procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe: *Click or tap here to enter text.*

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

Nutrition. Describe: *Click or tap here to enter text.*

Access to physical activity. Describe: *Click or tap here to enter text.*

Caring for children with special needs. Describe: *Click or tap here to enter text.*

Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: *Click or tap here to enter text.*

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers’ training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: [Click or tap here to enter text.](#)

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe: [Click or tap here to enter text.](#)

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)
 - ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: [Click or tap here to enter text.](#)
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
 - No. If no, describe: [Click or tap here to enter text.](#)
 - iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. DWSS Child Care Licensing Program/Unit.
- b. Licensed CCDF family child care providers
- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
 - Yes.
 - No. If no, describe: [Click or tap here to enter text.](#)
 - ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe: Un-announced visits are conducted biannually.
 - Other. If other, describe: [Click or tap here to enter text.](#)
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)

No. If no, describe: [Click or tap here to enter text.](#)

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. DWSS Child care Licensing Program/Unit

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

No.

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

Annually.

More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)

Other. If other, describe: State of Nevada does not license in-home providers.

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)

No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. State of Nevada does not license in-home providers.

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: [Click or tap here to enter text.](#)
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
 - No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. [Click or tap here to enter text.](#)
- b. License-exempt CCDF family child care providers
- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe: [Click or tap here to enter text.](#)
 - Other. If other, describe: These types are not monitored by Child Care Licensing.
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
 - No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. These CCDF types are not monitored by Child Care Licensing.

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. *Click or tap here to enter text.*
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: *Click or tap here to enter text.*

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. 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 Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection 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) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the Lead Agency 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://nvdpbh.aithent.com/>
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. 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: This information is listed out on the Statement of Deficiencies that state what was non-compliant and how it has been addressed. All this information is available for public consumption.

- iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: This information is listed out on the Statement of Deficiencies that state what was non-compliant and how it has been addressed. All this information is available for public consumption
 - iv. A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain: *Click or tap here to enter text.*
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
- i. Provide the direct URL/website link to where the reports are posted: <https://nvdpbh.aithent.com/>
 - ii. Identify the Lead Agency’s established timeline for posting monitoring reports and describe how it is timely: All reports are posted within 30 days of the facilities submitted and acceptable plan of correction. Inspectors are required to ensure this is completed and this is overseen by supervisor and manager within Licensing.
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
- Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
- Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
- Yes.
 - No. If no, describe: *Click or tap here to enter text.*

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. *Click or tap here to enter text.*

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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. [Click or tap here to enter text.](#)

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: Child Care Licensing upon an annual inspection will review caregiver training and will require trainings that are 3 years or older to be retaken. Further, in code it is required that CPR is taken every 2 years and recognizing, and reporting child abuse is retaken every 5 years as a standard.
- b. License-exempt child care centers: [Click or tap here to enter text.](#)
- c. Licensed family child care homes: Child Care Licensing upon an annual inspection will review caregiver training and will require trainings that are 3 years or older to be retaken. Further, in code it is required that CPR is taken every 2 years and recognizing, and reporting child abuse is retaken every 5 years as a standard.
- d. License-exempt family child care homes: [Click or tap here to enter text.](#)
- e. Regulated or registered in-home child care: [Click or tap here to enter text.](#)
- f. Non-regulated or registered in-home child care: [Click or tap here to enter text.](#)

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints. [Click or tap here to enter text.](#)

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. [Click or tap here to enter text.](#)

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check. [Click or tap here to enter text.](#)

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)
- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)
- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. [Click or tap here to enter text.](#)

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. [Click or tap here to enter text.](#)

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. [Click or tap here to enter text.](#)

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. [Click or tap here to enter text.](#)

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. [Click or tap here to enter text.](#)

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
 - Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- Yes.
- No. If no, describe the disqualifying criteria: [Click or tap here to enter text.](#)
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- Yes.
- No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: [Click or tap here to enter text.](#)
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: If the applicant has a substantiated child abuse finding then it becomes part of the criminal history report as a disqualifying factor.
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: If the applicant has a substantiated child abuse finding then it becomes part of the criminal history report as a disqualifying factor.

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification: [Click or tap here to enter text.](#)

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No.

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No.

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No.

- iv. Get completed in a timely manner.

Yes.

No.

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency’s efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No.

- vi. Facilitate coordination between the Lead Agency and other agencies 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.

Yes.

No.

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

- d. In-state child abuse and neglect registry.

Yes.

No. If no, describe. [Click or tap here to enter text.](#)

- e. Name-based national Sex Offender Registry (NCIC NSOR).

- Yes.
 - No. If no, describe. [Click or tap here to enter text.](#)
- f. Interstate criminal background check, as applicable.
- Yes.
 - No. If no, describe. [Click or tap here to enter text.](#)
- g. Interstate Sex Offender Registry check, as applicable.
- Yes.
 - No. If no, describe. [Click or tap here to enter text.](#)
- h. Interstate child abuse and neglect registry check, as applicable.
- Yes.
 - No. If no, describe. [Click or tap here to enter text.](#)
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire’s full comprehensive background check?
- Yes.
 - No. If no, describe. [Click or tap here to enter text.](#)

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request.

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?
- Yes.
 - No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. [Click or tap here to enter text.](#)
- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?
- Yes.
 - No. If no, describe the current policy: [Click or tap here to enter text.](#)

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. [Click or tap here to enter text.](#)

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy. [Click or tap here to enter text.](#)

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: [Click or tap here to enter text.](#)

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. Agency name

ii. Address

iii. Phone number

iv. Email

v. Website

vi. Instructions

vii. Forms

viii. Fees

ix. Is the State a National Fingerprint File (NFF) State?

x. Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: [Click or tap here to enter text.](#)

c. Interstate sex offender registry (SOR) check:

i. Agency name

ii. Address

iii. Phone number

- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. If not all boxes above are checked, describe: *Click or tap here to enter text.*

d. 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. Website
- vii. Instructions
- viii. Forms
- ix. Fees
- x. If not all boxes above are checked, describe: *Click or tap here to enter text.*

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

- Yes.
- No. If no, describe what is currently in place and what elements still need to be implemented. *Click or tap here to enter text.*

5.7.17 Renewal of the comprehensive background check Renewal of comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

- Yes.
- No. If no, what is the frequency for renewing each component? *Click or tap here to enter text.*

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
Click or tap here to enter text.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

- i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe: [Click or tap here to enter text.](#)
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. The Child Care Excellence Academy, Nevada Early Care and Education Workforce Framework
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. Telehealth Services benefit program which includes telehealth, teletherapy, vision, and dental benefits through Optima, Ally Health. Telehealth benefits provided to all active providers in the NV Registry. Ally Health provides telehealth, teletherapy, and an employee assistance program (EAP) for providers and family. Vision and dental benefits for providers (with option to upgrade and add family members) in addition to a prescription discount card are provided.
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. Teletherapy through Ally Health.
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. Excellence Academy supports recruitment and retention strategies. Nevada Early Care and Education Workforce Framework (use priorities as listed in link in chat).

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. [Click or tap here to enter text.](#)
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative 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.
- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business: [Click or tap here to enter text.](#)

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: FFN registration and training materials are available in Spanish. This includes Caring for Our Children Basics to prepare all FFN providers for their health and safety visit. For languages other than Spanish, Telanguage service can be used to communicate with providers. This service is offered 24/7, 365 days and provides translation services for over 200 languages. The Resource and Referral Department also has Spanish-speaking staff members to register FFN providers who speak Spanish.
- b. Providers and staff 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, and speech disabled. This service allows users to communicate with standard telephone users through specially trained relay operators. The call can be made to anywhere in Nevada 24/7, 365 days 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 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?
- Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: [Click or tap here to enter text.](#)
- No.
- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?
- Yes. If yes, identify the other key groups: Nevada Department of Education, Nevada Association for Young Children, Nevada Licensing, The Nevada Registry, The Children’s Cabinet, Las Vegas Urban League
- No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency’s framework for training and professional development addresses the following required elements:
- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). [Click or tap here to enter text.](#)
 - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. [Click or tap here to enter text.](#)
 - iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. [Click or tap here to enter text.](#)
 - iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. [Click or tap here to enter text.](#)
 - v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. [Click or tap here to enter text.](#)

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. [The T.E.A.C.H. Early Childhood® Nevada scholarship program assists approximately 165 early childhood educators with completing college coursework to pursue Associate and Bachelor’s degrees in Early Childhood Education, Birth to 2nd Grade teaching licenses through the Nevada Department of Education, and advancement on The Nevada Registry Career Ladder. The T.E.A.C.H. Early Childhood® Nevada program offers financial support to scholarship recipients for tuition and books; as well as provides recipients with a bonus each year for completing education requirements. Additionally, the scholarship provides financial support to early childhood programs that provide paid release time for scholarship recipients to attend class, complete assignments, and/or complete daily errands.](#)

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe: [Click or tap here to enter text.](#)
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: [Click or tap here to enter text.](#)
- iii. Other. Describe: [Click or tap here to enter text.](#)

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? [Click or tap here to enter text.](#)
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? [Click or tap here to enter text.](#)
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? [Click or tap here to enter text.](#)

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? [Click or tap here to enter text.](#)
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? [Click or tap here to enter text.](#)
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? [The T.E.A.C.H. Early Childhood® Nevada program provides scholarship recipients with a bonus upon completing a minimum of nine credits successfully with a C grade or better. The bonus ranges from \\$375 to \\$500, depending on the type of scholarship the recipient receives. Additionally, child care programs provide scholarship recipients with a \\$300 bonus or 2% raise upon successful complete of the annual scholarship. Additionally, between FY22 - FY24, COVID relief funds have supported the distribution of financial stipends to early childhood educators, in the amount of \\$1,000. As of April 30, 2024, Nevada has distributed 15,006 financial stipends to early childhood educators.](#)

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: [Click or tap here to enter text.](#)
- b. License-exempt child care centers: [Click or tap here to enter text.](#)
- c. Licensed family child care homes: [Click or tap here to enter text.](#)
- d. License-exempt family child care homes: [Click or tap here to enter text.](#)
- e. Regulated or registered in-home child care: [Click or tap here to enter text.](#)
- f. Non-regulated or registered in-home child care: FFN providers are required to take a minimum of 24 hours of early education and child care training annually.

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). [Click or tap here to enter text.](#)

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? [Click or tap here to enter text.](#)

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: [Click or tap here to enter text.](#)

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

- vii. If any components above are not checked, describe: In 2023, the Nevada Pre-K Content Standards were reviewed, revised and adopted by the Nevada Department State Board of Education. This revision incorporates concepts and skills that children master by the end of the pre-kindergarten year. The Infant and Toddler Early Learning Guidelines that are focused on Birth to three will be reviewed, revised and aligned to the Nevada Pre-K Standards during the next fiscal year.
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
- i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains: *Click or tap here to enter text.*
 - vii. If any components above are not checked, describe: The Social Emotional Standards were not included in the newly revised 2023 Nevada Pre-K Standards. They are currently being revised by the Nevada Department of Education and will be aligned from Pre-K to 12th grade. They will be added to the Revised 2023 Nevada Pre-K Standards when they are completed. Until completion, the 2010, Social Emotional Standards will be in effect for Early Childhood Educators and other statewide stakeholders to support their instruction and program practices. The current Infant and Toddler Early Learning Guidelines include Social Emotional development and will be aligned to the Pre-K Standards when they are revised .
- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? The 2010 Nevada Pre-K Standards were reviewed in 2022 and were deemed to be revised. In 2023, the standards were updated, and new research and domains were added. The new Standards were organized into eight domains and include indicators based on a child’s early learning and development. Approaches to Learning and Technology were two new domains that were included. New research on Developmentally Appropriate Practice, Diversity and Culture, Home Language, Equity and Inclusion provided guidance to the revision and additional research was included to support early childhood educators with their practice.
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. <https://www.nevadaregistry.org/ece-resources/nevada-pre-k-standards/>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. [The Nevada Early Learning Guidelines Program provides Nevada Registry approved content standards trainings for statewide early childhood educators. Implementation of Nevada Pre-K Content Standards and Early Guidelines provide educators, caregivers, and program directors with a framework and the guidance for planning curriculum, instruction, and assessment of young children. The Pre-kindergarten standards describe the knowledge and skills that can be measured with developmentally appropriate indicators and outcomes for children to master by the end of pre-kindergarten. Trainings and technical support are provided to parents, families, and other community stakeholders to introduce them to importance of the standards. These training are not Nevada Registry approved but provide important information on how to support learning at home and school readiness skills.](#)
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe: [Click or tap here to enter text.](#)

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide 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.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on

those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: [NDE conducted a needs assessment in 2019 through the PDG planning grant funding and the activities identified opportunities for improvement for the quality of child care in Nevada involves several key steps and considerations. The primary objective of the needs assessment was to inform the development of a strategic plan for the allocation of PDG funds in Nevada. This involved gathering data and insights on various aspects of early childhood education and care to identify strengths, challenges, and opportunities within the state's system.](#)
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: [The assessment employed a combination of quantitative and qualitative research methods to gather information from diverse stakeholders. This included surveys, interviews, focus groups, and analysis of existing data sources related to early childhood education, health, and family support services. The needs assessment process involved active engagement with a wide range of stakeholders, including parents, educators, child care providers, community organizations, and policymakers. This inclusive approach ensured that the perspectives and voices of all relevant stakeholders were considered in the assessment process. A few of the key findings included the need to identified opportunities for enhancing the quality of early childhood programs and strengthening the professional development opportunities for educators and child care providers. Investing in workforce training and support emerged as a priority. Another important aspect highlighted in the assessment was the importance of addressing the health and well-being needs of young children, including access to healthcare services, nutrition, and mental health support. The assessment underscored the need for strategies to promote equity and inclusion in early childhood education, ensuring that all children, regardless of background or circumstances, have access to high-quality services and support. This needs assessment serves as a roadmap for guiding investments and initiatives aimed at improving outcomes for young children and their families across the state. \(Attached is the link for the needs assessment: \[https://nvecac.com/wp-content/uploads/2020/06/PDG_Needs_Assessment_Final_ADA_6.24.20.pdf\]\(https://nvecac.com/wp-content/uploads/2020/06/PDG_Needs_Assessment_Final_ADA_6.24.20.pdf\)\)](#)

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. *Click or tap here to enter text.*
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

The Nevada Registry

In addition to being a workforce data system for the state of Nevada, The Nevada Registry is a recognition and professional development system helping to support the careers of Early Care and Education (ECE) educators. As the host of Nevada’s Early Care and Education Professional Career Ladder, The Nevada Registry collects, validates and warehouses the professional and educational achievements of ECE educators throughout the state and highlights those accomplishments through Career Ladder placement. Providing a single point of access, the Registry provides professional development planning tools, including an online Professional Development Plan, and hosts a comprehensive website containing an online calendar of approved training, an industry-related NEWS page, statewide job board and community resources/information. The Nevada Registry also operates the statewide training approval system for all informal, community-based training (not-for-college-credit) in Nevada. Membership with The Nevada Registry is open to all ECE professionals regardless of role or setting. This includes anyone working with children birth through age eight and families in a variety of settings (Center-Based, Family Child Care, Head Start, State-Funded Pre-K, Tribal Child Care, Out-of-School, Family, Friend and Neighbor, Kith and Kin, etc.) and in a variety of roles (Teachers, Caregivers, Child Care Providers, Family Day Care and Group Home Providers, etc.). Becoming a member of The Nevada Registry creates an entry point for the field by connecting ECE educators to program licensing, professional development, quality initiatives, opportunities for growth and professional advancement, as well as tracking and reporting their career progression over time. In April of 2009, participation with The Nevada Registry was adopted into State Child Care Licensing regulations. As a result, all employees working in licensed child care facilities (if counted in ratios) are required to initially apply to The Nevada Registry within 90 days of employment and maintain an active membership on an annual basis. Mandatory participation was fully phased-in as

of December 31, 2012, positioning The Nevada Registry to collect and provide a vast amount of essential, and previously unavailable, data on the Early Childhood workforce in Nevada used to inform the work of stakeholders and policy makers, as well as helping to direct decisions regarding future funding and program development. Mandatory participation with The Nevada Registry supports the professional development and growth of a larger percentage of members within the ECE workforce in a number of different ways. To promote quality training opportunities statewide and to increase the level of consistency within the approval process across the state, all requests for child care training hours must be reviewed and approved by The Nevada Registry. With the establishment of the training approval system, all trainers and corresponding informal training events are subject to the same approval criteria and are processed through the same approval process within The Nevada Registry. Because of the partnership with statewide child care licensing agencies, The Nevada Registry has mainstreamed the process of approval by becoming the central clearinghouse for approving trainers, receiving training requests, approving requests, tracking approved training and making training information available to the ECE workforce on a statewide basis. All informal, not for college credit training must be approved by The Nevada Registry in order to be accepted and applied toward the annual training requirements of Child Care Licensing. Training approval is based on the content of training and must be delivered by individuals meeting specified educational qualifications and specialization criteria. It is also guided by national trends for the development of training approval systems and the best practices outlined by The National Workforce Registry Alliance (NWRA). Approval criteria helps to support higher quality in trainings, consistency in trainings, helps ECE educators make more informed decisions about the training/trainers they select, connects the ECE workforce to training to meet their professional development needs and goals and helps to increase the quality of care and education for all young children in Nevada. As of March 31, 2024, 72,000 in-person/virtual training sessions have been approved by The Nevada Registry equating to over 200,000 hours of Registry-approved training being delivered to the ECE workforce in Nevada since 2004. All Nevada Registry-approved training is linked to Nevada's Core Knowledge Areas (CKA) and is based on developmentally appropriate practice and theories of child development. A set of competencies has also been developed to support the training and development of the child care workforce by creating a set of observable skills that reflect an educator's knowledge and understanding of the CKA. The competencies identify skills at the beginning, intermediate and advanced levels of professionalism related to providing high-quality early care and education and help to standardize the expectations for ECE educators. Competencies are based on nationally accepted standards and best practice in the field of ECE. Nevada's CKAs and Core Competencies will soon be aligned with the National Association for the Education of Young Children's (NAEYC) professional standards and competencies. Nevada's online Professional Development Plan (PDP) is available to all active Registry members within their Online Portal account and supports the professional growth of Nevada's ECE workforce. The PDP was designed to be a guide designed to help ECE educators reflect upon their own practice of working with children and families. Creating a PDP helps individual's increase their knowledge, skills and expertise for working with children and their

families over time by helping determine their areas of interest and strength, as well as areas where further growth and development may be needed. The PDP helps educators plan for future professional development and helps assess their own progress and professional growth. All Registry-approved training open to the public is posted to The Nevada Registry's online training calendar. This one stop shop helps connect the ECE workforce in Nevada to training and professional development available to meet their ongoing professional development needs. The Nevada Registry has created an electronic attendance tracking feature to aid in the collection of real-time training and professional development data. This process helps to create a more accurate snapshot of completed professional development while helping to collect data about training access, frequency and usage on a statewide basis including the completion of CCDBG Health & Safety training. Verified training is automatically added to a member's account, within five days of attendance, and also to each member's Professional Development Profile/Transcript as part of the attendance tracking feature. The transcript provides an electronic and downloadable record of all completed Registry-approved training; useful for an individual's own professional development planning, but also helps streamline the annual training verification process of Child Care Licensing. As of March 31, 2024, over 7,200 attendance records have been submitted electronically equaling 100,996 attendance records added to the accounts of active Registry members (duplicated). The Council for Professional Recognition and the National Workforce Registry Alliance recently approved The Nevada Registry's training transcript. This approval will aid CDA candidates in their professional development journey. Because The Nevada Registry's transcript meets the requirements of the Council, the training data contained within a Nevada Registry transcript will be accepted by PD Specialists without having to verify training data, streamlining the application and training verification process for CDA candidates.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. In 2023 the Nevada Pre-K Content Standards, which were revised and adopted by the Nevada Department State Board of Education, our focus for the upcoming CCDF Plan period is on enhancing the Early Learning content standards and guidelines for infants and toddlers. This initiative entails a comprehensive project encompassing the development, refinement, and dissemination of these standards. Additionally, it involves the implementation of robust training and technical assistance programs tailored for educators, parents, families, and community partners. The identified vendor will aim to reinforce the foundation of early childhood education in Nevada, ensuring that it aligns with current best practices, research, and evolving educational standards. This concerted effort will not only elevate the quality of early learning experiences for our youngest learners but also empower stakeholders across the educational ecosystem to play an active role in nurturing their development. Furthermore, this project underscores our commitment to fostering a collaborative and inclusive approach to early childhood education.

Through ongoing engagement and feedback mechanisms, we will solicit input from a diverse range of stakeholders, including educators, parents, advocates, and policymakers, to ensure that the standards and guidelines reflect the collective expertise and aspirations of our community. In summary, the revision of Early Learning content standards and guidelines for infants and toddlers represents a strategic investment in the future of early childhood education in Nevada. Through meticulous planning, stakeholder engagement, and targeted capacity-building efforts, we are poised to deliver impactful outcomes that will benefit generations of young learners and their families.

iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. *Nevada's Quality Rating and Improvement System (QRIS) involves a collaborative effort across various agencies to ensure a comprehensive approach. The Nevada Department of Education (NDE), Office of Early Learning and Development (OELD) is taking the lead in overseeing and managing the programmatic and policy aspects of QRIS. To enhance support for providers within the system, OELD has engaged the Children's Cabinet to oversee the QRIS coaching component. This involves providing personalized support to providers, assisting them in navigating the system, and training Early Childhood Education (ECE) staff on best practices. Our coaches undergo rigorous training from their supervisors, the OELD team, and assessors to uphold the high-quality standards of QRIS and ensure the accuracy of information provided to our providers. OELD has also contracted with two vendors to manage the quality assessments that contribute to the QRIS star ratings. The OELD team meticulously reviews the QRIS requirements and documents to assign star ratings accurately for each participating provider in Nevada. Furthermore, OELD has partnered with a vendor to conduct an annual evaluation, identifying strengths and areas for improvement within the system. OELD is actively involved in planning and guiding these teams, providing training and oversight, monitoring work scope and expenditures, and revising policies as needed to address emerging issues. Additionally, OELD communicates with the subsidy programs to update star ratings corresponding to reimbursement rates. Moreover, before accepting QRIS enrollment forms, OELD verifies with subsidy programs that providers hold a valid subsidy contract. Finally, OELD maintains and updates key technology platforms used within the system such as Easyfolio, Qstar, and ERS, providing comprehensive training to all teams on these platforms. The Office of Early Learning and Development (OELD) actively participates in national and local communities of practice to stay informed about the latest QRIS approaches and models. By engaging in these networks, OELD gains valuable insights and collaborates with experts to customize and implement innovative strategies that best align with Nevada's unique early childhood education needs. This proactive involvement ensures that Nevada's QRIS remains at the forefront of advancements in the field, ultimately benefiting the state's ECE providers, children, and families. Looking ahead, OELD will collaborate with partners to redesign the QRIS system in alignment with national approach that emphasize continuous quality improvement rather than relying solely on star ratings. Recognizing that star*

ratings have not been the primary factor in parents' program choices, Nevada's QRIS is shifting towards a model centered on quality goals tailored to each program's uniqueness and community context. This new approach will highlight specific program strengths through quality badges such as infant/toddler care, inclusive education, health and wellness, and family engagement. Additionally, Nevada's QRIS intends to establish alternative pathways for providers to engage based on their goals and needs, fostering flexibility to enhance participation and support continuous improvement within early childhood education across Nevada. OELD has initiated the revision of the QRIS with technical assistance from the National Center on Early Childhood Quality Assurance (NCECQA), a collaboration approved by Nevada's Child Care Development Program within the Division of Welfare and Supportive Services. Together, the teams will collaboratively develop a comprehensive improvement plan and subsequently launch the new QRIS upon its completion.

- iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Current Project:** *UNR currently implements a statewide CDA program for Infant toddler teachers (both online and face to face) will complete 120 clock hours of professional early childhood education in eight subject areas (focused on infant and toddlers) with a minimum of 10 hours in each area: Planning a safe and healthy learning environment Advancing children's physical and intellectual development Supporting children's social and emotional development Building productive relationships with families Managing an effective program Maintaining a commitment to professionalism Observing and recording children's behavior Understanding principles of child development and learning.*

Future Project: *We are in the planning phase of the development of an Infant Toddler early Childhood Mental Health academy designed to provide comprehensive knowledge and skills necessary to support the early relational health of young children. The academy aligns with Early Childhood Mental Health Competencies, preparing participants to embark on their Endorsement Journeys. The academy will be delivered through a combination of live webinars, pre-recorded video modules, interactive workshops, and collaborative discussions. Participants will have access to resources, readings, and assignments to reinforce their learning. Participants will complete quizzes, reflections, and a final project to demonstrate their understanding and application of the training content. Upon successful completion of the 24-hour training program, educators will receive a certificate in recognition of their early relational health specialization in early childhood education. A Reflective Practice discussion space will be held for participants.*

- v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. *Click or tap here to enter text.*
- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. *The Nevada's evaluation and assessment strategy for child care services involves utilizing Environment Rating Scales (ERS) assessments to gauge quality and effectiveness across various indicators within early childhood settings. Currently, the state employs ECERS-3 for classrooms serving 3-5-year-olds, ITERS-3 for settings catering to children aged 0-3 years, and FCCERS-3 for family childcare programs accommodating children aged 0-12 years. These assessments cover critical areas such as space and furnishings, learning activities, personal care routines, language and literacy, child-staff interactions, and program structure. As part of the Quality Rating and Improvement System (QRIS) revision, there are plans to enhance flexibility and broaden assessment tools. This includes introducing new assessment instruments that allow providers to evaluate specific aspects of their programs such as business practices, Montessori approaches, and special education services. Despite these updates, ERS assessments will continue to serve as the cornerstone for measuring classroom quality. It is important to note that assessment scores will not be tied to specific QRIS star ratings after this revision, reflecting a shift towards a more holistic approach to quality improvement within early childhood education settings. This strategic evolution aims to provide providers with enhanced tools and resources to further elevate program quality and support the diverse needs of children and families across the state.*
- viii. Accreditation support.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. *Nevada's Quality Rating and Improvement System (QRIS) incentivizes providers to pursue national accreditation by encouraging the 4-star level providers to reach the 5-star level upon accreditation achievement. The Office of Early Learning and Development (OELD) reimburses providers for accreditation fees to encourage participation and renewal. Therefore, QRIS can provide data on the number of accredited programs specifically at the 5-star level, as accreditation is tracked and recognized exclusively within this tier of the QRIS.*
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
- No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. [Click or tap here to enter text.](#)

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time. Yes. If yes, describe current and future investments. Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

- a. 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 and results of the coordination: [The Chief of the Nevada Child Care and Development Program sits on the statewide Early Childhood Advisory Committee \(ECAC\) for Nevada and each local ECAC and subcommittees provide information to stakeholders.](#)

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: The CCDP provided a draft of the State Plan to Nevada tribes for feedback in addition to an invitation to participate in the State Plan public hearing. The following tribes were contacted: Ely Shoshone Tribe, Inter-Tribal Council of Nevada, 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 the Shoshone Paiute Tribe.

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: *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. The members work to ensure that the supports and services offered to families are in line with their needs and maximize outcomes.*

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination:

DWSS and the Head Start State Collaboration engage in frequent communication and strategic planning sessions to synchronize initiatives. By sharing insights, data, and expertise, leverage is provided to strengthen and maximize the impact of the programs and services.

Quality improvement efforts are aligned with the goals of enhancing childcare quality and accessibility for families across the state. The direct services provided allow for a deeper understanding of the challenges and opportunities within the early childhood education landscape. This enables efforts to be tailored for maximum efficacy.

The partnership fosters a culture of innovation and continuous improvement. Through regular evaluation and feedback mechanisms, areas for enhancement are identified, and interventions are implemented to address them.

The partnership between DWSS and the Head Start State Collaboration shares a commitment to excellence in early childhood education and strives for a holistic support system.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: *CCDP collaborates with the Division of Public and Behavioral Health (DPBH) to ensure immunization records are updated and verified utilizing the Nevada WebIZ system. The results of this coordination make it easier for families to obtain the required immunization documents needed for child care providers.*

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: The Nevada Strong Start Child Care Services Center (CCSC) serves as a one-stop shop that connects child care providers to public and private sectors which offer employment support and services. The goal of the CCSC is to create systems which are aligned to meet the needs of Nevada providers and families. All child care providers have access to workforce support to operate their business and provide the highest quality care to the children and families they serve. The CCSC has physical locations in both Northern and Southern Nevada in addition to a virtual hub which provides access to Early Childhood Education resources. The CCDP oversees the administration for the CCSC with a total of 7 staff positions statewide.
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: *The agency responsible for public education, including State Pre-Kindergarten is the Nevada department of Education's Office of Early Learning and Development (OELD); 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.*
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: *The agency responsible for statewide child care licensing is the Division of Welfare & Supportive Services (DWSS). Child Care Licensing was moved under DWSS from the Division of Public and Behavioral Health (DPBH) during the 82nd legislative session in 2023. On July 1, 2024, State Child Care Licensing absorbed licensing responsibilities in Washoe County to make them the only child care licensing body statewide. This coordination has resulted in a more streamlined licensure process and consistent application of policy throughout the state.*
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: *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 providers. NDA will coordinate with SNAP-Ed, DPBH, and Children's Cabinet on updates for number of CACFP participants in business and/or CACFP training conducted through QRIS trainers. Additionally, NDA will share with DWSS the participation of the number of new CACFP sponsors and providers during the plans timeframe of FY2022-2-24.*

- j. 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 and results of the coordination: *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. The results of the coordination reduce transportation barriers for families and improve access to child care services.*
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: *CCDP and the TANF program are both under the DWSS umbrella. Efforts are coordinated with the program chiefs and specialists to facilitate and streamline the referral and application process for families receiving TANF and to support training and employment efforts. The results of this collaboration include a more holistic approach for families needing assistance, a more seamless application process, and better coordination of services for TANF recipients seeking child care .*
- l. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: *CCDP partners with the Division of Health Care Financing and Policy (DHCFP) to coordinate services through the Pediatrics Supporting Parents initiative as well as the Pritzker Children’s Initiative. The results of this coordination expand access to high quality services for young children by ensuring they are healthy and have access to care. Additionally, families are supported through utilization of community-based early childhood assessments, screenings, and referrals.*
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: *CCDP coordinates with Nevada’s Division of Public and Behavioral Health (DPBH) to facilitate mental health referrals through the Technical Assistance Center for Social Emotional Intervention Services (TACSEI). The results of this coordination create a sustainable statewide system that promotes social emotional development in young children. Additionally, young children develop healthy relationships, are ready to learn, and can navigate their social environments.*
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: *CCDP works closely with our subrecipient resource and referral (CCR&R) agencies to collectively pursue our program goals and provide excellent consumer education and information. CCDP also works with the Nevada Registry to be able to efficiently connect families and providers to resources for training and development. The results of these efforts foster a high-quality workforce, a more effective early learning environment, and increase positive outcomes for children and families.*

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: *CCDP works closely with Out of School (OST) providers in Nevada 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 and emergency child care for a wider range of ages. The result of this coordination is expanded child care services which allow parents more provider options and support increased work opportunities.*
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: *CCDP works with the Nevada Department of Emergency Management to consult and coordinate efforts to streamline our Disaster Plan and develop policy and processes related to emergency responses in Nevada. The result of this collaboration is a higher level of continuity of care and supportive services when emergencies occur. Additionally, there is a minimal disruption of service coordination, and a timely response can be facilitated between agencies.*
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
 - i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: *Click or tap here to enter text.*
 - ii. State/Territory institutions for higher education, including community colleges. Describe: *Click or tap here to enter text.*
 - iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: *Click or tap here to enter text.*
 - iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: *Click or tap here to enter text.*
 - v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: *Click or tap here to enter text.*
 - vi. State/Territory agency responsible for child welfare. Describe: *Click or tap here to enter text.*
 - vii. Child care provider groups or associations. Describe: *Click or tap here to enter text.*
 - viii. Parent groups or organizations. Describe: *Click or tap here to enter text.*
 - ix. Title IV B 21st Century Community Learning Center Coordinators. Describe: *Click or tap here to enter text.*
 - x. Other. Describe: *Click or tap here to enter text.*

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool

programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe: [Click or tap here to enter text.](#)

ii. If yes, what does the Lead Agency use combined funds to support, 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? [Click or tap here to enter text.](#)

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: [Click or tap here to enter text.](#)

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: [Click or tap here to enter text.](#)

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

8.3 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 Lead Agency, 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).

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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: [Click or tap here to enter text.](#)

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 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 CCDF: [Click or tap here to enter text.](#)

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? [Click or tap here to enter text.](#)
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.

- Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe: [Click or tap here to enter text.](#)
 - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: [Click or tap here to enter text.](#)

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. 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: Clients may file a written complaint against a provider through the Child Care office. These complaints must be forwarded to the appropriate Licensing Bureau for review within 24 hours of receipt.
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: *Spanish speaking staff will help assist the client with writing the complaint against a provider.*
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: *N/A*
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
 - Yes. If yes, describe: *The provider will be sent a Non-compliance form explaining the non-compliance issue, the time period allowed to correct the issue, and possible penalty if the issue is not corrected. The time period for correction cannot be less than 10 calendar days or greater than 30 calendar days from the date of notice. Monitoring will be performed to confirm if the issue has been corrected or not corrected.*
 - No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? *Child Care Licensing maintains substantiated parental complaints.*
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: Substantiated parental complaints are available on website: *Licensee Search (aithent.com)*

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency’s consumer education website homepage: [Las Vegas Urban League Early Childhood Connection Events - 11 Upcoming Activities and Tickets | Eventbrite](#)
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe: *Our consumer education is accessible through Eventbrite and Eventbrite doesn’t offer an integration specifically for translation.*
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe: *Click or tap here to enter text.*

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: [Parent Portal - Nevada Child Care Resource & Referral](#)
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: [Licensing - Nevada Child Care Resource & Referral](#)
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: [Licensing - Nevada Child Care Resource & Referral](#)
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: [Licensing - Nevada Child Care Resource & Referral](#)

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 Yes.
 No. If no, describe: *Click or tap here to enter text.*

- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: [Parent Portal - Nevada Child Care Resource & Referral](#)
- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
 - License-exempt center-based CCDF providers.
 - License-exempt family child care CCDF providers.
 - License-exempt non-CCDF providers.
 - Relative CCDF child care providers.
 - Other (e.g., summer camps, public pre-Kindergarten). Describe: [Click or tap here to enter text.](#)

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. All licensed providers. Describe: [Parent Portal - Nevada Child Caxxre Resource & Referral](#)
 - ii. License-exempt CCDF center-based providers. Describe: [Click or tap here to enter text.](#)
 - iii. License-exempt CCDF family child care providers. Describe: [Click or tap here to enter text.](#)
 - iv. License-exempt, non-CCDF providers. Describe: [Click or tap here to enter text.](#)
 - v. Relative CCDF providers. Describe: [Click or tap here to enter text.](#)
 - vi. Other. Describe: [Click or tap here to enter text.](#)

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
- i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe: [Click or tap here to enter text.](#)
- b. For what types of child care providers is quality information available?
- i. Licensed CCDF providers. Describe the quality information: [Quality Rating and Improvement System- Silver State Stars Rating](#)
 - ii. Licensed non-CCDF providers. Describe the quality information: [Click or tap here to enter text.](#)
 - iii. License-exempt center-based CCDF providers. Describe the quality information: [Click or tap here to enter text.](#)

- iv. License-exempt FCC CCDF providers. Describe the quality information: [Click or tap here to enter text.](#)
- v. License-exempt non-CCDF providers. Describe the quality information: [Click or tap here to enter text.](#)
- vi. Relative child care providers. Describe the quality information: [Click or tap here to enter text.](#)
- vii. Other. Describe: [Click or tap here to enter text.](#)

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

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must 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 child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. 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 and licensing status.
 - ii. The total number of deaths of children in care by provider category and 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 and licensing status.
 - v. If any of the above elements are not included, describe: [Click or tap here to enter text.](#)
- b. 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 and describe how the Lead Agency obtains the aggregate data from the entity: [Click or tap here to enter text.](#)
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: [Click or tap here to enter text.](#)
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: [Click or tap here to enter text.](#)

- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: *Click or tap here to enter text.*

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 - Yes.
 - No.
 - Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information: [Las Vegas Urban League - Empowering Communities - Changing Lives \(lvccul.org\)](https://lvccul.org)

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
 - Yes.
 - No.
- b. Provide the direct URL/website link to this information: [Home - Las Vegas Urban League | ChildCareLV.org](https://www.lvcarelv.org)

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?
 - Yes.
 - No.
- b. Provide the direct URL/website link to the sliding fee scale. *Click or tap here to enter text.*

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. *Information is shared through our website www.childcarelv.org and through Constant Contact.*

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe: *Click or tap here to enter text.*

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access

7. How to submit a complaint through the hotline
8. 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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: *The client receives a list of child care centers that includes the name of the location, address, phone number, type of care, license type, capacity, ages served, hours of operation and the Checklist for Finding Quality Care.*

9.3.4 Informing families about best practices on child 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, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. *Parents, providers and the general public are given the Milestone Moments. This information is given during FFN registrations appointments.*

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe: *Click or tap here to enter text.*

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral 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: *Families are given the Milestone Moments booklet during intakes.*

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public: *LVUL provides training to promote social-emotional development, including building positive relationships and creative environments that can help staff in their child care center.*

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: *LVUL provides training to promote social-emotional development, including building positive relationships and creative environments that can help staff in their child care center.*

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of 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; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
- Yes.
- No. If no, describe: *Click or tap here to enter text.*
- b. 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.).
- Yes.
- No. If no, describe: *Click or tap here to enter text.*
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
- Yes. If yes, include the information provided, ways it is provided, and any partners in this work: *Click or tap here to enter text.*
- No. If no, describe: *The Brigance Assessments were completed during intakes but we long provide this assessment.*

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

Yes.

No. If no, describe: [Click or tap here to enter text.](#)

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: [Click or tap here to enter text.](#)

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: [Click or tap here to enter text.](#)

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: [Click or tap here to enter text.](#)
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: [Click or tap here to enter text.](#)
- d. Other. Describe: [Click or tap here to enter text.](#)

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: [Click or tap here to enter text.](#)
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: [Click or tap here to enter text.](#)
- c. How the results inform implementation. Describe: [Click or tap here to enter text.](#)
- d. Other. Describe: [Click or tap here to enter text.](#)

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: [Click or tap here to enter text.](#)
- b. The frequency of each risk assessment. Describe: [Click or tap here to enter text.](#)
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: [Click or tap here to enter text.](#)
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: [Click or tap here to enter text.](#)
- e. Other. Describe: [Click or tap here to enter text.](#)

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: [Click or tap here to enter text.](#)
 - ii. Describe how staff training is evaluated for effectiveness: [Click or tap here to enter text.](#)

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: [Click or tap here to enter text.](#)
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and program integrity: [Click or tap here to enter text.](#)
 - ii. Describe how provider training is evaluated for effectiveness: [Click or tap here to enter text.](#)
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: [Click or tap here to enter text.](#)

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: [Click or tap here to enter text.](#)
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: [Click or tap here to enter text.](#)
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: [Click or tap here to enter text.](#)

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency’s internal controls. [Click or tap here to enter text.](#)
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? [Click or tap here to enter text.](#)

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. 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)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- b. Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- c. Review enrollment documents and attendance or billing records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- d. Conduct supervisory staff reviews or quality assurance reviews.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- e. Audit provider records.

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- f. Train staff on policy and/or audits.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
- g. Other. Describe the activity(ies): [Click or tap here to enter text.](#)
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: [Click or tap here to enter text.](#)

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): Division of Welfare and Supportive Services, Investigations and Recovery
- 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. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. 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:
 - 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 based on the most recent analysis: [Click or tap here to enter text.](#)

- 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 based on the most recent analysis: Investigations and Recovery collects debts until the debt becomes delinquent. Once the debt become delinquent, the debt is sent to the State Controller’s Office for collection.
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: Customers are provided an option to repay a debt in one lump sum or monthly payments over a three (3) year period. Individually, Investigations and Recovery will work with a customer if more time is needed to repay a debt.
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: Investigations and Recovery may pursue debt collection through small claims court.
 - vii. 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 based on the most recent analysis: [Click or tap here to enter text.](#)
 - viii. Other. Describe the activities and the results of these activities: Investigations and Recovery has an investigations section comprised of a Chief Investigator, a manager overseeing investigations, four (4) Supervisory Compliance Investigators and twenty-three (23) Compliance Investigators who investigate cases of improperly issued benefits. Investigations and Recovery has a debt section comprised of one (1) debt supervisor and eight (8) Administrative Assistant III’s who collect debts.
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?
- No.
 - Yes.
- If yes, check and describe below 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.

- 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 based on the most recent analysis: [Click or tap here to enter text.](#)
 - 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 based on the most recent analysis: Investigations and Recovery collects debts until the debt becomes delinquent. Once the debt become delinquent, the debt is sent to the State Controller’s Office for collection.
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: Customers are provided an option to repay a debt in one lump sum or monthly payments over a three (3) year period. Individually, Investigations and Recovery will work with a customer if more time is needed to repay a debt.
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: Investigations and Recovery may pursue debt collection through small claims court.
 - vii. 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 based on the most recent analysis: Investigations and Recovery has an investigations section comprised of a Chief Investigator, a manager overseeing investigations, four (4) Supervisory Compliance Investigators and twenty-three (23) Compliance Investigators who investigate cases of improperly issued benefits. Investigations and Recovery has a debt section comprised of one (1) debt supervisor and eight (8) Administrative Assistant III’s who collect debts.
 - viii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- No.
 - Yes.
- If yes, 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. 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 based on the most recent analysis: [Click or tap here to enter text.](#)
 - 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 based on the most recent analysis: Investigations and Recovery collects debts until the debt becomes delinquent. Once the debt become delinquent, the debt is sent to the State Controller’s Office for collection.
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: Customers are provided an option to repay a debt in one lump sum or monthly payments over a three (3) year period. Individually, Investigations and Recovery will work with a customer if more time is needed to repay a debt.
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: Investigations and Recovery may pursue debt collection through small claims court.
 - vii. 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 based on the most recent analysis: Investigations and Recovery has an investigations section comprised of a Chief Investigator, a manager overseeing investigations, four (4) Supervisory Compliance Investigators and twenty-three (23) Compliance Investigators who investigate cases of improperly issued benefits. Investigations and Recovery has a debt section comprised of one (1) debt supervisor and eight (8) Administrative Assistant III’s who collect debts.
 - viii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: When the Division intends to seek disqualification, a notice is mailed to the customer. The customer has thirty (30) days to respond to the notice with either a request for a hearing or accepting the disqualification and waiving their right to a hearing. If no response is received from the customer, a hearing will be scheduled. When there is a hearing, the hearings officer will render a decision. After the decision is rendered, the customer or the agency has ninety (90) days to appeal to a district court in Nevada.
- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: Investigations and Recovery may submit a criminal prosecution packet to the Nevada Attorney General's Office to prosecute individuals depending on the nature of the investigation and loss to the agency.
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

Appendix 1: Lead Agency Implementation Plan

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		