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Child Care and Development Fund (CCDF) Plan
for
State/Territory Nevada

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:34:15 GMT

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

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: **Nevada Division of Welfare and Supportive Services**

   ii. Street Address: **1470 E College Pkwy**

   iii. City: **Carson City**

   iv. State: **Nevada**

   v. ZIP Code: **89706**

   vi. Web Address for Lead Agency: **https://dwss.nv.gov/**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Lisa**

   ii. Lead Agency Official Last Name: **Swearingen**

   iii. Title: **Deputy Administrator**

   iv. Phone Number: **(775) 684-0560**

   v. Email Address: **LSWEARINGEN@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: **Lisa**

ii. CCDF Administrator Last Name: **Swearingen**

iii. Title of the CCDF Administrator: **Deputy Administrator, Administrative and Child Services**

iv. Phone Number: **(775) 684-0560**

v. Email Address: **LSWEARINGEN@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: **Social Services Chief II, Child Care and Development Program**

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, needs assessments, strategic plan development, 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:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

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

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

[ ] 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:

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:

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:

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:

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:

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:

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

1.2.2 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	Other
Who conducts eligibility determinations?	[ ]	[ ]	[ ]	[x]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[ ]	[ ]	[x]	[ ] Describe:
Who issues payments?	[ ]	[ ]	[ ]	[x]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[x]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[x]	[x] Describe: The Nevada Department of Education (NDE) Office of Early Learning and Development (OELD) operates the state's Quality Rating and Improvement System (QRIS), Silver State Stars, and conducts other quality improvement activities focused on preparing, recruiting, and retaining a qualified early childhood educator workforce.

1.2.3 Information systems availability

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.

[x] Yes. If yes, describe: **All subawards include a detailed Scope of Work and reporting**

requirements which are a condition of being a subrecipient.

[ ] No. If no, describe:

b. Schedule for completing tasks.

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

[ ] No. If no, describe:

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

[x] 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:

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

[x] 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:

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 (QC) reviews, requires internal audit by subrecipient supervisory personnel, and collects and monitors monthly and quarterly reporting to assess programmatic activities and outcomes. QC reviews examine program records for accurate eligibility determinations for families receiving a child care scholarship and proper payment to providers, and ensure program expenditures comply with agency, state and federal requirements.**

1.2.4 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.

[x] Yes.

[ ] No. If no, describe:

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?

[x] Yes.

[ ] No. If no, describe:

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)(I)(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 Division of Welfare and Supportive Services (DWSS) Child Care and Development Program (CCDP) staff and subrecipients have been working on the current State Plan through workgroups, a variety of committees and councils, and direct contact with stakeholders statewide for input and feedback. Consultation via the methods mentioned previously occurred at least quarterly. 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, including the Child Care Resource and Referral Agencies.**

a. 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.**

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal

organizations(s) within the State: **DWSS/CCDP provided an invitation to the State Plan public hearing to allow a formal platform for consultation with Tribal governments, including Tribal leadership.**

c. 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 Child Care Resource and Referral (CCR&R) agencies were consulted in plan development as well as the NDE-OELD by sharing the draft document and requesting information in specific sections where these entities are the subject-matter experts. One initial consultation meeting was held with each entity and then they were able to provide ongoing input electronically (in real time) on a shared document as the draft plan was written. DWSS/CCDP meets monthly and quarterly with the CCR&R agencies, NDE-OELD, and the Tribes. These regular meetings with stakeholders allows for input and development of the State Plan.**

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: **6/21/2024**

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: **5/20/2024**

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

[x] Yes.

[ ] No. If no, describe:

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/. 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 (3) websites that the hearing notice was published on: DWSS website: dwss.nv.gov, ECAC website, and Nevadachildcare.org website https://www.nevadachildcare.org/meetings-public-notices/.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The CCDP hosted a public hearing on June 21, 2024 both virtually and in-person in the Northern and Southern region of the state. Public comment was accepted through means of in-person, telephone, the Teams chat, and via the ccdp@dwss.nv.gov email address. Public comment was taken into consideration for language regarding the Nevada Afterschool Network referenced in the State Plan.**

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. **https://dwss.nv.gov/Care/Childcare/**

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. **[x]** 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. **[x]** Working with child care resource and referral agencies. Describe: **CCR&R agencies are made aware of all programmatic changes, included when determining if amendments are necessary, and are consulted when the State Plan is developed and implemented.**

iii. **[ ]** Providing translation in other languages. Describe:

iv. **[x]** 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. **[x]** 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: https://dwss.nv.gov/Home/Features/Public-Information/.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **DWSS/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. DWSS/CCDP also works closely with the Nevada Afterschool Network: https://www.nevadaafterschool.org/.**

vii. **[x]** Direct communication with the child care workforce. Describe: **DWSS/CCDP uses a listserv to communicate programmatic information and to share resources with all child care providers receiving CCDF. The DWSS Child Care Licensing Program also uses a listserv to communicate regulatory information and to share resources with all licensed child care facilities. DWSS/ CCDP partners with NDE-OELD, The Nevada Registry, the Nevada Association for the Education of Young Children, The Children's Cabinet, and Las Vegas Urban League to provide information about the State Plan to the child care workforce. DWSS/CCDP sends a representative to the Child Care Provider Advisory Committee meetings held quarterly.**

viii. **[ ]** Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care 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. **[x]** 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/CCDP allows a 90-day presumptive eligibility determination for priority populations while verifications are being collected. The populations benefiting from this allowance are CPS/Foster families. Presumptive eligibility for these populations removes barriers to accessing services timely.**

ii. **[x]** Leveraging eligibility from other public assistance programs. Describe: **New Employees of Nevada (NEON) households (i.e., Temporary Assistance for Needy Families (TANF) recipients) are not required to do a full eligibility certification to be eligible. They only need their ID, application, and a NEON referral to approve them for child care services.**

iii. **[x]** 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 related to the addition of a new child to the household, the end date for the change will be updated for all children in the household to match the end date for the newly added child to keep the 12-month eligibility period consistent for the family. This means existing children in the household may receive longer than 12-month eligibility.**

iv. **[x]** Self-assessment screening tools for families. Describe: **Families with children five (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 scholarships.**

v. **[ ]** Extended office hours (evenings and/or weekends).

vi. **[x]** Consultation available via phone.

vii. **[x]** Other. Describe the Lead Agency policies to process applications efficiently and

make timely eligibility determinations: **DWSS/CCDP requires eligibility decisions to be made within 30 days of receipt of the application to ensure timely processing. DWSS/CCDP 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?

[x] Yes.

[ ] No. If no, describe why an online application is impracticable.

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

[x] 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. **[x]** Advance notice to parents of pending redetermination.

ii. **[x]** Advance notice to providers of pending redetermination.

iii. **[x]** Pre-populated subsidy renewal form.

iv. **[ ]** Online documentation submission.

v. **[x]** Cross-program redeterminations.

vi. **[ ]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[x]** Leveraging eligibility from other public assistance programs.

ix. **[x]** 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?

[x] 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?

[x] 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.

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.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

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 child care to children ages 13 and older but below age 19 who are under court supervision?

[ ] No.

[x] Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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 child care 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 child care 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. **[x]** An activity for which a wage or salary is paid.

   ii. **[x]** Being self-employed.

   iii. **[x]** During a time of emergency or disaster, partnering in essential services.

   iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

   v. **[x]** Time for meals or breaks.

   vi. **[x]** Time for travel.

   vii. **[x]** Seeking employment or job search.

   viii. **[ ]** Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

   i. **[x]** Vocational/technical job skills training.

   ii. **[x]** Apprenticeship or internship program or other on-the-job training.

   iii. **[x]** English as a Second Language training.

   iv. **[x]** Adult Basic Education preparation.

   v. **[x]** Participation in employment service activities.

   vi. **[x]** Time for meals and breaks.

   vii. **[x]** Time for travel.

   viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

   ix. **[x]** Time for outside class study or completion of homework.

   x. **[ ]** Other. Describe:

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. **[x]** Adult High School Diploma or GED.

   ii. **[x]** Certificate programs (12-18 credit hours).

   iii. **[x]** One-year diploma (36 credit hours).

iv. **[x]** Two-year degree.

v. **[x]** Four-year degree.

vi. **[x]** Travel to and from classrooms, labs, or study groups.

vii. **[x]** Study time.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[x]** Applicable meal and break times.

xi. **[ ]** Other. Describe:

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

[ ] No.

[x] Yes.

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

[ ] Work. Describe:

[x] 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.**

[x] 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:

[ ] Other. Describe:

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

[x] Yes.

[ ] No. If no, describe the additional work requirements:

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 child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] 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:

[x] Children in foster care.

[x] Children in kinship care.

[x] Children who are in families under court supervision.

[x] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[x] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[x] Children whose family members are deemed essential workers under a governor-declared state of emergency.

[x] Children experiencing homelessness.

[x] Children whose family has been affected by a natural disaster.

[ ] Other. Describe:

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.

[x] 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.

[x] Yes.

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

[x] No.

[ ] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] 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:

[ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Other. Describe:

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	4161.13	41.00	1706.06
2	5441.47	41.00	2231.00
3	6721.82	41.00	2755.94
4	8002.17	41.00	3280.88
5	9282.51	41.00	3805.83

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

[x] 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:

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			
2			
3			
4			
5			

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			
2			
3			
4			
5			

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			
2			
3			
4			
5			

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:

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

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[x]** Inheritance.

ix. **[ ]** Public assistance.

x. **[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, 2024 (Using FFY 2025 LIHEAP Guidelines)**

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?
[x] LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2025**

[ ] Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.

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. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **Up to 12 months**

ii. **[x]** Request earning statements that are most representative of the family's monthly income.

iii. **[x]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[x]** 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, DWSS/CCDP 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?

[x] Yes.

[ ] No. If no, describe:

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?

[x] No.

[ ] Yes. If yes, describe the policy or procedure:

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. **[x]** Eligibility determination? If checked, describe: **ID, Citizenship, Relationship, Special Needs, Household Composition, Homeless Status, Nevada Residency**

b. **[x]** Eligibility redetermination? If checked, describe: **Homeless status, Nevada 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
[x]	**[ ]**	Applicant identity. Describe how you verify: **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.**
[x]	**[ ]**	Applicant's relationship to the child. Describe how you verify: **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.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[ ]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **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.**
[x]	[x]	Work. Describe how you verify: **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.**
[x]	[x]	Job training or educational program. Describe how you verify: **Official class schedule, other documentation from school that indicates the start and end date of the course.**
[x]	[x]	Family income. Describe how you verify: **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.**
[x]	[x]	Household composition. Describe how you verify: **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).**
[x]	[x]	Applicant residence. Describe how you verify: **Current Utility bill, current state photo ID, Current paystub, or Employment Verification Form, DWSS database.**
[x]	[x]	Other. Describe how you verify: **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.**

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 child care 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 child care": **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 child care": **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 child care arrangements": **Affordable child care is care that does not exceed 7% 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. **[x]** In writing

ii. **[ ]** Verbally

iii. **[ ]** Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care 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:

d. "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.**

e. "Families with very low incomes." **The household's income is less than or equal to 130% of FPL.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care 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 child care 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	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:
Families with very low incomes	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:
Children experiencing homelessness, as defined by CCDF	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:

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

[ ] No.

[x] 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, including immunization records or to come into compliance with immunization requirements.**

Children who are in foster care: **Households who have children in foster care are allowed up to 90 days to provide verifications, including immunization records or to come into compliance with immunization requirements.**

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?

[x] Yes.

[ ] No. If no, describe:

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. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. [ ] Website in languages other than English.

iv. [x] Lead Agency accepts applications at local community-based locations.

v. [x] Bilingual caseworkers or translators available.

vi. [x] Bilingual outreach workers.

vii. [x] Partnerships with community-based organizations.

viii. [x] Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. [x] Home visiting programs.

x. [ ] Other. Describe:

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. [x] 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. [x] Ensuring accessibility of environments and activities for all children.

v. [x] 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. [x] Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. [x] Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. [x] 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. [x] Lead Agency accepts applications at local community-based locations.

ii. [x] Partnerships with community-based organizations.

iii. [x] 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:

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/CCDP provides training and technical assistance to providers by offering special considerations, accepting applications at local community-based locations, and by partnering with community-based organizations. Referrals to providers are made through homeless service providers such as McKinney-Vento liaisons. DWSS/CCDP has a 90-day exemption to allow families experiencing homelessness time to collect documentation that is not readily available at the time of application to remove this barrier to establishing eligibility. DWSS/CCDP can 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/CCDP provides annual and as-requested training to CCR&R staff who conduct eligibility activities on identifying and serving families experiencing homelessness, including the requirement to allow these families a 90-day exemption to providing verification documentation if it is not readily available. DWSS/CCDP also trains CCR&R staff how to help a family experiencing homelessness request a special consideration.**

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 in order 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. DWSS/CCDP limits the types of changes that will impact certification negatively (except for leaving the state or at the point when their income exceeds 85% SMI) to ensure families maintain 12 months of eligibility between recertification. DWSS/CCDP provides $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 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?

[x] Yes.

[ ] No. If no, describe:

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.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[x] No.

[ ] Yes. If yes, provide the additional/varying policies for redetermination:

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:

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. **[x]** 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.

[x] 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: **The report of loss of eligible purpose of care triggers a change in eligibility; families then have 90 days to gain another purpose of care activity. If a new activity is started, the certificate is updated with the new activity information (no adverse actions to funding, unless new income exceeds 85% SMI). If no new activity is started, the case is terminated following a 10-day notice of adverse action to the family.**

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **The report of loss of eligible purpose of care triggers a change in eligibility; families then have 90 days to gain another purpose of care activity. If a new activity is started, the certificate is updated with the new activity information (no adverse actions to funding, unless new income exceeds 85% SMI). If no new activity is started, the case is terminated following a 10-day notice of adverse action to the family.**

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **100 days (i.e., 90 days to resume work plus 10 days for notice of adverse action).**

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. **[x]** 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 30 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 Nevada Child Care System. If no response is received from the parent/household, services are discontinued with a 10-day advance notice of adverse action to the family. If the parent responds within 10 calendar days and provides a valid explanation for the absence, assistance will continue through the certification period.**

iii. **[x]** 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: **Benefits are immediately terminated when the household reports moving out of Nevada or the Lead Agency/CCR&R Agency receives verification the household has moved out of state.**

iv. **[x]** 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 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 DWSS/ CCDP or its designated entities; 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?

[x] Yes.

[ ] No. If no, describe:

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:

  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:

  ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[x]** 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: **3293.69, 49% SMI**

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **The second eligibility threshold takes into account the typical household budget of low-income families that have income at or below 49% SMI. This income level supports families eligible for TANF, SNAP, and Medicaid programs based on their household income.**

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: **The second eligibility level accommodates for a significant increase in family income over time. Factors such as irregular pay, bonuses, raises, and cost of living increases were all considered when setting the second eligibility level which allows a household income increase of 19.5 percent from the initial eligibility threshold level.**

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **Families are able to continue accessing child care services for their 12-month eligibility period without unnecessary disruption as the second eligibility level is only applied at the time of renewal.**

v. **[x]** 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: **Effective October 1, 2024, DWSS/CCDP will implement flat rate copayments based on monthly household size/income. Households with income up to 32.99% SMI will have a $0 monthly family copayment. Households with income 33% SMI to 42% SMI will have a $90 per month copayment. Households with income of 43% SMI to 49% SMI will have a $150 per month copayment.**

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

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 to many participants. Lead Agencies

must ensure that the total payment to a child care provider is not reduced because of 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 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? **7%**

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)?

[x] Yes.

[ ] No. If no, describe:

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?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

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 monthly 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 monthly 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	**1373.17**	**90.00**	**6.50**	**1706.06**	**90.00**	**5.30**
2	**1795.69**	**90.00**	**5.00**	**2231.00**	**90.00**	**3.90**
3	**2218.20**	**90.00**	**4.00**	**2755.95**	**90.00**	**3.30**
4	**2640.71**	**90.00**	**3.40**	**3280.89**	**90.00**	**2.70**
5	**3063.23**	**90.00**	**2.90**	**3805.83**	**90.00**	**2.40**

c. What is the effective date of the sliding-fee scale(s)? **October 1, 2024**

d. Provide the link(s) to the sliding-fee scale(s): **Updated link is not yet available. The new chart will be posted here: https://dwss.nv.gov/Care/General-Documents/.**

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.

[x] 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 child care scholarship program operates using a parent-choice model. Parents can choose any participating provider to care for their child, including license-exempt providers. Providers are not required to participate and serve children receiving a child care scholarship. Due to significantly limited child care capacity in Nevada, the Lead Agency allows all participating child care providers to determine their own prices, which may be greater than the max daily rate paid by the state, to encourage more providers to participate. Providers may not charge families using a child care scholarship a price greater than what they charge private-pay families. By supporting family choice of provider in an open way, 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 the price of tuition, providers also charge a variety of fees including a one-time initial registration fee (average of $126), annual fees (average of $109), materials and supplies (average of $138 generally charged annually or biannually), meals (average of $8/meal charged daily or monthly), field trips (average of $58/trip), and late payments (average of $28 per occurrence). DWSS/CCDP is paying child care providers a rate between the 55th and 93rd percentiles depending on the age of child served. This indicates that especially for the lowest percentile group, infant/toddler center, the state rate does not cover the price of care. According to the 2022 Market Rate Survey, 82% of responding providers charge parents when the subsidy rate is lower than their price. For infant care, there is a $3 difference between the average statewide price charged by providers and the base subsidy reimbursement rate. For toddler care, there is a negligible ($0.50) difference between the average statewide price charged by providers and the base subsidy reimbursement rate. There is no difference between the average statewide price charged by providers and the base subsidy reimbursement rate for preschoolers and school-aged children.

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:

[ ]Other. Describe:

ii. **[x]** 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.

[x] The fee is per family.

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

[ ] Other. Describe:

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).

[x] No.

[ ] Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[ ]** Other. Describe:

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:

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.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i. **[x]**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. **[x]**Families experiencing homelessness.

iv. **[x]**Families with children with disabilities.

v. **[x]**Families enrolled in Head Start or Early Head Start.

vi. **[x]**Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **DWSS/CCDP 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. **[x]**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 Recreation (OSR) or Out of School Time (OST) programs, those participating in a substance use disorder treatment or recovery program through the Nevada Division of Public and Behavioral Health (DBPH), and those who are approved for special consideration on a case-by-case basis by the CCDF Administrator (DWSS Agency Manager).**

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

Core purposes of CCDF are to provide participating parents 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: **The most significant reported**

barrier is the administrative time and paperwork burden it takes for a provider to validate/verify the attendance of enrolled children who receive a child care scholarship. Providers also report that payment timeliness has influenced their decision to continue or not participate in service children receiving a child care scholarship.

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[x] 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 regarding provider choice is offered to parents in the 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: nevadachildcare.org, childcarelv.org, first5nevada.org, and childrenscabinet.org.**

e. Describe what information is included on the child care certificate: **Issuance date, provider name, provider ID, provider 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)?

b. **[x]** ACF pre-approved alternative methodology.

   i. **[ ]** The alternative methodology was completed.

   ii. **[x]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

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.

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). **Data was gathered from February-April 2024. The study was completed on June 30, 2024, and the Lead Agency is analyzing the cost data. New rates based on this alternative methodology are expected to be implemented on October 1, 2024.**

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.

iii. State Advisory Council or similar coordinating body: **For the current rates which were set using a MRS, a survey was circulated to ask stakeholders to review and provide feedback on the 2022 Market Rate Survey (MRS). The stakeholder group surveyed consisted of 48 stakeholders which included the Nevada Early Childhood Advisory Council (ECAC) members. The survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS Report. For the Alternative Methodology that is in process, the ECAC was notified about the cost model surveys going out to providers and the move to setting payment rates using an alternative methodology during the January 2024 general meeting. A reminder about the cost model surveys for the alternative methodology was made during the March 2024 general meeting as well.**

iv. Local child care program administrators: **For the current rates which were set using a MRS, 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. The proposed alternative methodology approach includes engagement with program and provider groups from across Nevada. The Lead Agency's consultant, Prenatal to Five Fiscal Strategies (P5FS), conducted listening sessions with organizations that include the early care and education workforce in their membership. Engagement with local child care program administrators is intended to ensure that constituents have a full understanding of and can contribute to the alternative methodology approach, the requests related to data collection, and the anticipated benefits of the cost-based approach to rate setting. P5FS has experience working with partners across the state and sought input from the advisors, The Children's Cabinet, DWSS/CCDP, and NDE-OELD to ensure that child care/early education providers representing the diversity of the state are engaged.**

v. Local child care resource and referral agencies: **For the current rates which were set using a MRS, 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. For the proposed alternative methodology, P5FS convened a small technical advisory work group, the Nevada Cost of Quality Technical Workgroup, to further inform the cost model development and alternative methodology activities. This workgroup was convened monthly throughout the process to provide content input on the cost survey approach and reach; the cost estimation model; on the quality variables that frame the model; on the model's data-gathering and analysis assumptions; on how to ensure that providers are engaged in both the data gathering process and in the review of model results; and, on any modifications the model may require based on analysis of results. Workgroup advisors included representation**

from CCR&R leadership from both The Children's Cabinet and Las Vegas Urban League.

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **For the current rates which were set using a MRS, 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 (NICRP), Quality Rating Improvement System (QRIS), Nevada Pyramid Model, Nevada Association of Education for Young Children (NevAEYC), State Child Care Licensing, NDE-OELD, The Nevada Registry, and the Children's Advocacy Alliance (CAA). The stakeholder survey was conducted via Survey Monkey and aggregate results with open-ended comments were included in the final 2022 MRS report. For the proposed alternative methodology, P5FS convened a small technical advisory work group, the Nevada Cost of Quality Technical Workgroup, to further inform the cost model development and alternative methodology activities. This workgroup was convened monthly throughout the process to provide content input on the cost survey approach and reach; the cost estimation model; on the quality variables that frame the model; on the model's data-gathering and analysis assumptions; on how to ensure that providers are engaged in both the data gathering process and in the review of model results; and, on any modifications the model may require based on analysis of results. Workgroup advisors included representation from The Nevada Registry (workforce database) and NevAEYC.**

vii. Other. Describe: **N/A**

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?

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)?

iii. Describe how it represented the child care market, including what types of providers were included in the survey:

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program?

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?

vi. What is the percent of licensed or regulated child care centers responding to the survey?

vii. What is the percent of licensed or regulated family child care homes responding to the survey?

viii. Describe if the survey conducted in any languages other than English:

ix. Describe if data were analyzed in a manner to determine price of care per child:

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:

e. Price variations reflected.

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. **The list of programs for the survey and the input sessions/interview process includes those currently receiving and who could receive child care scholarship payments, both centers and family child care homes, licensed and license-exempt, serving all ages of children, birth through school-age, across all program types, and in all geographic areas of Nevada. Between the survey and the input sessions/interviews, the expert consultant team anticipates reaching programs serving over 60 percent of the state's population of children and families receiving a child care scholarship. The P5FS team will ensure that representative survey responses are collected from all program types, from all regions of the state, and that the responses reflect the diversity of providers and programs, including considerations of location, ages of children served, program funding, mix of children served, culture, and language. Engagement response rates will be analyzed in real-time and compared to licensing data and data on license-exempt child care providers receiving child care scholarship payments to understand which providers and programs are represented in the data such as those at different quality levels or those serving infants and toddlers and where gaps exist. If certain geographic regions of Nevada, or certain provider or program types are underrepresented in the responses, additional efforts will occur to reach providers and programs in those areas. This may include direct mailings, in-person input sessions, or enlisting additional trusted partners with connections to the underrepresented communities. The cost estimation model will include functionality that allows the lead agency to run different scenarios that capture the variations in program characteristics, such as program size, location, and ages of children served, among others. Exactly which factors and characteristics will be included in the model, and their associated costs, will be based on analysis of state licensing requirements that govern all but license-exempt child care; of quality improvement activities; of input from the provider survey, interviews, and input sessions; and of feedback from the ECAC, Technical Workgroup, and other key stakeholders as appropriate.**

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). **Data collection under the proposed alternative methodology will ensure participation from the full universe of Nevada's child care providers and programs including licensed child care center, group family child care home, and family child care home providers; license-exempt FFN providers; and other license-exempt providers such as out-of-school time (OST) and out-of-school**

recreation (OSR). To ensure diverse participation, the online survey and information about the opportunity to participate in input sessions/interviews was distributed via email by The Children's Cabinet, Las Vegas Urban League, DWSS CCDP, Child Care Licensing, and NDE-OELD to all licensed and license-exempt providers and shared via multiple distribution channels to reach additional programs. Distribution included regular email announcements from multiple stakeholders, web bulletins, and public presentations accessible to all licensed and license-exempt child care providers across Nevada. In addition, the online survey and input session information was shared by key partners including the local early childhood advisory councils, The Nevada Registry, NevAEYC, Nevada ECAC, The Children's Cabinet, and the Las Vegas Urban League. Partners helped distribute the survey/input session information via email as well as included it in regular emails, presentations, newsletters, and meetings during the data collection period. These outreach and engagement methods were analyzed for their efficacy and representation of Nevada's diversity and adjusted as needed to ensure robust data collection. Survey response rates and input session participation was analyzed in real-time and compared to licensing data and data on license-exempt providers to understand which providers and programs are represented in the data and where gaps exist. If certain geographic regions of the state, or certain provider and program types were underrepresented in the responses, additional efforts occurred to reach those areas, including direct mailings to market the in-person input sessions or enlisting additional trusted partners with connections to these communities. Data from the provider survey is being analyzed to be used as the source for 'current' salary data. The ECAC and the Nevada Cost of Quality Technical Workgroup are reviewing these data and analyses to provide input on how these pieces are included in the final alternative methodology model.

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): The list of programs for the survey and the input sessions/interview process includes those currently receiving and who could receive child care scholarship payments, both centers and family child care homes, licensed and license-exempt, serving all ages of children, birth through school-age, across all program types, and in all geographic areas of Nevada. Between the survey and the input sessions/interviews, the expert consultant team anticipates reaching programs serving over 60 percent of the state's population of children and families receiving a child care scholarship. The P5FS team will ensure that representative survey responses are collected from all program types, from all regions of the state, and that the responses reflect the diversity of providers and programs, including considerations of location, ages of children served, program funding, mix of children served, culture, and language. School-age care will be fully integrated into the model. Data on costs for school-age care will be collected through the provider survey and input sessions, cost drivers will be identified and validated, and school-age classrooms will be integrated into the cost estimation model. The model adjusts the estimated cost of care to account for the different schedule school-age children require, including full-time during summers and holidays, and part-time during the school year. Engagement response rates will be analyzed in

real-time and compared to licensing data and data on license-exempt child care providers receiving child care scholarship payments to understand which providers and programs are represented in the data such as those at different quality levels or those serving infants and toddlers and where gaps exist. The cost estimation model will include functionality that allows the lead agency to run different scenarios that capture the variations in program characteristics, such as program size, location, and ages of children served, among others. Exactly which factors and characteristics will be included in the model, and their associated costs, will be based on analysis of state licensing requirements that govern all but license-exempt child care; of quality improvement activities; of input from the provider survey, interviews, and input sessions; and of feedback from the ECAC, Technical Workgroup, and other key stakeholders as appropriate.

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Nevada's alternative methodology approach will analyze cost and revenue drivers. The major cost drivers include implementation of health and safety standards to meet licensing requirements, staffing requirements, and additional requirements related to meeting quality standards, as currently defined. The approach will include several stages of analysis of these cost drivers to ensure they are fully accounted for in the cost study and cost estimation model, as detailed herein. P5FS reviewed existing state licensing regulations and the current implementation of Nevada Silver State Stars (Nevada's QRIS), and identify cost drivers, such as ratio and group size, facility size, and training and professional development requirements. The cost model will address the cost of providing higher-quality care through:**

- **Building in cost drivers associated with program standards under licensing and Nevada Silver State Stars for licensed child care center, group family child care home, and family child care home providers; license-exempt FFN providers; and other license-exempt providers.**
- **Building in cost drivers associated with Nevada Silver State Stars quality improvement activities.**
- **Building in cost drivers based on input from child care providers around delivering higher quality care.**
- **Consultation from the ECAC and the Nevada Cost of Quality Technical Workgroup.**

The alternative methodology approach will also include revenue drivers to understand the impact of revenue on program operations and financial stability and identify any potential gap between cost and available revenue. The major revenue drivers include, but are not limited to:

- **Parent tuition/fees;**
- **Third-party funding (e.g., subsidy, Head Start, Pre-K);**
- **Participation in the Child and Adult Care Food Program;**
- **Full collection of revenues; and**
- **Enrollment rates.**

Cost drivers will be informed by deep engagement with child care providers through provider input sessions and interviews that will be conducted across

Nevada. In addition, the Nevada Cost of Quality Technical Workgroup will review cost drivers and provide input on which cost drivers to include in the model and the values attributed to them. Finally, the methodology draws from extensive work completed by P5FS in other states and communities over the past decade, including on the federal Provider Cost of Quality Calculator, ensuring the Nevada model is informed by the leading work in this field. The cost estimation model will include multiple data sources providing maximum flexibility to run scenarios to understand the different costs using different data sources.

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)? **For the current rates set using the 2022 MRS, the Center for American Progress Cost of Quality Calculator was used to compare Nevada's 75th percentile rate to the calculators base cost of care that meets licensing standards as well as to higher quality care that invests in the early educator workforce and improves teacher to child ratios. Pay parity in this analysis means paying teachers the same as Kindergarten teachers. Quality ratios means decreasing the number of children per teacher (center analysis only) to promote child safety and high-quality caregiving.**

For the alternative methodology that is in process: The alternative methodology approach is designed to determine costs across several variables, including age of child, type of care setting and geographic location, and meeting state regulations and program standards, allowing the Lead Agency to consider each of these variables from a current and potential expense perspective using a cost estimation model tool. The alternative methodology approach includes engagement with constituents and programs to guide decisions for the cost study and input on how the cost model functions. While a narrow cost analysis can estimate the current costs of operating a child care program meeting all legal requirements, it does not capture the true cost of child care, and all of the expenses necessary to operate a program that fully meets the needs of children, families, and the child care workforce. Nevada's alternative methodology approach includes analysis of both revenue and expenses, providing insight into the extent to which current revenues can support expenses under different scenarios including those which go beyond only current expense data. This alternative methodology model is designed to determine costs

across the following variables: level of quality, age of child, type of care setting, geographic location and allows the Lead Agency to consider each of these variables from a current and potential expense perspective, using a cost estimation model tool. The cost model will include compensation levels above the current compensation levels paid to child care providers in Nevada. Data from extant sources, such as the Bureau of Labor Statistics, combined with primary data from provider data collection will inform model inputs related to current compensation levels. To estimate the true cost of care, additional compensation levels are being included based on feedback from provider engagement, review of additional extant sources, and input from Nevada's Early Childhood Advisory Council (ECAC) and the Nevada Cost of Quality Technical Workgroup. A research-based living wage or self-sufficiency calculator was utilized to identify a higher salary level, to address the depressed wages based on the current market rate methodology, and health insurance estimates were drawn from the Kaiser Family Foundation data on employer contributions to health insurance. The cost estimation model will allow Nevada's child care stakeholders to better understand the actual cost of providing child care in Nevada, including how several revenue and expense variables and program characteristics impact that cost (e.g., program type, program size, current quality standards, age range of children served, and the wide variety of child populations served). By using cost estimation models, the alternative methodology approach is more robust than a narrow cost analysis alone; the data from the cost study is built into the cost estimation tool, allowing the Lead Agency to understand the cost of services for different ages of children, across program types, and at different regulatory requirements, compared to current and proposed subsidy rates. In addition to being more than just about costs, the proposed alternative methodology with a cost model includes the ability to compare scenarios that include the receipt of child care scholarships and other forms of revenue. This feature of the cost model, unlike a narrow cost study or analysis alone, will allow the Lead Agency to run scenarios with increasing rates, increasing quality standards, and other metrics to understand the impact of these potential policy choices on program operations, thus providing a valuable tool that can inform decision-making for rate-setting implementation.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **For the current rates set using the 2022 MRS: Yes. There are variations by geographical area, provider type, and age of child. Overall, the cost of care in urban areas exceeds the cost in rural areas, centers exceed family child care, and infant care exceeds the cost of care for older children. Generally, across all provider types, the cost of care decreases as the age of children increases with center-based infant care in urban areas being the most expensive type of care.**

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.)? **For the current rates set using the 2022 MRS: Licensing standards for ratios, group size, training, etc., were used for the base level of quality. Base level of quality does not have assumptions or requirements for staff compensation.**

For the alternative methodology that is in process: The data collected through the cost study will inform the cost estimation model(s). The Nevada Cost of Quality Technical Workgroup will provide input regarding the assumptions within the cost estimation model. The P5FS team will share results from the data collection with the Workgroup in aggregate form and make recommendations for how this data should inform the cost

estimation model. The cost estimation model will model the cost of providing child care in Nevada, including how several revenue and expense variables and program characteristics impact that cost (e.g., program type, program size, current quality standards, age range of children served, and the wide variety of child populations served). P5FS will use the advisory workgroup's input to make recommendations to DWSS CCDP to finalize the parameters of the model and variations including but not limited to:

- **Base rates reflecting differing program models and regulatory requirements**
- **Geographic Region (if data indicates geographically related cost variations)**
- **Program size**
- **Workforce compensation**
- **Enrollment rates and uncollected revenue rates**

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). **For the current rates set using the 2022 MRS: Nevada's QRIS, "Silver State Stars", is used to define the levels of quality. This is a 5-level QRIS with increasing requirements for group size, staffing, and professional development as star-levels increase. Star levels are also based on assessments using the Infant-Toddler Environment Rating Scale, Early Childhood Environment Rating Scale, and the Family Child Care Provider Rating Scale (all 3rd Editions).**

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? **For the current rates set using the 2022 MRS: The gap between higher quality center-based care and the 75th percentile rate was $838/month for infants, $470/month for toddlers, and $202/month for preschool. For family child care, the gap was $405/month for infants, $442/month for toddlers, and $497 for preschoolers. Nevada intends to use a cost-based alternative methodology to inform new rates for Federal Fiscal Year 2025 (effective October 1, 2024).**

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.

a. 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: **6/30/2022**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **7/29/2022**

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: **2022 Market Rate Survey: https://www.nevadachildcare.org/static/7f5c9ce75784d311d4bd2b30038d8885/2022-Market-Rate-Report-FINAL.pdf. Report findings were shared at the July 13, 2022 Nevada ECAC meeting. Availability of report was shared via The Children's Cabinet's Constant Contact Listserv in August 2022. A training for child care providers on the Market Rate results was held on March 16, 2023.**

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: **Stakeholder feedback on the market rate survey design, survey questions, and MRS final report was solicited from 20 Child Care Program Administrators, both Child Care Resource & Referral program managers, 11 organizations representing the early childhood workforce, and 17 members of the Nevada ECAC. Stakeholder input was also requested on how to achieve the highest response rate possible, including what types of incentives to use and what barriers to consider to achieve a 65% or higher survey response rate from providers. Stakeholder feedback and input influenced the introduction used in the final report with 100% agreeing that the introduction used adequately communicated the importance of provider participation in the MRS; had there been disagreement, then the program would have taken stakeholder recommendations into account and edited the introduction. Stakeholder input influenced the advance notice time the program gave to providers before publishing the MRS final report with 100% agreeing that a one-week advance notice was enough time to prepare providers for the release of the report. Finally, stakeholder input influenced the methods the program used to communicate with providers about the release of the final report with email and listserv being the most popular options and therefore the options Nevada used.**

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?

[x] Yes.

i. If yes, check if the Lead Agency:

[ ] Sets the same payment rates for the entire State or Territory.

[x] 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:

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). **5/1/2022**

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 rates are multiplied by 5 to establish weekly rates.**

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 4.3.1aii), 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 indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, 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.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. 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.

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)	62.50 Per Day	55.00	312.50	73.00	260.00	290.00	327.00		
Family Child Care for Infants (6 months)	45.00 Per Day	92.00	225.00	75.00	197.50	200.00	223.75		
Center Care for Toddlers (18 months)	57.00 Per Day	78.00	285.00	67.00	253.16	227.60	285.29		
Family Child Care for Toddlers (18 months)	45.00 Per Day	91.00	225.00	79.00	185.00	198.00	223.75		

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 Preschoolers (4 years)	51.50 Per Day	98.00	257.50	68.00	224.52	242.65	271.00		
Family Child Care for Preschoolers (4 years)	46.50 Per Day	92.00	232.50	92.00	167.50	180.00	200.00		
Center Care for School-Age (6 years)	48.00 Per Day	43.00	240.00	66.00	180.00	205.20	252.00		
Family Child Care for School-Age (6 years)	46.00 Per Day	78.00	230.00	100.00	140.00	144.00	150.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for 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.

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)	53.50 Per Day	52.00	267.50	60.00	250.00	290.00	305.00		
Family Child Care for Infants (6 months)	40.50 Per Day	90.00	202.50	68.00	190.00	200.00	211.25		
Center Care for Toddlers (18 months)	52.50 Per Day	47.00	262.50	60.00	240.00	275.00	296.00		

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?
Family Child Care for Toddlers (18 months)	40.00 Per Day	85.00	200.00	65.00	190.00	200.00	211.25		
Center Care for Preschoolers (4 years)	47.50 Per Day	62.00	237.50	72.00	200.00	222.00	242.00		
Family Child Care for Preschoolers (4 years)	40.00 Per Day	90.00	200.00	75.00	180.00	190.00	200.00		
Center Care for School-Age (6 years)	42.50 Per Day	71.00	212.50	65.00	196.00	200.00	215.00		
Family Child Care for School-Age (6 years)	40.00 Per Day	82.00	200.00	85.00	165.00	175.00	182.50		

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?

[x] 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:

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?

[x] 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: **Add-ons above the base rate are available based on**

QRIS star ratings for licensed provider types and are included in the provider's monthly payment.

[ ] No.

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

[x] 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:

ii. **[ ]** Differential rate for children with special needs, as defined by the Lead Agency. Describe:

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:

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:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **Tiered rate for higher star rating in QRIS participating licensed providers.**

vi. **[x]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Differentiated rates are set by geographic area and provider type. Nevada has different rates for Clark County, Washoe County, Carson/Douglas Counties, and rural counties, as well as different rates by provider type and age of child.**

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 piloted contracted slots programs in 2022-2024 using ARPA Discretionary funds. Contracted slots were used to create spaces for child care scholarships for children in hard to serve populations, such as infants/toddlers, children with special needs, and those receiving care during non-traditional hours as part of pilot projects. These projects are being formally evaluated and may be reinitiated using CCDF as funding permits.**

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:

[x] 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? **Current rates were effective on May 1, 2022, and are set at approximately the 75th percentile of the 2022 MRS, which is equivalent to the 95th percentile of the 2018 MRS for each provider type. The 2022 MRS data was used and the rate amounts were not changed from the 2018 rates since they were the same. When the 2022 and 2018 MRS reports were compared, the 75th percentile of 2022 MRS was equivalent to the 95th percentile of the 2018 MRS. Maintaining the rates at the 95th percentile of the 2018 MRS, allows for greater access to child care for the eligible population.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **A narrow cost analysis was conducted as a part of the 2022 MRS. The 75th percentile rate was compared to the Cost of Quality Calculator quality baseline amount which is set at meeting licensing requirements. Compared to the calculator, the 2022 75th percentile was $237.95/month more than the base rate for center-based infant care, the toddler rate was $326.34/month more, and preschool rate was $311.97/month more. For licensed family child care, the 75th percentile was consistently less than the calculator: $94.58/month for infants, $132.41/month for toddlers, and $187.16/month for preschool.**

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? **DWSS/CCDP conducted a narrow cost analysis as part of the 2022 MRS to compare the cost of care baseline amount to the Cost of Quality Calculator which allowed data to be identified that supports using an alternative methodology cost model to stabilize the child care system. By utilizing a cost of care alternative methodology beginning October 1, 2024, the Lead Agency will be able to determine a more appropriate model that reflects the actual cost associated with providing care for children in different age groups and in different geographic locations.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **There are five (5) rates for each region, provider type, and age of child: a base rate for everyone and a gradual increase in rate for each star level (2-5). There is an increase of $1 for each star level: 2-star bonus is $10/day or $10/week/child , 3-star is $3/day/child or $15/week/child, 4-star is $4/day/child or $20/week/child, and 5-star bonus is $5/day/child or $25/week/child.**

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. **N/A**

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:

[x] 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 attend multiple providers requiring the Lead Agency 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 the Lead Agency 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.

[x] 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: **No provider types are paid by authorized enrollment at this time. All provider types are paid based on actual monthly attendance to**

conserve limited subsidy funds (i.e., providers are currently only reimbursed for days care is actually provided). When children do not attend multiple providers, the provider is paid the daily rate based on monthly attendance records and is not paid the daily rate for days the child did not attend unless the parent uses a "discretionary day." Parents are permitted to use 21 "discretionary days" per calendar year (e.g., sick, vacation, school holiday, etc.). In cases where the child is enrolled with multiple 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).

[ ] 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:

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)?

[x] 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:

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[x] Yes. If yes, identify the fees the Lead Agency pays for: **DWSS/CCDP 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:

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 participating provider is required to sign a Provider Service Agreement (PSA) at registration and to update their Agreement as changes occur. Providers also receive a preservice/orientation training and ongoing technical assistance on billing practices to ensure accurate and timely payment. The PSA outlines the responsibilities of the state, the Child Care Resource & Referral (CCR&R) agencies, and child care providers/facilities in meeting the needs of participating families in accordance with the Child Care Policy Manual. Subsidy reimbursement payments to providers are facilitated by and through the CCR&R agencies. The PSA specifies that payments are subject to funding availability and are based on the approved schedule as indicated on the child care certificate. The PSA notifies providers that all child**

care subsidy reimbursements processed by the state are subject to audit and that failure to meet the obligations set forth in the agreement may result in withholding of payment, referral to the DWSS Investigations and Recovery (I&R) Unit (including the dispute resolution process), or termination of the provider's enrollment in the subsidy program. Nevada's current PSA includes a "Child Attendance and Provider Reimbursement Timesheet" section and a "Payment (Reimbursement) Practices" section outlining the issuance of child care certificates, payment schedules, and reimbursable/non-reimbursable fees (e.g., Nevada allows subsidy funds to cover certain annual registration fees for enrolled households but not field trips/meals). Providers are not charged any fees to participate in the subsidy program.

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 from their respective CCR&R agency via email the same day whenever eligibility changes occur for an enrolled child. Additionally, staff may call the provider that day to inform them of changes that will impact payments. Policy updates are shared with providers via an email listserv and/or through webinars hosted by either/both the lead agency and the CCR&R agencies 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 days 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 DWSS/CCDP 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 (I&R) 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/CCDP currently sets payment rates comparable to market standards to ensure equitable access for all families to a variety of quality care. DWSS/CCDP work with the CCR&Rs to ensure timely reimbursement to participating child care providers. DWSS/CCDP recently completed a cost model study and will begin using an alternative methodology based on paying a portion of the cost of care to set rates as of October 1, 2024.**

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?

[x] 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 (OST/OSR), or wraparound (Head Start/Early Head Start) care. The CCR&R agencies which administer the subsidy program in Nevada on the lead agency's behalf hold the contracts with the OST and EHS/HS organizations. The CCR&R agencies are provided budget amounts for these contracts set by the lead agency which allow the contracted providers to serve a specific number of CCDF-eligible children. These contracted slots are only available to CCDF-eligible children.**

[ ] 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:

[ ] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

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:

[x] Infants and toddlers. Number of slots allocated through grants or contracts: **310**

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

[ ] Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

[x] School-age children. Number of slots allocated through grants or contracts: **816**

[ ] Children experiencing homelessness. Number of slots allocated through grants or contracts:

[ ] Children in urban areas. Percent of CCDF children served in an average month:

[ ] Children in rural areas. Percent of CCDF children served in an average month:

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Effective July 1, 2022, Head Start/Wraparound programs for infants/toddlers received an increase in their daily reimbursement rate to the 95th percentile of the 2018 MRS. Head Start/Wraparound programs will receive the base rate (1 Star Rating) regardless of their participation in Nevada's QRIS. Effective July 1, 2023, all Out-of-School Time (OST) and Out-of-School Recreational Providers (OSR) received an increase in their daily reimbursement rate to reflect current market prices for OST/OSR care in Nevada.**

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?

[x] Yes.

[ ] No.

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

i. **[x]** 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: **To provide in-home care, a license-exempt provider must care for a minimum of two (2) children and no more than four (4) children.**

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **To provide in-home care, a license-exempt provider 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:

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:

v. **[x]** Restricted to care for children with special needs or a medical condition. Describe: **A license-exempt provider caring for a 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:

vii. **[x]** Other. Describe: **The provider may not be the natural parent or guardian of the child and may not be both a provider and a child care scholarship recipient.**

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 capacity reports, reporting from early childhood stakeholder groups, child care desert data, and comparison of supply and demand data.**

   ii. Method of tracking progress: **Monitoring child care desert data, monitoring data regarding licensed supply of infant/toddler slots, and comparison of supply and demand data.**

   iii. What is the plan to address the child care shortages using family child care homes **DWSS/CCDP has established two (2) physical and a virtual shared services hubs to help license-exempt and small providers become licensed family and group care homes, to provide start up grants to new providers, to provide access to lending, and to provide technical support to help family and group care homes sustain their businesses to help address the child care shortages in our community.**

   iv. What is the plan to address the child care shortages using child care centers? **DWSS/CCDP has established two (2) physical and a virtual shared services hubs to provide technical assistance to any child care provider going through the licensure process, including providing access to start up grants for new providers, to provide access to lending, and to provide technical support to help Centers establish, grow, and sustain their businesses to help address the child care shortages in our community.**

b. In different regions of the State or Territory:

   i. Data sources used to identify shortages: **Comparison of supply (licensing data) and demand (American Community Survey) data by county and zip codes, with a focus in zip codes with a large percentage of vulnerable families.**

   ii. Method of tracking progress: **Monitoring child care desert data, monitoring data regarding licensed supply of infant/toddler slots, and comparison of supply and demand data.**

   iii. What is the plan to address the child care shortages using family child care homes? **DWSS/CCDP has established two (2) physical and a virtual shared services hubs to help license-exempt and small providers become licensed family and group care homes, to provide start up grants to new providers, to provide access to lending, and to provide technical support to help family and group care homes sustain their businesses to help address the child care shortages in our community.**

   iv. What is the plan to address the child care shortages using child care centers? **DWSS/CCDP has established two (2) physical and a virtual shared services hubs to provide technical assistance to any child care provider going through the licensure process, including providing access to start up grants for new providers, to provide access to lending, and to provide technical support to help Centers establish, grow, and sustain their businesses to help address the child care shortages in our community.**

c. In care for special populations:

i. Data sources used to identify shortages: **Census, licensing capacity reports, reporting from early childhood stakeholder groups, child care desert data, and demand (American Community Survey) data by county and zip codes, with a focus in zip codes with a large percentage of vulnerable families.**

ii. Method of tracking progress: **Monitoring data from pilot slot programs for children with special health care needs and ongoing analysis of supply & demand data. Supply data is gathered from the CCR&R database to capture providers serving special populations (e.g., non-traditional hours, children and youth with special health care needs, infant & toddlers).**

iii. What is the plan to address the child care shortages using family child care homes? **DWSS/CCDP has established two (2) physical and a virtual shared services hubs to help license-exempt and small providers become licensed family and group care homes, to provide start up grants to new providers, to provide access to lending, and to provide technical support to help family and group care homes sustain their businesses to help address the child care shortages in our community.**

iv. What is the plan to address the child care shortages using child care centers? **DWSS/CCDP has established two (2) physical and a virtual shared services hubs to provide technical assistance to any child care provider going through the licensure process, including providing access to start up grants for new providers, to provide access to lending, and to provide technical support to help Centers establish, grow, and sustain their businesses to help address the child care shortages in our community.**

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: **Compare American Community Survey (demand) data with Licensing Capacity reports and CCR&R data which is informed by local reporting from stakeholder groups who live and work in underserved geographic areas. DWSS/CCDP is working with stakeholders to develop strategies for increasing supply/quality in underserved geographic areas, such as offering contracted slots for providers serving children during non-traditional hours. This strategy was piloted using ARPA Discretionary funds and is currently being evaluated with results expected in October 2024.**

b. Infants and toddlers. Describe: **Compare American Community Survey (demand) data with Licensing Capacity reports and CCR&R data which is informed by local reporting from stakeholder groups who are familiar with supply shortages for infants/toddlers specifically. DWSS/CCDP is working with stakeholders to develop strategies for increasing supply/quality for infant/toddler care, such as offering contracted slots for providers to**

incentivize the creation of more infant/toddler slots. This strategy was piloted using ARPA Discretionary funds and is currently being evaluated with results expected in October 2024.

c. Children with disabilities. Describe: **Compare American Community Survey (demand) data with Licensing Capacity reports and CCR&R data which is informed by local reporting from stakeholder groups who are familiar with supply shortages for children and youth with special health care needs (CYSHCN) specifically. DWSS/CCDP is working with stakeholders to develop strategies for increasing supply/quality for care for CYSHCN, such as offering contracted slots for providers to incentivize the creation of more CYSHCN slots. This strategy was piloted using ARPA Discretionary funds and is currently being evaluated with results expected in October 2024.**

d. Children who receive care during non-traditional hours. Describe: **Compare American Community Survey (demand) data with Licensing Capacity reports and CCR&R data which is informed by local reporting from stakeholder groups who live and work in underserved geographic areas. DWSS/CCDP is working with stakeholders to develop strategies for increasing supply/quality in underserved geographic areas, such as offering contracted slots for providers serving children during non-traditional hours. This strategy was piloted using ARPA Discretionary funds and is currently being evaluated with results expected in October 2024.**

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **DWSS/CCDP is partnering with the Nevada Afterschool Network to analyze care options, increase supply of, and improve the quality of care offered by OST/OSR providers.**

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. **DWSS/CCDP identifies the number of families living under the Federal Poverty Level by zip code or county to define high concentrations of poverty. DWSS/CCDP is targeting these populations through Head Start Programs, one-stop shops, and QRIS implementation. Populations including TANF NEON, wraparound, those experiencing homelessness, and families involved in CPS / Foster Care are provided priority access to quality child care.**

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: **Per Nevada Revised Statute (NRS) 432A.024 "Child care facility" is defined as: (a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five (5) or more children under 18 years of age, if compensation is received for the care of any of those children; (b) An on-site child care facility; (c) A child care institution; or (d) An outdoor youth program. Per Nevada Administrative Code (NAC) 432A.050 "Child care center" means any facility in which the licensee regularly provides day or night care for more than 12 children.**

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

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **NAC 432A.100 "Family home" means any facility in which the licensee regularly provides care without the presence of parents, for at least five (5) and not more than six (6) children. DWSS/CCDP categorizes these facilities as Family Child Care (FCC) programs. NAC 432A.110 "Group home" means any facility in which the licensee regularly provides care for no less than seven (7) and no more than 12 children. DWSS/CCDP categorizes these facilities as Group Family Child Care (GFCC) programs.**

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:

[x] No.

c. Identify the in-home providers subject to licensing: **N/A**

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

[ ] Yes. If yes, describe:

[x] 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" 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. The term does not include a seasonal or temporary recreation program.**

NRS 432A.0278 "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" 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. **The Child Care Licensing (CCL) Program conducts annual health and safety reviews of OSR and seasonal/temporary recreation providers to ensure the health, safety, and development of children following CCDF standards. The CCR&R agencies conduct annual health and safety reviews of OST providers to ensure the health, safety, and development of children following CCDF standards. Upon receiving a complaint for any of the license-exempt center-based provider types, NRS 432A.700-.740 allows the CCL Program to investigate the facility to ensure the following: 1. Requirements are being met concerning first aid and emergency exit plan(s). 2. Background checks and child abuse and neglect screenings are being done for all staff members and termination of staff is occurring based upon receipt of certain information; staff have the opportunity to correct information with the CCL. A civil penalty may be issued via the Attorney General's Office if the facility is found non-compliant with background checks.**

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 NRS 432A.024, a family child care facility may care for up to four (4) children without a license. Family, Friend and Neighbor (FFN) providers are license exempt due to serving four (4) or less children.**

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 NRS 432A.024, a licensed child care facility does not include (a) The home of a natural parent or guardian, foster home as defined in NRS 424.014 or maternity home; (b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility; (c) A home in which a person provides care for the children of a friend or neighbor for not more than four (4) weeks if the person who provides the care does not regularly engage in that activity; (d) A location at which an out-of-school-time program is operated; (e) A seasonal or temporary recreation program; or (f) An out-of-school recreation**

program.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **For any providers that serve CCDF-eligible children, all applicable health and safety requirements are implemented in addition to monitoring those providers. All FFN providers must:**
- Provide proof that they are at least 18 years of age;
- Be a U.S. citizen or Lawful Permanent Resident;
- Provide a picture ID;
- Provide a Social Security Card;
- Have a working telephone for emergency situations at the location where care is being provided;
- Provide verification of home address;
- Complete a Background Disclosure Form;
- Report any public assistance received from any state, city or county agency using the Notice to Report Form;
- Complete the Employer Responsibility Form;
- Complete the Parent/Provider Agreement; and
- Complete Health & Safety training.

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. **FFN providers are license-exempt providers. FFN providers can be a relative or non-relative and may provide services in the child's home (in-home) for up to four (4) children. FFN providers who offer in-home services must care for a minimum of two (2) subsidy children to be eligible as an in-home provider.**

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. **FFN providers are license-exempt providers. FFN providers can be a relative or non-relative and may provide services in the child's home (in-home) for up to four (4) children. FFN providers who offer in-home services must care for a minimum of two (2) subsidy children to be eligible as an in-home provider.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Immunization Exemption: In-home care and care provided by a qualified relative in the relative's home is exempt from this requirement unless there are other unrelated children present. A qualified relative is defined as grandparents, great grandparents, siblings, aunts, and uncles.**

Home Visit Recommendations for Improvement Exception: Recommendations for improvements for in-home care must be made, however, termination must not occur if recommendations for improvement are not pursued. The health, safety, and development of children in in-home care is not endangered due to annual visits, standard enforcement, and the provision of trainings to caregivers to ensure these providers have the tools and resources they need to provide a

quality care environment.

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 year (12 months)**

b. Toddler. Describe: **12 months to age 3 years (up to 3rd birthday)**

c. Preschool. Describe: **3 years (upon 3rd birthday) to age 6 years (up to 6th birthday)**

d. School-Age. Describe: **6 years (upon 6th birthday) to age 13 years (up to 13th birthday)**

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: **1:4 for children 0-8 months and 1:6 for children 9-11 months.**

Group size: **8 for children 0-8 months and 12 for children 9-11 months.**

ii. Toddler.

Ratio: **1:6 for children 12-23 months and 1:9 for children 24-35 months.**

Group size: **12 for children 12-23 months and 18 for children 24-35 months.**

iii. Preschool.

Ratio: **1:12 for children 35-47 months; 1:13 for children 48-59 months; and 1:18 for children 5 years - 5 years & 11 months.**

Group size: **24 for children 35-47 months; 26 for children 48-59 months; and 36 for children 5 years - 5 years & 11 months.**

iv. School-Age.

Ratio: **1:18 for children 6 to 12 years.**

Group size: **36 for children 6 to 12 years.**

v. Mixed-Age Groups (if applicable).

Ratio: **If a licensee of a child care facility cares 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 cares 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: N/A

iii. Toddler: N/A

iv. Preschool: N/A

v. School-Age: For our license-exempt OST and OSR Before and After School programs, the Ratio is 1:20 and the Group Size is 40.

vi. Mixed-Age Groups: N/A

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: For FCCs: 1:2 for 0-11 months.

For GFCCs: 1:2 for 0-11 months.

Group size: For FCCs: 2 for 0-11 months. An FCC provider cannot provide care for more than two (2) children who are less than 1 year of age at any given time.

For GFCCs: 12 for 3 years and older.

ii. Toddler (if applicable)

Ratio: For FCCs: 1:4 for 1 year-3 years

For GFCCs: 1:4 for 1 year-3 years

Group size: For FCCs: 4 for 1 year-3 years.

For GFCCs: 8 for 1 year-3 years.

iii. Preschool (if applicable)

Ratio: For FCCs: 1:6 for 3 years and older

For GFCCs: 2:6 for 3 years and older

Group size: For FCCs: 6 for 3 years and older.

For GFCCs: 12 for 3 years and older.

iv. School-Age (if applicable)

Ratio: **For FCCs: 1:6 for 3 years and older**

For GFCCs: 2:6 for 3 years and older

Group size: **For FCCs: 6 for 3 years and older.**

For GFCCs: 12 for 3 years and older.

v. Mixed-Age Groups

Ratio: **If a licensee of a child care facility cares 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 cares 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.**

d. Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **For our license-exempt FFN population, the ratio is 1:4 with a group size of four (4) for any age.**

[ ] 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: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

f. Are any of the responses above different for license-exempt in-home care?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **In-home care in Nevada is provided by license-exempt FFN providers. FFN providers can be a relative or non-relative and may provide services in the child's home (in-home) or in their own home (out-of-home) for up to four (4) children. FFN providers who offer in-home services must care for a minimum of two (2) subsidy-enrolled children to be eligible as an in-home provider. Ratio is 1:4 and Group Size = 4.**

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 NAC 432A.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. 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 for: 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 the facility transports children.**

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 NRS 432A.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 Welfare and Supportive Services, 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.

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 NAC 432A.306, Every caregiver in a licensed 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. Not more than 50 percent of the caregivers in a licensed child care center, a child care institution, or an early care and education program may be under 18 years of age. Qualifications for licensees and their staff also include initial and annual training hours for: 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 the facility transports children.**

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: **All CCDF-eligible providers must provide proof they are 1) at least 18 years of age; 2) a U.S citizen or Lawful Permanent Resident; 3) provide a photo ID and proof of Social Security card; 4) have a working landline telephone for emergency situations at the location where care is being provided; 5) provide verification of home address; 6) complete a Background Disclosure Form; 7) report any public assistance received from any state, city, or county agency using the Notice to Report Form; 8) complete the Employers Responsibility Form; 9) complete the Parent/Provider Agreement; 10) complete the Provider Service Agreement; and 11) complete required health and safety training as outlined in State Plan section 5.3.**

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. **All CCDF-eligible providers must provide proof they are 1) at least 18 years of age; 2) a U.S citizen or Lawful Permanent Resident; 3) provide a photo ID and proof of Social Security card; 4) have a working landline telephone for emergency situations at the location where care is being provided; 5) provide verification of home address; 6) complete a Background Disclosure Form; 7) report any public assistance received from any state, city, or county agency using the Notice to Report Form; 8) complete the Employers Responsibility Form; 9) complete the Parent/Provider Agreement; 10) complete the Provider Service Agreement; and 11) complete required health and safety training as outlined in State Plan section 5.3.**

b. License-exempt home-based child care. **All CCDF-eligible providers must provide proof they are 1) at least 18 years of age; 2) a U.S citizen or Lawful Permanent Resident; 3) provide a photo ID and proof of Social Security card; 4) have a working landline telephone for emergency situations at the location where care is being provided; 5) provide verification of home address; 6) complete a Background Disclosure Form; 7) report any public assistance received from any state, city, or county agency using the Notice to Report Form; 8) complete the Employers Responsibility Form; 9) complete the Parent/Provider Agreement; 10) complete the Provider Service Agreement; and 11) complete required health and safety training as outlined in State Plan section 5.3.**

c. License-exempt in-home care (care in the child's own home). **All CCDF-eligible providers must provide proof they are 1) at least 18 years of age; 2) a U.S citizen or Lawful Permanent Resident; 3) provide a photo ID and proof of Social Security card; 4) have a working landline telephone for emergency situations at the location where care is being provided; 5) provide verification of home address; 6) complete a Background Disclosure Form; 7) report any public assistance received from any state, city, or county agency using the Notice to Report Form; 8) complete the Employers Responsibility Form; 9) complete the Parent/Provider Agreement; 10) complete the Provider Service Agreement; and 11) complete required health and safety training as outlined in State Plan section 5.3.**

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 centers must meet the standards of prevention and control of infectious disease including: proper sanitation measures for diapering (NAC 432A.411) and disinfection (NAC 432A.414, NAC 432A.415), hand washing (NAC 432A.412), toilet training (NAC 432A.413), immunization requirements must be met prior to admission to the child care facility (NRS 432A.230 and exceptions as listed in NRS 432A.235 and NRS 432A.250), bloodborne pathogen prevention and exposure (NAC 432A.308), and infectious disease outbreak control training.**

NAC 432A.411 Sanitary measures for changing diapers. (NRS 432A.077)
1. Each area in a facility that is used for changing diapers must:
(a) Have a smooth, nonabrasive, impervious surface;
(b) Be located within close proximity to a sink that is not used for the preparation of food;
(c) Not be located in an area in which food is prepared;
(d) Have a smooth, nonabsorbent floor covering;
(e) Have nearby, for wet or soiled diapers, a washable receptacle that is lined with plastic and covered with a lid;
(f) Be kept in good repair and in a safe condition; and
(g) Be cleaned and disinfected after each use by removing any visible soil and applying an approved disinfectant.
2. Each soiled cloth diaper and any soiled clothing that may be contaminated with contagious matter must be stored in an individual plastic bag and be returned to the parents daily. The facility is not required to rinse or dump the contents of a diaper or the underwear of a child cared for in the facility. Each diaper used, including, without limitation, a commercial disposable diaper, must be able to contain urine and stool and minimize contamination. If cloth diapers are used on children, an absorbent inner liner and a waterproof outer covering must be provided with the diaper.
3. The staff of a facility:
(a) Shall discourage children from coming near an area that is used for changing diapers; and
(b) Shall not leave a child unattended in the diaper changing area.

NAC 432A.414 Sanitary measures for floors, rugs, carpets and nonporous surfaces. (NRS 432A.077)
1. A carpeted floor or rug on a floor that is too large to wash in a washing machine must be vacuumed not less than one time each day or more often if necessary and cleaned not less than one time every 3 months or more often if necessary. If the carpeted floor or rug is cleaned by a member of the staff of the facility using a carpet cleaning machine, the Division may require the carpeted floor or rug to be professionally cleaned if the carpeted floor or rug does not appear to be clean.
2. Each floor of a facility that is not carpeted must be swept and mopped not less than one time each day or more often if necessary.

3. When cleaning a nonporous surface in a facility, including, without limitation, cleaning toys, cribs, tables, high chairs and surfaces used to change diapers, the staff of the facility shall:

(a) Clean the surface first with soap and water to remove any dirt or debris; and

(b) Disinfect the surface with a disinfecting agent.

4. The disinfecting agent used pursuant to subsection 3 must consist of:

(a) One-fourth of a cup of liquid chlorine bleach added to 1 gallon of water that is prepared fresh daily and kept in a closed container;

(b) One tablespoon of liquid chlorine bleach added to 1 quart of water that is prepared fresh daily; or

(c) A solution that is approved by the appropriate state or local agency and is at least as effective as the solutions described in paragraphs (a) and (b).

NAC 432A.415 Safety and sanitation of toys, equipment and other objects and material used for play. (NRS 432A.077)

1. Equipment and any material other than a toy that is used for play in a facility must be durable and free from characteristics that may be hazardous or injurious to a child who is less than 2 years of age, including, without limitation, such characteristics as sharp or rough edges, toxic paint or objects that are small enough for a child of that age to swallow and choke on.

2. Any object, toy or component of a toy that is accessible by a child who is less than 3 years of age at a facility must meet the federal size requirements set forth in 16 C.F.R. § 1501.4.

3. Toys with sharp points or edges, plastic bags and objects made from Styrofoam must not be accessible to a child who is less than 3 years of age.

4. A toy or any other piece of equipment that is used for play must be made of a material that is capable of being disinfected and must be cleaned and disinfected promptly after the toy or other piece of equipment has been soiled or put into the mouth of a child, or not less than one time each day.

5. The staff of a facility shall not provide a stuffed animal to any child unless the stuffed animal is laundered or disinfected not less than one time each day or more often if necessary.

6. Toys must not be placed in a crib at any time. The staff of a facility shall adhere to any requirement set forth on the label of a toy regarding the safe use of the toy.

7. Each room at a facility that is used for play and other activities for children must have:

(a) Low, open shelves to store toys;

(b) An adequate supply of toys that are in good condition and appropriate for the age of the children;

(c) Tables and chairs that are the appropriate size for the children; and

(d) Any other equipment that is necessary to meet the needs of the children.

8. Any toy that is broken or has a missing part must be repaired or replaced before the toy may be used in the facility.

9. Walkers for children that are designed to be moved across the floor must not be used in a facility.

NAC 432A.412 Written procedures for washing of hands. (NRS 432A.077)

1. Each facility must have written procedures concerning the washing of hands.

2. The staff of a facility shall follow the procedures of the facility concerning the washing of hands and shall instruct, monitor and assist the children being cared for at the facility to ensure that the children follow the procedures.

3. The procedures concerning the washing of hands must require, without limitation, that:

(a) The staff of the facility wash their hands with soap from a dispenser and warm water:

(1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;

(2) Before preparing or handling food;

(3) Before engaging in any activity related to serving food, including, without limitation, setting the table;

(4) Before and after eating a meal or snack;

(5) After using the toilet, helping a child use the toilet or changing a diaper with or without gloves;

(6) After attending to an ill child;

(7) After handling an animal;

(8) Before and after giving medication to a child; and

(9) After cleaning a container used to store garbage or handling garbage.

(b) The children being cared for in the facility wash their hands with soap from a dispenser and warm water:

(1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;

(2) Before handling food;

(3) Before and after eating a meal or snack;

(4) After handling an animal;

(5) After the diaper or underwear of the child is changed;

(6) After playing in water; and

(7) After playing in a sandbox.

(c) The staff of the facility shall ensure that:

(1) Each bathroom has running water, soap and single-use or disposable towels; and

(2) Any common basin or sink which is filled with standing water is not used for the washing of hands.

NAC 432A.413 Written guidelines for toilet training. (NRS 432A.077)

1. Each facility shall develop written guidelines concerning the methods used by the staff of the facility for toilet training and the use of appropriate equipment and clothing for such training.

2. The guidelines concerning toilet training must be distributed to each parent of each child being cared for at the facility who is not yet toilet trained.

3. The guidelines must require the staff of the facility:

(a) Not to force a child to remain on the toilet for a prolonged period of time or punish a child for wetting or soiling his or her clothing;

(b) Not to leave a child unattended while the child is sitting on a potty-chair or on the toilet;

(c) To instruct and assist the children in washing their hands after using the toilet; and

(d) If a potty-chair is used to train a child to use the toilet, to:

(1) Place the potty-chair on a washable, impervious floor;

(2) Use the potty-chair in accordance with the instructions from the manufacturer;

(3) Ensure that the potty-chair is stored and used in an area that is not in close proximity to an area used for the preparation of food;

(4) Empty the potty-chair into a toilet immediately after each use;

(5) Thoroughly clean and disinfect the potty-chair after each use; and

(6) Disinfect the utility sink where the potty-chair was cleaned.

NAC 432A.308 Completion by caregiver of training for recognition of signs and symptoms of illness and administration of first aid. (NRS 432A.077)

1. Whenever a child care facility is in operation, each caregiver on duty must have completed training for the recognition of signs and symptoms of illness and the administration of first aid.

2. The training for the recognition of signs and symptoms of illness must include, without limitation, the provision of information concerning health and the observation and evaluation of signs and symptoms of illness and responses to illness and emergencies and training in the prevention of exposure to bloodborne pathogens. The training for the administration of first aid must include, without limitation, the administration of first aid to victims of fire, serious injury or the ingestion of poison. Both types of training must be:

(a) Provided by a licensed health care professional or a representative of a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an institution approved by The Nevada Registry or its successor organization; and

(b) Approved by:

(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve the training; or

(2) If the training is not approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve the training, the Division or the local licensing agency.

3. A certificate or other evidence of compliance issued by a licensed health care professional, a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an approved provider of such training is adequate evidence of compliance.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All CCDF-eligible licensed centers must meet the standards of prevention and control of infectious disease including: proper sanitation measures for diapering (NAC 432A.411) and disinfection (NAC 432A.414, NAC 432A.415), hand washing (NAC 432A.412), toilet training (NAC 432A.413), immunization requirements must be met prior to admission to the child care facility (NRS 432A.230 and exceptions as listed in NRS 432A.235 and NRS 432A.250), bloodborne pathogen prevention and exposure (NAC 432A.308), and infectious disease outbreak control training.**

NAC 432A.411 Sanitary measures for changing diapers. (NRS 432A.077)

1. Each area in a facility that is used for changing diapers must:

(a) Have a smooth, nonabrasive, impervious surface;

(b) Be located within close proximity to a sink that is not used for the preparation of food;

(c) Not be located in an area in which food is prepared;

(d) Have a smooth, nonabsorbent floor covering;

(e) Have nearby, for wet or soiled diapers, a washable receptacle that is lined with plastic and covered with a lid;

(f) Be kept in good repair and in a safe condition; and

(g) Be cleaned and disinfected after each use by removing any visible soil and applying an approved disinfectant.

2. Each soiled cloth diaper and any soiled clothing that may be contaminated with contagious matter must be stored in an individual plastic bag and be returned to the parents daily. The facility is not required to rinse or dump the contents of a diaper or the underwear of a child cared for in the facility. Each diaper used, including, without limitation, a commercial disposable diaper, must be able to contain urine and stool and minimize contamination. If cloth diapers are used on children, an absorbent inner liner and a waterproof outer covering must be provided with the diaper.

3. The staff of a facility:

(a) Shall discourage children from coming near an area that is used for changing diapers; and

(b) Shall not leave a child unattended in the diaper changing area.

NAC 432A.414 Sanitary measures for floors, rugs, carpets and nonporous surfaces. (NRS 432A.077)

1. A carpeted floor or rug on a floor that is too large to wash in a washing machine must be vacuumed not less than one time each day or more often if necessary and cleaned not less than one time every 3 months or more often if necessary. If the carpeted floor or rug is cleaned by a member of the staff of the facility using a carpet cleaning machine, the Division may require the carpeted floor or rug to be professionally cleaned if the carpeted floor or rug does not appear to be clean.

2. Each floor of a facility that is not carpeted must be swept and mopped not less than one time each day or more often if necessary.

3. When cleaning a nonporous surface in a facility, including, without limitation, cleaning toys, cribs, tables, high chairs and surfaces used to change diapers, the staff of the facility shall:

(a) Clean the surface first with soap and water to remove any dirt or debris; and

(b) Disinfect the surface with a disinfecting agent.

4. The disinfecting agent used pursuant to subsection 3 must consist of:

(a) One-fourth of a cup of liquid chlorine bleach added to 1 gallon of water that is prepared fresh daily and kept in a closed container;

(b) One tablespoon of liquid chlorine bleach added to 1 quart of water that is prepared fresh daily; or

(c) A solution that is approved by the appropriate state or local agency and is at least as effective as the solutions described in paragraphs (a) and (b).

NAC 432A.415 Safety and sanitation of toys, equipment and other objects and material used for play. (NRS 432A.077)

1. Equipment and any material other than a toy that is used for play in a facility must be durable and free from characteristics that may be hazardous or injurious to a child who is less than 2 years of age, including, without limitation, such characteristics as sharp or rough edges, toxic paint or objects that are small enough for a child of that age to swallow and choke on.
2. Any object, toy or component of a toy that is accessible by a child who is less than 3 years of age at a facility must meet the federal size requirements set forth in 16 C.F.R. § 1501.4.
3. Toys with sharp points or edges, plastic bags and objects made from Styrofoam must not be accessible to a child who is less than 3 years of age.
4. A toy or any other piece of equipment that is used for play must be made of a material that is capable of being disinfected and must be cleaned and disinfected promptly after the toy or other piece of equipment has been soiled or put into the mouth of a child, or not less than one time each day.
5. The staff of a facility shall not provide a stuffed animal to any child unless the stuffed animal is laundered or disinfected not less than one time each day or more often if necessary.
6. Toys must not be placed in a crib at any time. The staff of a facility shall adhere to any requirement set forth on the label of a toy regarding the safe use of the toy.
7. Each room at a facility that is used for play and other activities for children must have:
   (a) Low, open shelves to store toys;
   (b) An adequate supply of toys that are in good condition and appropriate for the age of the children;
   (c) Tables and chairs that are the appropriate size for the children; and
   (d) Any other equipment that is necessary to meet the needs of the children.
8. Any toy that is broken or has a missing part must be repaired or replaced before the toy may be used in the facility.
9. Walkers for children that are designed to be moved across the floor must not be used in a facility.

NAC 432A.412 Written procedures for washing of hands. (NRS 432A.077)

1. Each facility must have written procedures concerning the washing of hands.
2. The staff of a facility shall follow the procedures of the facility concerning the washing of hands and shall instruct, monitor and assist the children being cared for at the facility to ensure that the children follow the procedures.
3. The procedures concerning the washing of hands must require, without limitation, that:
   (a) The staff of the facility wash their hands with soap from a dispenser and warm water:
      (1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;

(2) Before preparing or handling food;

(3) Before engaging in any activity related to serving food, including, without limitation, setting the table;

(4) Before and after eating a meal or snack;

(5) After using the toilet, helping a child use the toilet or changing a diaper with or without gloves;

(6) After attending to an ill child;

(7) After handling an animal;

(8) Before and after giving medication to a child; and

(9) After cleaning a container used to store garbage or handling garbage.

(b) The children being cared for in the facility wash their hands with soap from a dispenser and warm water:

(1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine;

(2) Before handling food;

(3) Before and after eating a meal or snack;

(4) After handling an animal;

(5) After the diaper or underwear of the child is changed;

(6) After playing in water; and

(7) After playing in a sandbox.

(c) The staff of the facility shall ensure that:

(1) Each bathroom has running water, soap and single-use or disposable towels; and

(2) Any common basin or sink which is filled with standing water is not used for the washing of hands.

NAC 432A.413 Written guidelines for toilet training. (NRS 432A.077)

1. Each facility shall develop written guidelines concerning the methods used by the staff of the facility for toilet training and the use of appropriate equipment and clothing for such training.

2. The guidelines concerning toilet training must be distributed to each parent of each child being cared for at the facility who is not yet toilet trained.

3. The guidelines must require the staff of the facility:

(a) Not to force a child to remain on the toilet for a prolonged period of time or punish a child for wetting or soiling his or her clothing;

(b) Not to leave a child unattended while the child is sitting on a potty-chair or on the toilet;

(c) To instruct and assist the children in washing their hands after using the toilet; and

(d) If a potty-chair is used to train a child to use the toilet, to:

(1) Place the potty-chair on a washable, impervious floor;

(2) Use the potty-chair in accordance with the instructions from the manufacturer;

(3) Ensure that the potty-chair is stored and used in an area that is not in close proximity to an area used for the preparation of food;

(4) Empty the potty-chair into a toilet immediately after each use;

(5) Thoroughly clean and disinfect the potty-chair after each use; and

(6) Disinfect the utility sink where the potty-chair was cleaned.

NAC 432A.308 Completion by caregiver of training for recognition of signs and symptoms of illness and administration of first aid. (NRS 432A.077)

1. Whenever a child care facility is in operation, each caregiver on duty must have completed training for the recognition of signs and symptoms of illness and the administration of first aid.

2. The training for the recognition of signs and symptoms of illness must include, without limitation, the provision of information concerning health and the observation and evaluation of signs and symptoms of illness and responses to illness and emergencies and training in the prevention of exposure to bloodborne pathogens. The training for the administration of first aid must include, without limitation, the administration of first aid to victims of fire, serious injury or the ingestion of poison. Both types of training must be:

(a) Provided by a licensed health care professional or a representative of a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an institution approved by The Nevada Registry or its successor organization; and

(b) Approved by:

(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve the training; or

(2) If the training is not approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve the training, the Division or the local licensing agency.

3. A certificate or other evidence of compliance issued by a licensed health care professional, a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an approved provider of such training is adequate evidence of compliance.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The state's CCL program does not license in-home child care providers. All in-home providers receiving child care scholarship payments must take 24 hours of health and safety training prior to providing care or during an orientation period of 90 days. Training includes: prevention and control of infectious diseases, prevention of Sudden Infant Death Syndrome and safe sleeping practices, administration of medication consistent with parental consent standards, prevention and response to emergencies due to food and allergy reactions, physical premise safety, prevention of Shaken Baby Syndrome an abusive head trauma, emergency preparedness and response planning for natural disasters and human-caused events such as firearm/physical violence.**

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All CCDF-eligible license-exempt center care providers receiving child care scholarship payments must take 24 hours of health and safety training prior to providing care or during an orientation period of 90 days. Training includes: prevention and control of infectious diseases, prevention of Sudden Infant Death Syndrome and safe sleeping practices, administration of medication consistent with parental**

consent standards, prevention and response to emergencies due to food and allergy reactions, physical premise safety, prevention of Shaken Baby Syndrome an abusive head trauma, emergency preparedness and response planning for natural disasters and human-caused events such as firearm/physical violence.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All CCDF-eligible license-exempt family child care providers receiving child care scholarship payments must take 24 hours of health and safety training prior to providing care or during an orientation period of 90 days. Training includes: prevention and control of infectious diseases, prevention of Sudden Infant Death Syndrome and safe sleeping practices, administration of medication consistent with parental consent standards, prevention and response to emergencies due to food and allergy reactions, physical premise safety, prevention of Shaken Baby Syndrome an abusive head trauma, emergency preparedness and response planning for natural disasters and human-caused events such as firearm/physical violence.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The state's CCL program does not license in-home child care providers. All in-home providers receiving child care scholarship payments must take 24 hours of health and safety training prior to providing care or during an orientation period of 90 days. Training includes: prevention and control of infectious diseases, prevention of Sudden Infant Death Syndrome and safe sleeping practices, administration of medication consistent with parental consent standards, prevention and response to emergencies due to food and allergy reactions, physical premise safety, prevention of Shaken Baby Syndrome an abusive head trauma, emergency preparedness and response planning for natural disasters and human-caused events such as firearm/physical violence.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All CCDF-eligible out-of-school programs receiving child care scholarship payments must take 24 hours of health and safety training prior to providing care or during an orientation period of 90 days. Training includes: prevention and control of infectious diseases, prevention of Sudden Infant Death Syndrome and safe sleeping practices, administration of medication consistent with parental consent standards, prevention and response to emergencies due to food and allergy reactions, physical premise safety, prevention of Shaken Baby Syndrome an abusive head trauma, emergency preparedness and response planning for natural disasters and human-caused events such as firearm/physical violence. Outdoor youth programs (e.g., summer camps, day camps, etc.) are required to prepare a written general plan for preventing diseases and coping with emergencies including procedures to be followed in the base camp as well as in the field. The plan for the prevention and elimination of infectious and communicable diseases must be approved by the local health authority.**

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: **Certificate of immunization prerequisite to admission to child care facility; conditional admission; reporting.**
Except as otherwise provided by law and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this State 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. The immunization 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. 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. 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. Before December 31 of each year, each child care facility shall report to the Division of Public and Behavioral Health, 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.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certificate of immunization prerequisite to admission to child care facility; conditional admission; reporting.**
Except as otherwise provided by law and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this State 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. The immunization 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. 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. 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. Before December 31 of each year, each child care facility shall report to the Division of Public and Behavioral Health, 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.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **OST and OSR standards are set using the Caring for our Children Basics:**

Immunization Documentation - Programs should require that all parents/guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the Recommended Immunization Schedules for Persons Aged 0 Through 18 Years developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians. Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions.

Unimmunized Children - If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents'/guardians' religious beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian should be on file. Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child’s age should be informed if/when there are children in care who have not had routine immunizations due to exemption. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical or religious, exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. Children who are in foster care or experiencing homelessness as

defined by the McKinney-Vento Act should receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible. If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
License-exempt family child care home standards are set using the Caring for our Children Basics:

Immunization Documentation - Programs should require that all parents/guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the Recommended Immunization Schedules for Persons Aged 0 Through 18 Years developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians. Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions.

Unimmunized Children - If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents'/guardians' religious beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian should be on file. Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child’s age should be informed if/when there are children in care who have not had routine immunizations due to exemption. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical or religious, exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. Children who are in foster care or experiencing homelessness as defined by the McKinney-Vento Act should receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible. If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these

children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt in-home care standards are set using the Caring for our Children Basics:**

Immunization Documentation - Programs should require that all parents/guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the Recommended Immunization Schedules for Persons Aged 0 Through 18 Years developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians. Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions.

Unimmunized Children - If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents'/guardians' religious beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian should be on file. Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child's age should be informed if/when there are children in care who have not had routine immunizations due to exemption. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical or religious, exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. Children who are in foster care or experiencing homelessness as defined by the McKinney-Vento Act should receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible. If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **OST and OSR standards are set using the Caring for our Children Basics:**

Immunization Documentation - Programs should require that all

parents/guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the Recommended Immunization Schedules for Persons Aged 0 Through 18 Years developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians. Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions.

Unimmunized Children - If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents'/guardians' religious beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian should be on file. Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child's age should be informed if/when there are children in care who have not had routine immunizations due to exemption. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical or religious, exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. Children who are in foster care or experiencing homelessness as defined by the McKinney-Vento Act should receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible. If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

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: **NAC 432A.416 Sleeping devices; napping. (NRS 432A.077)**
1. Each member of the staff of a facility that is necessary to meet the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205 for napping or sleeping children must be on the same floor in the same building

where the children are napping or sleeping. Members of the staff of each facility must be readily accessible and available to be summoned to ensure the safety of the children in the facility.
2. Areas provided for napping or sleeping in a facility must be sufficiently lighted to provide for visual supervision of the children at all times.
3. The staff of each facility shall: (a) Ensure that each infant under 12 months of age is placed on his or her back on a firm mattress, mat or pad manufactured for use by an infant when the infant is napping or sleeping; (b) Use a safe, sturdy, well-constructed, single-level, free-standing crib, portable crib or playpen for children to nap or sleep in; (c) Equip any such sleeping device with a waterproof, firm-fitting mattress; (d) Ensure that each crib to be used by a child who is 6 months of age or younger is constructed with vertical slats that are not more than 2 3/8 inches apart; (e) Ensure that a child who is 18 months of age or younger naps or sleeps in a crib which is appropriate for his or her age or in another sleeping device which has been approved by the Division; (f) Ensure that a child who is older than 18 months of age naps or sleeps in an appropriate crib or on a cot or mat; (g) Ensure that each sleeping device has appropriate bedding and a waterproof and washable covering; (h) Wipe clean each sleeping device with a disinfectant not less than one time each week or more often if necessary; (i) Ensure that the bedding that each child uses is used only for that particular child; (j) Replace the bedding each time it is wet or soiled by a child or when the sleeping device is to be used by another child; (k) Within 15 minutes after a child in a crib has awakened from a nap or from sleeping, take the child out of the crib and engage him or her in an appropriate activity; (l) Ensure that each child takes a nap as needed; (m) Ensure that each napping or sleeping child is in an area from which the staff can readily hear and see the child; and (n) Ensure that each napping or sleeping child is checked by a caregiver not less than one time every 15 minutes.
4. The staff of a facility shall not change the diaper of a child in a crib or other sleeping device.
5. The staff of a facility shall not use a waterbed, sofa, soft mattress, pillow or any other soft surface as a surface on which to place an infant under 12 months of age to nap or sleep.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **NAC 432A.416 Sleeping devices; napping. (NRS 432A.077)**
1. Each member of the staff of a facility that is necessary to meet the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205 for napping or sleeping children must be on the same floor in the same building where the children are napping or sleeping. Members of the staff of each facility must be readily accessible and available to be summoned to ensure the safety of the children in the facility.
2. Areas provided for napping or sleeping in a facility must be sufficiently lighted to provide for visual supervision of the children at all times.
3. The staff of each facility shall: (a) Ensure that each infant under 12 months of age is placed on his or her back on a firm mattress, mat or pad manufactured for use by an infant when the infant is napping or sleeping; (b) Use a safe, sturdy, well-constructed, single-level, free-standing crib, portable crib or playpen for

children to nap or sleep in; (c) Equip any such sleeping device with a waterproof, firm-fitting mattress; (d) Ensure that each crib to be used by a child who is 6 months of age or younger is constructed with vertical slats that are not more than 2 3/8 inches apart; (e) Ensure that a child who is 18 months of age or younger naps or sleeps in a crib which is appropriate for his or her age or in another sleeping device which has been approved by the Division; (f) Ensure that a child who is older than 18 months of age naps or sleeps in an appropriate crib or on a cot or mat; (g) Ensure that each sleeping device has appropriate bedding and a waterproof and washable covering; (h) Wipe clean each sleeping device with a disinfectant not less than one time each week or more often if necessary; (i) Ensure that the bedding that each child uses is used only for that particular child; (j) Replace the bedding each time it is wet or soiled by a child or when the sleeping device is to be used by another child; (k) Within 15 minutes after a child in a crib has awakened from a nap or from sleeping, take the child out of the crib and engage him or her in an appropriate activity; (l) Ensure that each child takes a nap as needed; (m) Ensure that each napping or sleeping child is in an area from which the staff can readily hear and see the child; and (n) Ensure that each napping or sleeping child is checked by a caregiver not less than one time every 15 minutes.

4. The staff of a facility shall not change the diaper of a child in a crib or other sleeping device.

5. The staff of a facility shall not use a waterbed, sofa, soft mattress, pillow or any other soft surface as a surface on which to place an infant under 12 months of age to nap or sleep.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **OST and OSR not required due to working with school age children only.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **FFN standards within Caring for our Children Basics detailed below:**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10) Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of

communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.
3.1.4.1 Safe Sleep Practices and SIDS Risk Reduction (pg. 12) All staff, parents/guardians, volunteers, and others who care for infants in the early care and education setting should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP). Cribs must be in compliance with current U.S. Consumer Product Safety Commission (CPSC) and ASTM International safety standards. See Standard 5.4.5.2 for more information.

5.4.5.2 Cribs and Play Yards (pg. 20) Before purchase and use, cribs and play yards should be in compliance with current CPSC and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16 CFR 1219, 1220, and 1500 Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule. Programs should only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as defined by the American Academy of Pediatrics. Each crib should be labeled and used for the infant's exclusive use. Cribs and mattresses should be thoroughly cleaned and sanitized before assignment for use by another child. Infants should not be placed in the cribs with items that could pose a strangulation or suffocation risk. Cribs should be placed away from window blinds or draperies.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: FFN standards within Caring for our Children Basics detailed below:

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10) Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.
3.1.4.1 Safe Sleep Practices and SIDS Risk Reduction (pg. 12) All staff, parents/guardians, volunteers, and others who care for infants in the early care and education setting should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP). Cribs must be in compliance with current U.S. Consumer Product Safety Commission (CPSC) and ASTM International safety

standards. See Standard 5.4.5.2 for more information.

5.4.5.2 Cribs and Play Yards (pg. 20) Before purchase and use, cribs and play yards should be in compliance with current CPSC and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16 CFR 1219, 1220, and 1500 Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule. Programs should only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as defined by the American Academy of Pediatrics. Each crib should be labeled and used for the infant's exclusive use. Cribs and mattresses should be thoroughly cleaned and sanitized before assignment for use by another child. Infants should not be placed in the cribs with items that could pose a strangulation or suffocation risk. Cribs should be placed away from window blinds or draperies.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **OST and OSR not required due to working with school age children only.**

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: **Licensed provider types do not administer medication without the express permission of parents/guardians. Providers can only administer prescription/non-prescription medication to children if the medication is provided to the facility by the parent/guardian with permission to administer and instructions about administration.**

NAC 432A.376 Medication.
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: **Licensed provider types do not administer medication without the express permission of parents/guardians. Providers can only administer prescription/non-prescription medication to children if the medication is provided to the facility by the parent/guardian with permission to administer and instructions about administration.**

NAC 432A.376 Medication.
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:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **License-Exempt Providers use the information provided within Caring for Our Children Basics:**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death

Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.2.2.1 Situations that Require Hand Hygiene (pg. 13)
All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC): a) Upon arrival for the day, after breaks, or when moving from one group to another. b) Before and after: Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered.

3.6.3.1/3.6.3.2 Medication Administration and Storage (pg. 15)
The administration of medicines at the facility should be limited to: a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication. b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal. Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

3.6.3.3 Training of Caregivers/Teachers to Administer Medication (pg. 16)
Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The course should be repeated according to state and/or local regulation and taught by a trained professional. Skill and competency should be monitored whenever an administration error occurs.

4.2.0.10 Care for Children with Food Allergies (pg. 16)

Each child with a food allergy should have a written care plan that includes: a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food; b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications. Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for: a) Preventing exposure to the specific food(s) to which the child is allergic; b) Recognizing the symptoms of an allergic reaction; c) Treating allergic reactions. The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting. The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered. Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

9.4.2.1 Contents of Child Records (pg. 26)
Programs should maintain a confidential file for each child in one central location on-site and should be immediately available to the child's caregivers/teachers (who should have parental/guardian consent for access to records), the child's parents/guardians, and the licensing authority upon request. The file for each child should include the following: a) Pre-admission enrollment information; b) Admission agreement signed by the parent/guardian at enrollment; c) Initial and updated health care assessments, completed and signed by the child's primary care provider, based on the child's most recent well care visit; d) Health history completed by the parent/guardian at admission; e) Medication record; f) Authorization form for emergency medical care; g) Results of developmental and behavioral screenings; h) Record of persons authorized to pick up child; i) Written informed consent forms signed by the parent/guardian allowing the facility to share the child's health records with other service providers.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
License-Exempt Providers use the information provided within Caring for Our Children Basics:

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication

administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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3.6.3.1/3.6.3.2 Medication Administration and Storage (pg. 15)
The administration of medicines at the facility should be limited to: a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication. b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal. Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

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event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications. Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for: a) Preventing exposure to the specific food(s) to which the child is allergic; b) Recognizing the symptoms of an allergic reaction; c) Treating allergic reactions. The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting. The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered. Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

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vi. All CCDF-eligible license-exempt in-home care. Provide the standard: License-Exempt Providers use the information provided within Caring for Our Children Basics:

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the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for: a) Preventing exposure to the specific food(s) to which the child is allergic; b) Recognizing the symptoms of an allergic reaction; c) Treating allergic reactions. The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting. The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered. Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

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vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **License-Exempt Providers use the information provided within Caring for Our Children Basics:**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death

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Recognizing the symptoms of an allergic reaction; c) Treating allergic reactions. The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting. The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered. Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

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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: In licensed facilities, children are not permitted to be administered any medications not provided by the child's parent/guardian.

NAC 432A.376 Medication.
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: In licensed facilities, children are not permitted to be administered any medications not provided by the child's parent/guardian.

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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:

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: License-Exempt Providers utilize the information provided within Caring for Our Children Basics (detailed below):

3.6.3.1/3.6.3.2 Medication Administration and Storage (pg. 15)
The administration of medicines at the facility should be limited to: a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing

health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication. b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal. Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

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v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
License-Exempt Providers utilize the information provided within Caring for Our Children Basics (detailed below):

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The administration of medicines at the facility should be limited to: a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication. b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal. Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

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should be monitored whenever an administration error occurs.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-Exempt Providers utilize the information provided within Caring for Our Children Basics (detailed below):**

3.6.3.1/3.6.3.2 Medication Administration and Storage (pg. 15)
The administration of medicines at the facility should be limited to: a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication. b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal. Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

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Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The course should be repeated according to state and/or local regulation and taught by a trained professional. Skill and competency should be monitored whenever an administration error occurs.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **License-Exempt Providers utilize the information provided within Caring for Our Children Basics (detailed below):**

3.6.3.1/3.6.3.2 Medication Administration and Storage (pg. 15)
The administration of medicines at the facility should be limited to: a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication. b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal. Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should

not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

3.6.3.3 Training of Caregivers/Teachers to Administer Medication (pg. 16)
Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The course should be repeated according to state and/or local regulation and taught by a trained professional. Skill and competency should be monitored whenever an administration error occurs.

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: **NAC432A.385 Snacks and meals. (NRS 432A.077)**
1. The staff of each facility shall:
(a) Provide appropriate and adequate seating for the children at the facility during snacks and meals;
(b) If a high chair is used, ensure that the chair:
(1) Is in good condition;
(2) Has a wide base; and
(3) Has a safety belt for the child;
(c) Wash with a detergent and disinfect before and after each use of any table that is used during a snack or meal;
(d) Allow, encourage and assist each child to feed himself or herself, including, without limitation, encouraging a child to hold and drink from a cup, use a spoon and use his or her fingers to feed himself or herself;
(e) Offer each child drinking water at times other than during his or her regular feedings;
(f) Discard any food that is left in a dish after a meal;
(g) Ensure that bottles and containers of food are not kept in water longer than 5 minutes, and stir, shake and test a bottle or container of food before using the bottle or container to feed an infant;
(h) Not hold an infant while preparing food;
(i) On a daily basis, empty, clean and sanitize any pot used to warm a bottle or food;
(j) Store each bottle of formula and container of food in accordance with the instructions from the manufacturer of the formula or food;
(k) Label each bottle of formula and container of food with the name of the child to whom it belongs and the date the formula or food was prepared by the facility or was prepared or purchased by the parent;
(l) Immediately refrigerate and label each container of breast milk provided by a

parent;
(m) Return each bottle to the appropriate parent each day;
(n) Return any unused, open container of food to the appropriate parent each day if the child was not fed directly from the container of food; and
(o) Develop with the parents of a child a plan for feeding the child, which must include, without limitation:
(1) Instructions for feeding;
(2) Any special dietary restrictions, including, without limitation, any allergies to food;
(3) A schedule of times for feeding;
(4) Whether the child will be fed breast milk, formula or solid food;
(5) If the child will be fed breast milk or formula, when to begin feeding solid food; and
(6) Likes and dislikes of certain foods.
2. A child who is fed with a bottle and does not hold his or her own bottle must be held by a caregiver while being fed with a bottle. The bottle must not be propped for feeding. A child who demonstrates a preference for holding a bottle during feeding may hold his or her own bottle and need not be held by a caregiver if the caregiver is directly observing the child.
3. The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used. NAC 432A.308
Completion by caregiver of training for recognition of signs and symptoms of illness and administration of first aid.

(NRS 432A.077)
1. Whenever a child care facility is in operation, each caregiver on duty must have completed training for the recognition of signs and symptoms of illness and the administration of first aid.
2. The training for the recognition of signs and symptoms of illness must include, without limitation, the provision of information concerning health and the observation and evaluation of signs and symptoms of illness and responses to illness and emergencies and training in the prevention of exposure to bloodborne pathogens. The training for the administration of first aid must include, without limitation, the administration of first aid to victims of fire, serious injury or the ingestion of poison. Both types of training must be:
(a) Provided by a licensed health care professional or a representative of a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an institution approved by The Nevada Registry or its successor organization; and
(b) Approved by:
(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve the training; or
(2) If the training is not approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve the training, the Division or the local licensing agency.
3. A certificate or other evidence of compliance issued by a licensed health care professional, a licensed health care agency or clinic, a community college, a

university, the American National Red Cross, an adult education program in home nursing or an approved provider of such training is adequate evidence of compliance.

ii. All CCDF-eligible licensed family child care homes. Provide the standard:

NAC432A.385 Snacks and meals. (NRS 432A.077)

1. The staff of each facility shall:

(a) Provide appropriate and adequate seating for the children at the facility during snacks and meals;

(b) If a high chair is used, ensure that the chair:

(1) Is in good condition;

(2) Has a wide base; and

(3) Has a safety belt for the child;

(c) Wash with a detergent and disinfect before and after each use of any table that is used during a snack or meal;

(d) Allow, encourage and assist each child to feed himself or herself, including, without limitation, encouraging a child to hold and drink from a cup, use a spoon and use his or her fingers to feed himself or herself;

(e) Offer each child drinking water at times other than during his or her regular feedings;

(f) Discard any food that is left in a dish after a meal;

(g) Ensure that bottles and containers of food are not kept in water longer than 5 minutes, and stir, shake and test a bottle or container of food before using the bottle or container to feed an infant;

(h) Not hold an infant while preparing food;

(i) On a daily basis, empty, clean and sanitize any pot used to warm a bottle or food;

(j) Store each bottle of formula and container of food in accordance with the instructions from the manufacturer of the formula or food;

(k) Label each bottle of formula and container of food with the name of the child to whom it belongs and the date the formula or food was prepared by the facility or was prepared or purchased by the parent;

(l) Immediately refrigerate and label each container of breast milk provided by a parent;

(m) Return each bottle to the appropriate parent each day;

(n) Return any unused, open container of food to the appropriate parent each day if the child was not fed directly from the container of food; and

(o) Develop with the parents of a child a plan for feeding the child, which must include, without limitation:

(1) Instructions for feeding;

(2) Any special dietary restrictions, including, without limitation, any allergies to food;

(3) A schedule of times for feeding;

(4) Whether the child will be fed breast milk, formula or solid food;

(5) If the child will be fed breast milk or formula, when to begin feeding solid food; and

(6) Likes and dislikes of certain foods.

2. A child who is fed with a bottle and does not hold his or her own bottle must be

held by a caregiver while being fed with a bottle. The bottle must not be propped for feeding. A child who demonstrates a preference for holding a bottle during feeding may hold his or her own bottle and need not be held by a caregiver if the caregiver is directly observing the child.
3. The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used. NAC 432A.308
Completion by caregiver of training for recognition of signs and symptoms of illness and administration of first aid.

(NRS 432A.077)
1. Whenever a child care facility is in operation, each caregiver on duty must have completed training for the recognition of signs and symptoms of illness and the administration of first aid.
2. The training for the recognition of signs and symptoms of illness must include, without limitation, the provision of information concerning health and the observation and evaluation of signs and symptoms of illness and responses to illness and emergencies and training in the prevention of exposure to bloodborne pathogens. The training for the administration of first aid must include, without limitation, the administration of first aid to victims of fire, serious injury or the ingestion of poison. Both types of training must be:
(a) Provided by a licensed health care professional or a representative of a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an institution approved by The Nevada Registry or its successor organization; and
(b) Approved by:
(1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve the training; or
(2) If the training is not approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve the training, the Division or the local licensing agency.
3. A certificate or other evidence of compliance issued by a licensed health care professional, a licensed health care agency or clinic, a community college, a university, the American National Red Cross, an adult education program in home nursing or an approved provider of such training is adequate evidence of compliance.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death

Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

4.2.0.10 Care for Children with Food Allergies (pg. 16-17)
Each child with a food allergy should have a written care plan that includes: a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food; b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications. Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for: a) Preventing exposure to the specific food(s) to which the child is allergic; b) Recognizing the symptoms of an allergic reaction; c) Treating allergic reactions. The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting. The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered. Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care

needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death

syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

4.2.0.10 Care for Children with Food Allergies (pg. 16-17)
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vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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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: Per NAC 432A.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 a licensing surveyor uses to monitor how this standard is maintained and implemented. Further, how a licensed facility responds to emergencies is required to be written out in their parent handbook.

NAC 432A.323 Initial courses of training in child care. (NRS 432A.077, 432A.177)
1. Except as otherwise provided in NAC 432A.521 and NRS 432A.177, within 90 days after commencing his or her employment or position in a child care facility, each person who is employed in a child care facility, other than a person employed in a facility that provides care for ill children, and each director of a child care facility shall complete:
(a) Any training required by the facility in which the director serves or in which the person is employed for the purposes of obtaining certification in the administration of cardiopulmonary resuscitation as required pursuant to NAC 432A.322;
(b) Three or more hours of training in child development or guidance and discipline specific to the age group served by the facility in which the director serves or in which the person is employed;
(c) Two or more hours of training in the administration of first aid;
(d) Two or more hours of training in the recognition of signs and symptoms of illness, which must include, without limitation, training in the prevention of

exposure to bloodborne pathogens;

(e) Two or more hours of training in the recognition and reporting of child abuse and neglect;

(f) If the person or director works with infants under 12 months of age, at least:

(1) Two hours of training concerning Sudden Infant Death Syndrome; and

(2) One hour of training in the prevention of shaken baby syndrome and abusive head trauma;

(g) Two or more hours of training in the administration of medication, which must include, without limitation, training in the prevention of and response to food and other allergies;

(h) Two or more hours of training in building and physical premises safety, which must include, without limitation, training in the storage of biocontaminants and other hazardous materials;

(i) Two or more hours of training in emergency preparedness and response planning for emergencies resulting from a natural or man-made event;

(j) If the facility provides transportation, 1 or more hours of training in precautions to be taken when transporting children for each person who will provide such transportation; and

(k) Two or more hours of training in lifelong wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition and moderate or vigorous physical activity.

2. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment, each person described in subsection 1 shall, in addition to completing any training required pursuant to subsection 1 and completing any course in the development of children required pursuant to NAC 432A.306, complete at least the number of hours of training described in NAC 432A.326. A person may use training completed pursuant to subsection 1 to satisfy the training requirements set forth in NAC 432A.326.

3. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment as a member of the staff of a facility, each member of the staff of a facility shall complete a course in the development of children required pursuant to NAC 432A.306.

4. The training concerning the administration of first aid and the recognition of signs and symptoms of illness that is required to be completed pursuant to subsection 1 must be provided by one of the persons, agencies or institutions listed in NAC 432A.308 as qualified to provide such training.

5. The training required pursuant to subsections 1, 2 and 3 must be designed to:

(a) Ensure the protection of the health and safety of each child enrolled in the facility; and

(b) Promote the physical, moral and mental well-being of each child enrolled in the facility.

6. If the facility is a special needs facility, the training required pursuant to subsections 1, 2 and 3 must also be designed to provide information on the characteristics of handicapping conditions and appropriate programs for children with special needs. The training must be approved by:

(a) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such training; or

(b) If the training has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency.

7. Evidence that an employee has completed the training required pursuant to subsections 1, 2 and 3 must be included in his or her personnel file and must be kept at the facility. With regard to training concerning the administration of first aid and the recognition of signs and symptoms of illness, the evidence listed in NAC 432A.308 as adequate evidence of compliance is adequate evidence of compliance for the purposes of this section.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Per NAC 432A.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 a licensing surveyor uses to monitor how this standard is maintained and implemented. Further, how a licensed facility responds to emergencies is required to be written out in their parent handbook.**

NAC 432A.323 Initial courses of training in child care. (NRS 432A.077, 432A.177)

1. Except as otherwise provided in NAC 432A.521 and NRS 432A.177, within 90 days after commencing his or her employment or position in a child care facility, each person who is employed in a child care facility, other than a person employed in a facility that provides care for ill children, and each director of a child care facility shall complete:

(a) Any training required by the facility in which the director serves or in which the person is employed for the purposes of obtaining certification in the administration of cardiopulmonary resuscitation as required pursuant to NAC 432A.322;

(b) Three or more hours of training in child development or guidance and discipline specific to the age group served by the facility in which the director serves or in which the person is employed;

(c) Two or more hours of training in the administration of first aid;

(d) Two or more hours of training in the recognition of signs and symptoms of illness, which must include, without limitation, training in the prevention of exposure to bloodborne pathogens;

(e) Two or more hours of training in the recognition and reporting of child abuse and neglect;

(f) If the person or director works with infants under 12 months of age, at least:

(1) Two hours of training concerning Sudden Infant Death Syndrome; and

(2) One hour of training in the prevention of shaken baby syndrome and abusive head trauma;

(g) Two or more hours of training in the administration of medication, which must include, without limitation, training in the prevention of and response to food and other allergies;

(h) Two or more hours of training in building and physical premises safety, which must include, without limitation, training in the storage of biocontaminants and other hazardous materials;

(i) Two or more hours of training in emergency preparedness and response

planning for emergencies resulting from a natural or man-made event;

(j) If the facility provides transportation, 1 or more hours of training in precautions to be taken when transporting children for each person who will provide such transportation; and

(k) Two or more hours of training in lifelong wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition and moderate or vigorous physical activity.

2. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment, each person described in subsection 1 shall, in addition to completing any training required pursuant to subsection 1 and completing any course in the development of children required pursuant to NAC 432A.306, complete at least the number of hours of training described in NAC 432A.326. A person may use training completed pursuant to subsection 1 to satisfy the training requirements set forth in NAC 432A.326.

3. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment as a member of the staff of a facility, each member of the staff of a facility shall complete a course in the development of children required pursuant to NAC 432A.306.

4. The training concerning the administration of first aid and the recognition of signs and symptoms of illness that is required to be completed pursuant to subsection 1 must be provided by one of the persons, agencies or institutions listed in NAC 432A.308 as qualified to provide such training.

5. The training required pursuant to subsections 1, 2 and 3 must be designed to:

(a) Ensure the protection of the health and safety of each child enrolled in the facility; and

(b) Promote the physical, moral and mental well-being of each child enrolled in the facility.

6. If the facility is a special needs facility, the training required pursuant to subsections 1, 2 and 3 must also be designed to provide information on the characteristics of handicapping conditions and appropriate programs for children with special needs. The training must be approved by:

(a) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such training; or

(b) If the training has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency.

7. Evidence that an employee has completed the training required pursuant to subsections 1, 2 and 3 must be included in his or her personnel file and must be kept at the facility. With regard to training concerning the administration of first aid and the recognition of signs and symptoms of illness, the evidence listed in NAC 432A.308 as adequate evidence of compliance is adequate evidence of compliance for the purposes of this section.

iii. All CCDF-eligible licensed in-home care. Provide the standard::

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All CCDF-eligible providers are required to complete mandatory training which includes the**

prevention of and response to emergencies due to food and allergic reactions prior to providing care or during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed during the annual monitor for license-exempt providers evaluates compliance with prevention of and response to emergencies due to food and allergic reactions.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All CCDF-eligible providers are required to complete mandatory training which includes the prevention of and response to emergencies due to food and allergic reactions prior to providing care or during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed during the annual monitor for license-exempt providers evaluates compliance with prevention of and response to emergencies due to food and allergic reactions.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All CCDF-eligible providers are required to complete mandatory training which includes the prevention of and response to emergencies due to food and allergic reactions prior to providing care or during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed during the annual monitor for license-exempt providers evaluates compliance with prevention of and response to emergencies due to food and allergic reactions.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All CCDF-eligible providers are required to complete mandatory training which includes the prevention of and response to emergencies due to food and allergic reactions prior to providing care or during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed during the annual monitor for license-exempt providers evaluates compliance with prevention of and response to emergencies due to food and allergic reactions.**

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: **NAC 432A.250 Building and grounds. (NRS 432A.077)**

1. Except as otherwise provided in this subsection, subsection 3 and NRS 432A.078, in each facility there must be:

(a) At least 35 square feet of indoor space for each child, exclusive of bathrooms, halls, kitchen, stairs, storage spaces, multipurpose rooms and gymnasiums that are not regularly used.

(b) At least 37 1/2 square feet of outdoor play space for each child, as determined by the maximum number of children stated on the license for the facility. An accommodation facility need not provide outdoor play space.

2. Each facility shall:

(a) Ensure that each room of the facility which is used by children is:

(1) Maintained free of drafts and at a temperature that is not less than 65 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of October through March and at a temperature that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of April through September; and

(2) Heated, cooled and ventilated to maintain the temperatures required in this paragraph and to avoid the accumulation of odors and fumes;

(b) Ensure that electrical devices or electrical apparatuses which are accessible to children are not located near any type of water source, including, without limitation, any sink, tub, shower area or wading pool; and

(c) Install nonflammable barriers, including, without limitation, permanent guards or shields to cover heating units, including, without limitation, hot water heating pipes and baseboard heaters with a surface temperature that is hotter than 100 degrees Fahrenheit, to ensure that those heating units are inaccessible to children.

3. A facility that provides care for ill children must have:

(a) At least 50 square feet of indoor space for each child, as determined by the maximum number of children stated on the license for the facility, exclusive of bathrooms, halls, kitchen, stairs and storage spaces.

(b) A separate ventilation system if the facility is attached to another building.

4. The play area of each facility must:

(a) Be fenced or enclosed in a manner that prevents the unsupervised departure of children from the area;

(b) Have an adequate drainage system;

(c) Be free of hazards, debris and trash;

(d) If it is an outdoor play area, provide, during the months of April through September, a shade area or shade areas that are at least equal in size to the product of 5 square feet multiplied by the total number of children in the outdoor play area;

(e) Have appropriate, as determined by the Division, depths and perimeters of resilient surfacing underneath and surrounding any elevated play equipment;

(f) Have adequate safety barriers around any elevated platforms;

(g) Not have any dangerous or poisonous plants or other vegetative matter located within the boundaries of the play area or in an area that is accessible to children from the play area;

(h) Not be in a location where any bodies of water are accessible to children; and

(i) If it has playground equipment, have only equipment that is:

(1) In good repair;

(2) Designed and constructed to minimize injury;

(3) Compatible with the age of the children in the care of the facility;

(4) Spaced to reduce accidents; and

(5) Securely anchored.

5. If a facility that provides care for ill children is a component of a child care center and provides outdoor play space, the play space must:

(a) Be separate from the play space for well children;

(b) Meet the requirements of paragraph (b) of subsection 1; and

(c) Meet the requirements of subsection 4.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **NAC 432A.250 Building and grounds. (NRS 432A.077)**

1. Except as otherwise provided in this subsection, subsection 3 and NRS 432A.078, in each facility there must be:

(a) At least 35 square feet of indoor space for each child, exclusive of bathrooms, halls, kitchen, stairs, storage spaces, multipurpose rooms and gymnasiums that are not regularly used.

(b) At least 37 1/2 square feet of outdoor play space for each child, as determined by the maximum number of children stated on the license for the facility. An accommodation facility need not provide outdoor play space.

2. Each facility shall:

(a) Ensure that each room of the facility which is used by children is:

(1) Maintained free of drafts and at a temperature that is not less than 65 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of October through March and at a temperature that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of April through September; and

(2) Heated, cooled and ventilated to maintain the temperatures required in this paragraph and to avoid the accumulation of odors and fumes;

(b) Ensure that electrical devices or electrical apparatuses which are accessible to children are not located near any type of water source, including, without limitation, any sink, tub, shower area or wading pool; and

(c) Install nonflammable barriers, including, without limitation, permanent guards or shields to cover heating units, including, without limitation, hot water heating pipes and baseboard heaters with a surface temperature that is hotter than 100 degrees Fahrenheit, to ensure that those heating units are inaccessible to children.

3. A facility that provides care for ill children must have:

(a) At least 50 square feet of indoor space for each child, as determined by the maximum number of children stated on the license for the facility, exclusive of bathrooms, halls, kitchen, stairs and storage spaces.

(b) A separate ventilation system if the facility is attached to another building.

4. The play area of each facility must:

(a) Be fenced or enclosed in a manner that prevents the unsupervised departure of children from the area;

(b) Have an adequate drainage system;

(c) Be free of hazards, debris and trash;

(d) If it is an outdoor play area, provide, during the months of April through September, a shade area or shade areas that are at least equal in size to the product of 5 square feet multiplied by the total number of children in the outdoor play area;

(e) Have appropriate, as determined by the Division, depths and perimeters of resilient surfacing underneath and surrounding any elevated play equipment;

(f) Have adequate safety barriers around any elevated platforms;

(g) Not have any dangerous or poisonous plants or other vegetative matter located within the boundaries of the play area or in an area that is accessible to children from the play area;

(h) Not be in a location where any bodies of water are accessible to children;

and

(i) If it has playground equipment, have only equipment that is:

(1) In good repair;

(2) Designed and constructed to minimize injury;

(3) Compatible with the age of the children in the care of the facility;

(4) Spaced to reduce accidents; and

(5) Securely anchored.

5. If a facility that provides care for ill children is a component of a child care center and provides outdoor play space, the play space must:

(a) Be separate from the play space for well children;

(b) Meet the requirements of paragraph (b) of subsection 1; and

(c) Meet the requirements of subsection 4.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

5.1.1.2 Inspection of Buildings (pg. 18)
Existing and/or newly constructed, renovated, remodeled, or altered buildings should be inspected by a building inspector to ensure compliance with applicable state and local building and fire codes before the building can be used for the purpose of early care and education.

5.1.1.3 Compliance with Fire Prevention Code (pg. 18)
Programs should comply with a state-approved or nationally recognized fire prevention code, such as the National Fire Protection Association (NFPA) 101: Life Safety Code.

5.1.1.5 Environmental Audit of Site Location (pg. 18)
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of: a) Potential air, soil, and water contamination on program sites and outdoor play spaces; b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and c) Potential safety hazards in the community surrounding the site.

5.1.6.6 Guardrails and Protective Barriers (pg. 19)
Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a 30 inch vertical distance to fall.

5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets (pg. 19)
All accessible electrical outlets should be tamper-resistant electrical outlets that

contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have tamper-resistant electrical outlets, outlets should have safety covers that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. Safety plugs may also be used if they cannot be easily removed from outlets by children and do not pose a choking risk.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19)
No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

5.2.9.1 Use and Storage of Toxic Substances (pg. 19)
All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.2.9.5 Carbon Monoxide Detectors (pg. 19)
Programs should meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary. Detectors should be tested monthly, and testing should be documented. Batteries should be changed at least yearly. Detectors should be replaced according to the manufacturer's instructions.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)
Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards: a) Openings that could entrap a child's head or limbs; b) Elevated surfaces that are inadequately guarded; c) Lack of specified surfacing and fall zones under and around climbable equipment; d) Mismatched size and design of equipment for the intended users; e) Insufficient spacing between equipment; f) Tripping hazards; g) Components that can pinch, sheer, or crush body tissues; h) Equipment that is known to be of a hazardous type; i) Sharp points or corners; j) Splinters; k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin; l) Loose, rusty parts; m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; n) Strangulation hazards (e.g., straps, strings, etc.); o) Flaking paint; p) Paint that contains lead or other hazardous materials; and q) Tip-over hazards, such as chests, bookshelves, and televisions. Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

5.3.1.12 Availability and Use of a Telephone of Wireless Communication Device (pg. 20)
The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use on the premises of

the child care program, in each vehicle used when transporting children, and on field trips. While transporting children, drivers should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.

5.5.0.8 Firearms (pg. 21)
Center-based programs should not have firearms or any other weapon on the premises at any time. If present in a family child care home, parents should be notified and these items should be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. Parents/guardians should be informed about this policy.

5.6.0.1 First Aid and Emergency Supplies (pg. 21) The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment (pg. 21)
Equipment used for climbing should not be placed over, or immediately next to, hard surfaces not intended for use as surfacing for climbing equipment. All pieces of playground equipment should be placed over a shock-absorbing material that is either the unitary or the loose-fill type extending beyond the perimeter of the stationary equipment. Organic materials that support colonization of molds and bacteria should not be used. This standard applies whether the equipment is installed outdoors or indoors. Programs should follow CPSC guidelines and ASTM International Standards F1292-13 and F2223-10. 6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment (pg. 22) The indoor and outdoor play areas and equipment should be inspected daily for basic health and safety, including, but not limited to: a) Missing or broken parts; b) Protrusion of nuts and bolts; c) Rust and chipping or peeling paint; d) Sharp edges, splinters, and rough surfaces; e) Stability of handholds; f) Visible cracks; g) Stability of non-anchored large play equipment (e.g., playhouses); h) Wear and deterioration i) Vandalism or trash. Any problems should be corrected before the playground is used by children.

10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes (pg. 26)
Licensing inspectors or monitoring staff should make on-site inspections to measure program compliance with health, safety, and fire standards prior to issuing an initial license and no less than one, unannounced inspection each year thereafter to ensure compliance with regulations. Additional inspections should take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time. The number of inspections should not include those

inspections conducted for the purpose of investigating complaints. Complaints should be investigated promptly, based on severity of the complaint. States should post results of licensing inspections, including complaints, on the internet for parent and public review. Parents/guardians should have easy access to licensing rules and made aware of how to report complaints to the licensing agency. Sufficient numbers of licensing inspectors should be qualified to inspect early care and education programs and trained in related health and safety requirements among other requirements of the State licensure.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

5.1.1.2 Inspection of Buildings (pg. 18)
Existing and/or newly constructed, renovated, remodeled, or altered buildings should be inspected by a building inspector to ensure compliance with applicable state and local building and fire codes before the building can be used for the purpose of early care and education.

5.1.1.3 Compliance with Fire Prevention Code (pg. 18)
Programs should comply with a state-approved or nationally recognized fire prevention code, such as the National Fire Protection Association (NFPA) 101: Life Safety Code.

5.1.1.5 Environmental Audit of Site Location (pg. 18)
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of: a) Potential air, soil, and water contamination on program sites and outdoor play spaces; b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and c) Potential safety hazards in the community surrounding the site.

5.1.6.6 Guardrails and Protective Barriers (pg. 19)
Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a 30 inch vertical distance to fall.

5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets (pg. 19)
All accessible electrical outlets should be tamper-resistant electrical outlets that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have tamper-resistant electrical outlets, outlets should have safety covers that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. Safety plugs may also be used if they cannot be easily removed from outlets by children and do not pose a choking risk.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19)
No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

5.2.9.1 Use and Storage of Toxic Substances (pg. 19)
All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.2.9.5 Carbon Monoxide Detectors (pg. 19)
Programs should meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary. Detectors should be tested monthly, and testing should be documented. Batteries should be changed at least yearly. Detectors should be replaced according to the manufacturer's instructions.

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Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards: a) Openings that could entrap a child's head or limbs; b) Elevated surfaces that are inadequately guarded; c) Lack of specified surfacing and fall zones under and around climbable equipment; d) Mismatched size and design of equipment for the intended users; e) Insufficient spacing between equipment; f) Tripping hazards; g) Components that can pinch, sheer, or crush body tissues; h) Equipment that is known to be of a hazardous type; i) Sharp points or corners; j) Splinters; k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin; l) Loose, rusty parts; m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; n) Strangulation hazards (e.g., straps, strings, etc.); o) Flaking paint; p) Paint that contains lead or other hazardous materials; and q) Tip-over hazards, such as chests, bookshelves, and televisions. Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

5.3.1.12 Availability and Use of a Telephone of Wireless Communication Device (pg. 20)
The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use on the premises of the child care program, in each vehicle used when transporting children, and on field trips. While transporting children, drivers should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.

5.5.0.8 Firearms (pg. 21)

Center-based programs should not have firearms or any other weapon on the premises at any time. If present in a family child care home, parents should be notified and these items should be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. Parents/guardians should be informed about this policy.

5.6.0.1 First Aid and Emergency Supplies (pg. 21) The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment (pg. 21)
Equipment used for climbing should not be placed over, or immediately next to, hard surfaces not intended for use as surfacing for climbing equipment. All pieces of playground equipment should be placed over a shock-absorbing material that is either the unitary or the loose-fill type extending beyond the perimeter of the stationary equipment. Organic materials that support colonization of molds and bacteria should not be used. This standard applies whether the equipment is installed outdoors or indoors. Programs should follow CPSC guidelines and ASTM International Standards F1292-13 and F2223-10. 6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment (pg. 22) The indoor and outdoor play areas and equipment should be inspected daily for basic health and safety, including, but not limited to: a) Missing or broken parts; b) Protrusion of nuts and bolts; c) Rust and chipping or peeling paint; d) Sharp edges, splinters, and rough surfaces; e) Stability of handholds; f) Visible cracks; g) Stability of non-anchored large play equipment (e.g., playhouses); h) Wear and deterioration i) Vandalism or trash. Any problems should be corrected before the playground is used by children.

10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes (pg. 26)
Licensing inspectors or monitoring staff should make on-site inspections to measure program compliance with health, safety, and fire standards prior to issuing an initial license and no less than one, unannounced inspection each year thereafter to ensure compliance with regulations. Additional inspections should take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time. The number of inspections should not include those inspections conducted for the purpose of investigating complaints. Complaints should be investigated promptly, based on severity of the complaint. States should post results of licensing inspections, including complaints, on the internet for parent and public review. Parents/guardians should have easy access to licensing rules and made aware of how to report complaints to the licensing agency. Sufficient numbers of licensing inspectors should be qualified to inspect

early care and education programs and trained in related health and safety requirements among other requirements of the State licensure.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

5.1.1.2 Inspection of Buildings (pg. 18)
Existing and/or newly constructed, renovated, remodeled, or altered buildings should be inspected by a building inspector to ensure compliance with applicable state and local building and fire codes before the building can be used for the purpose of early care and education.

5.1.1.3 Compliance with Fire Prevention Code (pg. 18)
Programs should comply with a state-approved or nationally recognized fire prevention code, such as the National Fire Protection Association (NFPA) 101: Life Safety Code.

5.1.1.5 Environmental Audit of Site Location (pg. 18)
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of: a) Potential air, soil, and water contamination on program sites and outdoor play spaces; b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and c) Potential safety hazards in the community surrounding the site.

5.1.6.6 Guardrails and Protective Barriers (pg. 19)
Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a 30 inch vertical distance to fall.

5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets (pg. 19)
All accessible electrical outlets should be tamper-resistant electrical outlets that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have tamper-resistant electrical outlets, outlets should have safety covers that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. Safety plugs may also be used if they cannot be easily removed from outlets by children and do not pose a choking risk.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19)
No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

5.2.9.1 Use and Storage of Toxic Substances (pg. 19)

All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

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Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards: a) Openings that could entrap a child's head or limbs; b) Elevated surfaces that are inadequately guarded; c) Lack of specified surfacing and fall zones under and around climbable equipment; d) Mismatched size and design of equipment for the intended users; e) Insufficient spacing between equipment; f) Tripping hazards; g) Components that can pinch, sheer, or crush body tissues; h) Equipment that is known to be of a hazardous type; i) Sharp points or corners; j) Splinters; k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin; l) Loose, rusty parts; m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; n) Strangulation hazards (e.g., straps, strings, etc.); o) Flaking paint; p) Paint that contains lead or other hazardous materials; and q) Tip-over hazards, such as chests, bookshelves, and televisions. Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

5.3.1.12 Availability and Use of a Telephone of Wireless Communication Device (pg. 20)
The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use on the premises of the child care program, in each vehicle used when transporting children, and on field trips. While transporting children, drivers should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.

5.5.0.8 Firearms (pg. 21)
Center-based programs should not have firearms or any other weapon on the premises at any time. If present in a family child care home, parents should be notified and these items should be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. Parents/guardians should be informed about this policy.

5.6.0.1 First Aid and Emergency Supplies (pg. 21) The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment (pg. 21)
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10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes (pg. 26)
Licensing inspectors or monitoring staff should make on-site inspections to measure program compliance with health, safety, and fire standards prior to issuing an initial license and no less than one, unannounced inspection each year thereafter to ensure compliance with regulations. Additional inspections should take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time. The number of inspections should not include those inspections conducted for the purpose of investigating complaints. Complaints should be investigated promptly, based on severity of the complaint. States should post results of licensing inspections, including complaints, on the internet for parent and public review. Parents/guardians should have easy access to licensing rules and made aware of how to report complaints to the licensing agency. Sufficient numbers of licensing inspectors should be qualified to inspect early care and education programs and trained in related health and safety requirements among other requirements of the State licensure.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

5.1.1.2 Inspection of Buildings (pg. 18)
Existing and/or newly constructed, renovated, remodeled, or altered buildings should be inspected by a building inspector to ensure compliance with applicable state and local building and fire codes before the building can be used for the purpose of early care and education.

5.1.1.3 Compliance with Fire Prevention Code (pg. 18)
Programs should comply with a state-approved or nationally recognized fire prevention code, such as the National Fire Protection Association (NFPA) 101: Life Safety Code.

5.1.1.5 Environmental Audit of Site Location (pg. 18)
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of: a) Potential air, soil, and water contamination on program sites and outdoor play spaces; b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and c) Potential safety hazards in the community surrounding the site.

5.1.6.6 Guardrails and Protective Barriers (pg. 19)
Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a 30 inch vertical distance to fall.

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All accessible electrical outlets should be tamper-resistant electrical outlets that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have tamper-resistant electrical outlets, outlets should have safety covers that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. Safety plugs may also be used if they cannot be easily removed from outlets by children and do not pose a choking risk.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19)
No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

5.2.9.1 Use and Storage of Toxic Substances (pg. 19)
All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.2.9.5 Carbon Monoxide Detectors (pg. 19)
Programs should meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary. Detectors should be tested monthly, and testing should be documented. Batteries should be changed at least yearly. Detectors should be replaced according to the manufacturer's instructions.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)
Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards: a) Openings that could entrap a child's head or limbs; b) Elevated surfaces that are inadequately guarded; c) Lack of specified surfacing and fall zones under and around climbable equipment; d) Mismatched size and design of equipment for the intended users; e) Insufficient spacing between equipment; f) Tripping hazards; g) Components that can pinch, sheer, or crush body tissues; h) Equipment that is known to be of a hazardous type; i) Sharp points or corners; j) Splinters; k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin; l) Loose, rusty parts; m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child; n) Strangulation hazards (e.g., straps, strings, etc.); o) Flaking paint; p) Paint that contains lead or other hazardous materials; and q) Tip-over hazards, such as chests, bookshelves, and televisions. Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

5.3.1.12 Availability and Use of a Telephone of Wireless Communication Device (pg. 20)
The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use on the premises of the child care program, in each vehicle used when transporting children, and on field trips. While transporting children, drivers should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.

5.5.0.8 Firearms (pg. 21)
Center-based programs should not have firearms or any other weapon on the premises at any time. If present in a family child care home, parents should be notified and these items should be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. Parents/guardians should be informed about this policy.

5.6.0.1 First Aid and Emergency Supplies (pg. 21) The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member

should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment (pg. 21)
Equipment used for climbing should not be placed over, or immediately next to, hard surfaces not intended for use as surfacing for climbing equipment. All pieces of playground equipment should be placed over a shock-absorbing material that is either the unitary or the loose-fill type extending beyond the perimeter of the stationary equipment. Organic materials that support colonization of molds and bacteria should not be used. This standard applies whether the equipment is installed outdoors or indoors. Programs should follow CPSC guidelines and ASTM International Standards F1292-13 and F2223-10. 6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment (pg. 22) The indoor and outdoor play areas and equipment should be inspected daily for basic health and safety, including, but not limited to: a) Missing or broken parts; b) Protrusion of nuts and bolts; c) Rust and chipping or peeling paint; d) Sharp edges, splinters, and rough surfaces; e) Stability of handholds; f) Visible cracks; g) Stability of non-anchored large play equipment (e.g., playhouses); h) Wear and deterioration i) Vandalism or trash. Any problems should be corrected before the playground is used by children.

10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes (pg. 26)
Licensing inspectors or monitoring staff should make on-site inspections to measure program compliance with health, safety, and fire standards prior to issuing an initial license and no less than one, unannounced inspection each year thereafter to ensure compliance with regulations. Additional inspections should take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time. The number of inspections should not include those inspections conducted for the purpose of investigating complaints. Complaints should be investigated promptly, based on severity of the complaint. States should post results of licensing inspections, including complaints, on the internet for parent and public review. Parents/guardians should have easy access to licensing rules and made aware of how to report complaints to the licensing agency. Sufficient numbers of licensing inspectors should be qualified to inspect early care and education programs and trained in related health and safety requirements among other requirements of the State licensure.

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 NAC 432A.250, licensed facilities are required to ensure that children have no access to bodies of water. NAC 432A.546 provides a standard for safety if the facility offers activities in water. The onsite inspection checklist includes checking for these requirements which a licensing surveyor will monitor for during the onsite facility inspection to ensure this standard is met.**

NAC 432A.546 Facilities which provide activities in water. (NRS 432A.077)

1. Portable wading pools and other containers of water may be used in a facility if:

(a) The depth of the water in the pool or container does not exceed 6 inches; and

(b) The pool or container is emptied, cleaned and sanitized immediately after each use.

2. A facility which provides activities in water that has a depth greater than 6 inches, other than a swimming lesson which is taught at a public swimming pool, shall ensure that:

(a) No child is in water with a depth that is higher than the chest of the child while the child is standing;

(b) At least one caregiver is within arm's reach of each child who is less than 3 years of age;

(c) The children are not allowed to wade or swim in a moving body of water, including, without limitation, a stream, river, creek or irrigation ditch; and

(d) At least one person who is currently certified as a lifeguard or water safety instructor by the American National Red Cross or an equivalent water safety program is supervising the children. A public lifeguard may satisfy the requirement of this paragraph.

3. A facility which offers an activity in the water as described in subsection 2 must offer the activity as an optional activity.

4. When children cared for in a facility are engaged in an activity in the water as described in subsection 2 and the children are:

(a) Less than 3 years of age, the ratio of caregivers to children must be one caregiver for each child;

(b) At least 3 years of age but less than 6 years of age, the ratio of caregivers to children must be one caregiver for every 4 children; and

(c) Except as otherwise provided in subsection 5, at least 6 years of age or older, the ratio of caregivers to children must be one caregiver for every 6 children.

5. When children cared for in a facility are engaged in an activity in the water as described in subsection 2 and the children are at least 6 years of age or older, if:

(a) There are more than 6 children but less than 12 children engaged in the activity, the ratio of caregivers to children must be two caregivers for each group of that size;

(b) There are at least 12 children but less than 20 children engaged in the activity, the ratio of caregivers to children must be three caregivers for each group of that size; and

(c) There are 20 or more children engaged in the activity, the ratio of caregivers to children must be three caregivers plus one additional caregiver for every sixth additional child in excess of 20 children.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Per NAC 432A.250, licensed facilities are required to ensure that children have no access to bodies of water. NAC 432A.546 provides a standard for safety if the facility offers activities in water. The onsite inspection checklist includes checking for these requirements which a licensing surveyor will monitor for during the onsite facility**

inspection to ensure this standard is met.

NAC 432A.546 Facilities which provide activities in water. (NRS 432A.077)
1. Portable wading pools and other containers of water may be used in a facility if:
(a) The depth of the water in the pool or container does not exceed 6 inches; and
(b) The pool or container is emptied, cleaned and sanitized immediately after each use.
2. A facility which provides activities in water that has a depth greater than 6 inches, other than a swimming lesson which is taught at a public swimming pool, shall ensure that:
(a) No child is in water with a depth that is higher than the chest of the child while the child is standing;
(b) At least one caregiver is within arm's reach of each child who is less than 3 years of age;
(c) The children are not allowed to wade or swim in a moving body of water, including, without limitation, a stream, river, creek or irrigation ditch; and
(d) At least one person who is currently certified as a lifeguard or water safety instructor by the American National Red Cross or an equivalent water safety program is supervising the children. A public lifeguard may satisfy the requirement of this paragraph.
3. A facility which offers an activity in the water as described in subsection 2 must offer the activity as an optional activity.
4. When children cared for in a facility are engaged in an activity in the water as described in subsection 2 and the children are:
(a) Less than 3 years of age, the ratio of caregivers to children must be one caregiver for each child;
(b) At least 3 years of age but less than 6 years of age, the ratio of caregivers to children must be one caregiver for every 4 children; and
(c) Except as otherwise provided in subsection 5, at least 6 years of age or older, the ratio of caregivers to children must be one caregiver for every 6 children.
5. When children cared for in a facility are engaged in an activity in the water as described in subsection 2 and the children are at least 6 years of age or older, if:
(a) There are more than 6 children but less than 12 children engaged in the activity, the ratio of caregivers to children must be two caregivers for each group of that size;
(b) There are at least 12 children but less than 20 children engaged in the activity, the ratio of caregivers to children must be three caregivers for each group of that size; and
(c) There are 20 or more children engaged in the activity, the ratio of caregivers to children must be three caregivers plus one additional caregiver for every sixth additional child in excess of 20 children.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

2.2.0.4 Supervision Near Water (pg. 10)
Constant and active supervision should be maintained when any child is in or around water. During swimming and/or bathing where an infant or toddler is present, the ratio should always be one adult to one infant/toddler. During wading and/or water play activities, the supervising adult should be within an arm's length providing touch supervision. Programs should ensure that all pools have drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19) No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)
The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the supervision of children by caregivers/teachers. If a fence is used, it should be in good condition and conform to applicable local building codes in height and construction. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing. Outside play areas should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

6.3.2.1 Lifesaving Equipment (pg. 22)
Each swimming pool more than six feet in width, length, or diameter should be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment should be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access.
Caregivers/teachers should be trained on the proper use of this equipment.

Children should be familiarized with the use of the equipment based on their developmental level.

6.3.5.2 Water in Containers (pg. 22) Bathtubs, buckets, diaper pails, and other open containers of water should be emptied immediately after use.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

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6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)
The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the supervision of children by caregivers/teachers. If a fence is used, it should be in good condition and conform to applicable local building codes in height and construction. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing. Outside play areas should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

6.3.2.1 Lifesaving Equipment (pg. 22)
Each swimming pool more than six feet in width, length, or diameter should be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment should be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access. Caregivers/teachers should be trained on the proper use of this equipment. Children should be familiarized with the use of the equipment based on their developmental level.

6.3.5.2 Water in Containers (pg. 22) Bathtubs, buckets, diaper pails, and other open containers of water should be emptied immediately after use.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

2.2.0.4 Supervision Near Water (pg. 10)
Constant and active supervision should be maintained when any child is in or around water. During swimming and/or bathing where an infant or toddler is present, the ratio should always be one adult to one infant/toddler. During wading and/or water play activities, the supervising adult should be within an arm's length providing touch supervision. Programs should ensure that all pools have drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19) No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)
The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the supervision of children by caregivers/teachers. If a fence is used, it should be in good condition and conform to applicable local building codes in height and construction. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it.

The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing. Outside play areas should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

6.3.2.1 Lifesaving Equipment (pg. 22)
Each swimming pool more than six feet in width, length, or diameter should be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment should be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access. Caregivers/teachers should be trained on the proper use of this equipment. Children should be familiarized with the use of the equipment based on their developmental level.

6.3.5.2 Water in Containers (pg. 22) Bathtubs, buckets, diaper pails, and other open containers of water should be emptied immediately after use.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

2.2.0.4 Supervision Near Water (pg. 10)
Constant and active supervision should be maintained when any child is in or around water. During swimming and/or bathing where an infant or toddler is present, the ratio should always be one adult to one infant/toddler. During wading and/or water play activities, the supervising adult should be within an arm's length providing touch supervision. Programs should ensure that all pools have drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act.

5.2.4.4 Location of Electrical Devices Near Water (pg. 19) No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)

The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the supervision of children by caregivers/teachers. If a fence is used, it should be in good condition and conform to applicable local building codes in height and construction. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing. Outside play areas should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

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Each swimming pool more than six feet in width, length, or diameter should be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment should be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access.
Caregivers/teachers should be trained on the proper use of this equipment. Children should be familiarized with the use of the equipment based on their developmental level.

6.3.5.2 Water in Containers (pg. 22) Bathtubs, buckets, diaper pails, and other open containers of water should be emptied immediately after use.

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 NAC 432A.250, licensed facilities are required to ensure 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. By providing enclosed playgrounds, children are protected from vehicular traffic hazards. An onsite facility inspection is conducted using the inspection checklist to ensure this standard is met.**

NAC 432A.250 Building and grounds. (NRS 432A.077)
1. Except as otherwise provided in this subsection, subsection 3 and NRS 432A.078, in each facility there must be:
(a) At least 35 square feet of indoor space for each child, exclusive of bathrooms, halls, kitchen, stairs, storage spaces, multipurpose rooms and gymnasiums that are not regularly used.
(b) At least 37 1/2 square feet of outdoor play space for each child, as determined by the maximum number of children stated on the license for the facility. An accommodation facility need not provide outdoor play space.
2. Each facility shall:
(a) Ensure that each room of the facility which is used by children is:
(1) Maintained free of drafts and at a temperature that is not less than 65

degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of October through March and at a temperature that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of April through September; and

(2) Heated, cooled and ventilated to maintain the temperatures required in this paragraph and to avoid the accumulation of odors and fumes;

(b) Ensure that electrical devices or electrical apparatuses which are accessible to children are not located near any type of water source, including, without limitation, any sink, tub, shower area or wading pool; and

(c) Install nonflammable barriers, including, without limitation, permanent guards or shields to cover heating units, including, without limitation, hot water heating pipes and baseboard heaters with a surface temperature that is hotter than 100 degrees Fahrenheit, to ensure that those heating units are inaccessible to children.

3. A facility that provides care for ill children must have:

(a) At least 50 square feet of indoor space for each child, as determined by the maximum number of children stated on the license for the facility, exclusive of bathrooms, halls, kitchen, stairs and storage spaces.

(b) A separate ventilation system if the facility is attached to another building.

4. The play area of each facility must:

(a) Be fenced or enclosed in a manner that prevents the unsupervised departure of children from the area;

(b) Have an adequate drainage system;

(c) Be free of hazards, debris and trash;

(d) If it is an outdoor play area, provide, during the months of April through September, a shade area or shade areas that are at least equal in size to the product of 5 square feet multiplied by the total number of children in the outdoor play area;

(e) Have appropriate, as determined by the Division, depths and perimeters of resilient surfacing underneath and surrounding any elevated play equipment;

(f) Have adequate safety barriers around any elevated platforms;

(g) Not have any dangerous or poisonous plants or other vegetative matter located within the boundaries of the play area or in an area that is accessible to children from the play area;

(h) Not be in a location where any bodies of water are accessible to children; and

(i) If it has playground equipment, have only equipment that is:

(1) In good repair;

(2) Designed and constructed to minimize injury;

(3) Compatible with the age of the children in the care of the facility;

(4) Spaced to reduce accidents; and

(5) Securely anchored.

5. If a facility that provides care for ill children is a component of a child care center and provides outdoor play space, the play space must:

(a) Be separate from the play space for well children;

(b) Meet the requirements of paragraph (b) of subsection 1; and

(c) Meet the requirements of subsection 4.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Per NAC 432A.250, licensed facilities are required to ensure 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. By providing enclosed playgrounds, children are protected from vehicular traffic hazards. An onsite facility inspection is conducted using the inspection checklist to ensure this standard is met.**

NAC 432A.250 Building and grounds. (NRS 432A.077)

1. Except as otherwise provided in this subsection, subsection 3 and NRS 432A.078, in each facility there must be:

(a) At least 35 square feet of indoor space for each child, exclusive of bathrooms, halls, kitchen, stairs, storage spaces, multipurpose rooms and gymnasiums that are not regularly used.

(b) At least 37 1/2 square feet of outdoor play space for each child, as determined by the maximum number of children stated on the license for the facility. An accommodation facility need not provide outdoor play space.

2. Each facility shall:

(a) Ensure that each room of the facility which is used by children is:

(1) Maintained free of drafts and at a temperature that is not less than 65 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of October through March and at a temperature that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit during the months of April through September; and

(2) Heated, cooled and ventilated to maintain the temperatures required in this paragraph and to avoid the accumulation of odors and fumes;

(b) Ensure that electrical devices or electrical apparatuses which are accessible to children are not located near any type of water source, including, without limitation, any sink, tub, shower area or wading pool; and

(c) Install nonflammable barriers, including, without limitation, permanent guards or shields to cover heating units, including, without limitation, hot water heating pipes and baseboard heaters with a surface temperature that is hotter than 100 degrees Fahrenheit, to ensure that those heating units are inaccessible to children.

3. A facility that provides care for ill children must have:

(a) At least 50 square feet of indoor space for each child, as determined by the maximum number of children stated on the license for the facility, exclusive of bathrooms, halls, kitchen, stairs and storage spaces.

(b) A separate ventilation system if the facility is attached to another building.

4. The play area of each facility must:

(a) Be fenced or enclosed in a manner that prevents the unsupervised departure of children from the area;

(b) Have an adequate drainage system;

(c) Be free of hazards, debris and trash;

(d) If it is an outdoor play area, provide, during the months of April through September, a shade area or shade areas that are at least equal in size to the product of 5 square feet multiplied by the total number of children in the outdoor play area;

(e) Have appropriate, as determined by the Division, depths and perimeters of resilient surfacing underneath and surrounding any elevated play equipment;

(f) Have adequate safety barriers around any elevated platforms;

(g) Not have any dangerous or poisonous plants or other vegetative matter located within the boundaries of the play area or in an area that is accessible to children from the play area;

(h) Not be in a location where any bodies of water are accessible to children; and

(i) If it has playground equipment, have only equipment that is:

(1) In good repair;

(2) Designed and constructed to minimize injury;

(3) Compatible with the age of the children in the care of the facility;

(4) Spaced to reduce accidents; and

(5) Securely anchored.

5. If a facility that provides care for ill children is a component of a child care center and provides outdoor play space, the play space must:

(a) Be separate from the play space for well children;

(b) Meet the requirements of paragraph (b) of subsection 1; and

(c) Meet the requirements of subsection 4.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

5.1.1.5 Environmental Audit of Site Location (pg. 18)
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of: a) Potential air, soil, and water contamination on program sites and outdoor play spaces; b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and c) Potential safety hazards in the community surrounding the site.

6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)

The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the supervision of children by caregivers/teachers. If a fence is used, it should be in good condition and conform to applicable local building codes in height and construction. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing. Outside play areas should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

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should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

5.1.1.5 Environmental Audit of Site Location (pg. 18)
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6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)
The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the supervision of children by caregivers/teachers. If a fence is used, it should be in good condition and conform to applicable local building codes in height and construction. These areas should have at least two exits, with at least one being remote from the buildings. Gates should be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing. Outside play areas should be free from unsecured bodies of water. If present, all water hazards should be inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

2.2.0.1 Methods of Supervision of Children (pg. 10)
In center-based programs, caregivers/teachers should directly supervise children under age 6 by sight and sound at all times. In family child care settings, caregivers

should directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios should be met during all hours of operation, and safety precautions for specific areas and equipment should be followed. Children under the age of 6 should never be inside or outside by themselves.

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6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas Near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water (pg. 21)
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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: **NAC 432A.400 Discipline. (NRS 432A.077)**
1. A licensee of a facility shall enhance a child's behavior through positive guidance, redirection of the child's behavior and the setting of clear-cut limits on behavior.
2. A member, employee or other person associated with a facility shall not, for any reason:
(a) Inflict physical punishment, in any manner or form, upon any child;
(b) Verbally abuse or threaten a child;

(c) Make derogatory remarks about the child or the child's family;
(d) Threaten a child with the loss of love of any person;
(e) Threaten a child with punishment by a deity;
(f) Subject a child to any form of punishment which pertains to food or rest or restricts the use of a toilet or other bathroom fixture;
(g) Withhold or use physical activity as a form of punishment;
(h) Confine a child as a form of punishment by any means, including, without limitation, in a car seat, high chair, infant carrier or jump seat; or
(i) Subject a child to any form of punishment by other children.
Parental consent to allow any person within the facility to punish a child contrary to the provisions of this section is void.
3. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include:
(a) Holding a child's arm to prevent hitting;
(b) Bodily picking up the child and removing him or her from the group, and:
(1) Sitting with the child until he or she is ready to play without hitting; or
(2) Isolating the child under observation for no more than 10 minutes;
(c) Informing the child in a simple, positive manner what conduct is expected while the child is in the facility;
(d) Praising and recognizing a child who behaves in the expected manner; and
(e) Directing a child who is in a situation that is creating problems to a new activity.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **NAC 432A.400 Discipline. (NRS 432A.077)**
1. A licensee of a facility shall enhance a child's behavior through positive guidance, redirection of the child's behavior and the setting of clear-cut limits on behavior.
2. A member, employee or other person associated with a facility shall not, for any reason:
(a) Inflict physical punishment, in any manner or form, upon any child;
(b) Verbally abuse or threaten a child;
(c) Make derogatory remarks about the child or the child's family;
(d) Threaten a child with the loss of love of any person;
(e) Threaten a child with punishment by a deity;
(f) Subject a child to any form of punishment which pertains to food or rest or restricts the use of a toilet or other bathroom fixture;
(g) Withhold or use physical activity as a form of punishment;
(h) Confine a child as a form of punishment by any means, including, without limitation, in a car seat, high chair, infant carrier or jump seat; or
(i) Subject a child to any form of punishment by other children.
Parental consent to allow any person within the facility to punish a child contrary to the provisions of this section is void.
3. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include:
(a) Holding a child's arm to prevent hitting;
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(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:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

2.2.0.9 Prohibited Caregiver/Teacher Behaviors (pg. 11)
The following behaviors should be prohibited in all early care and education settings:
a) The use of corporal punishment, including, but not limited to:
i. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
ii. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
iii. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
iv. Exposing a child to extremes of temperature.
b) Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
c) Binding, tying to restrict movement, or taping the mouth;
d) Using or withholding food or beverages as a punishment;
e) Toilet learning/training methods that punish, demean, or humiliate a child;
f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;

g) Any abuse or maltreatment of a child;;
h) Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
i) Any form of public or private humiliation, including threats of physical punishment;
j) Physical activity/outdoor time taken away as punishment;
k) Placing a child in a crib for a time-out or for disciplinary reasons.

3.4.4.3 Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma (pg. 14)
All programs should have a policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. All caregivers/teachers who are in direct contact with children, including substitute caregivers/teachers and volunteers, should receive training on preventing shaken baby syndrome and abusive head trauma; recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with a crying, fussing, or distraught child; and the development and vulnerabilities of the brain in infancy and early childhood.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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e) Toilet learning/training methods that punish, demean, or humiliate a child;
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vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby

syndrome/abusive head trauma.

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vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention;

shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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  iii. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
  iv. Exposing a child to extremes of temperature.
b) Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
c) Binding, tying to restrict movement, or taping the mouth;
d) Using or withholding food or beverages as a punishment;
e) Toilet learning/training methods that punish, demean, or humiliate a child;
f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
g) Any abuse or maltreatment of a child;;
h) Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
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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 NAC 432A.323, licensed facilities are required to be trained in the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Further, this standard is noted on the facility on-site inspection checklist to help ensure compliance and appropriate implementation. Additionally, NAC 432A.400 establishes what is considered inappropriate discipline and constitutes maltreatment of a child.**

NAC 432A.323 Initial courses of training in child care. (NRS 432A.077, 432A.177)
1. Except as otherwise provided in NAC 432A.521 and NRS 432A.177, within 90 days after commencing his or her employment or position in a child care facility, each person who is employed in a child care facility, other than a person employed in a facility that provides care for ill children, and each director of a child care facility shall complete:
(a) Any training required by the facility in which the director serves or in which the person is employed for the purposes of obtaining certification in the administration of cardiopulmonary resuscitation as required pursuant to NAC 432A.322;
(b) Three or more hours of training in child development or guidance and discipline specific to the age group served by the facility in which the director serves or in which the person is employed;
(c) Two or more hours of training in the administration of first aid;
(d) Two or more hours of training in the recognition of signs and symptoms of illness, which must include, without limitation, training in the prevention of exposure to bloodborne pathogens;
(e) Two or more hours of training in the recognition and reporting of child abuse and neglect;
(f) If the person or director works with infants under 12 months of age, at least:
(1) Two hours of training concerning Sudden Infant Death Syndrome; and
(2) One hour of training in the prevention of shaken baby syndrome and abusive head trauma;
(g) Two or more hours of training in the administration of medication, which must include, without limitation, training in the prevention of and response to food and other allergies;
(h) Two or more hours of training in building and physical premises safety, which must include, without limitation, training in the storage of biocontaminants and other hazardous materials;
(i) Two or more hours of training in emergency preparedness and response planning for emergencies resulting from a natural or man-made event;
(j) If the facility provides transportation, 1 or more hours of training in precautions to be taken when transporting children for each person who will provide such transportation; and
(k) Two or more hours of training in lifelong wellness, health and safety of children, which must include, without limitation, training relating to childhood

obesity, nutrition and moderate or vigorous physical activity.

2. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment, each person described in subsection 1 shall, in addition to completing any training required pursuant to subsection 1 and completing any course in the development of children required pursuant to NAC 432A.306, complete at least the number of hours of training described in NAC 432A.326. A person may use training completed pursuant to subsection 1 to satisfy the training requirements set forth in NAC 432A.326.

3. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment as a member of the staff of a facility, each member of the staff of a facility shall complete a course in the development of children required pursuant to NAC 432A.306.

4. The training concerning the administration of first aid and the recognition of signs and symptoms of illness that is required to be completed pursuant to subsection 1 must be provided by one of the persons, agencies or institutions listed in NAC 432A.308 as qualified to provide such training.

5. The training required pursuant to subsections 1, 2 and 3 must be designed to:

(a) Ensure the protection of the health and safety of each child enrolled in the facility; and

(b) Promote the physical, moral and mental well-being of each child enrolled in the facility.

6. If the facility is a special needs facility, the training required pursuant to subsections 1, 2 and 3 must also be designed to provide information on the characteristics of handicapping conditions and appropriate programs for children with special needs. The training must be approved by:

(a) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such training; or

(b) If the training has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency.

7. Evidence that an employee has completed the training required pursuant to subsections 1, 2 and 3 must be included in his or her personnel file and must be kept at the facility. With regard to training concerning the administration of first aid and the recognition of signs and symptoms of illness, the evidence listed in NAC 432A.308 as adequate evidence of compliance is adequate evidence of compliance for the purposes of this section.

NAC 432A.400 Discipline. (NRS 432A.077)

1. A licensee of a facility shall enhance a child's behavior through positive guidance, redirection of the child's behavior and the setting of clear-cut limits on behavior.

2. A member, employee or other person associated with a facility shall not, for any reason:

(a) Inflict physical punishment, in any manner or form, upon any child;

(b) Verbally abuse or threaten a child;

(c) Make derogatory remarks about the child or the child's family;

(d) Threaten a child with the loss of love of any person;

(e) Threaten a child with punishment by a deity;

(f) Subject a child to any form of punishment which pertains to food or rest or restricts the use of a toilet or other bathroom fixture;

(g) Withhold or use physical activity as a form of punishment;

(h) Confine a child as a form of punishment by any means, including, without limitation, in a car seat, high chair, infant carrier or jump seat; or

(i) Subject a child to any form of punishment by other children.

Parental consent to allow any person within the facility to punish a child contrary to the provisions of this section is void.

3. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include:

(a) Holding a child's arm to prevent hitting;

(b) Bodily picking up the child and removing him or her from the group, and:

(1) Sitting with the child until he or she is ready to play without hitting; or

(2) Isolating the child under observation for no more than 10 minutes;

(c) Informing the child in a simple, positive manner what conduct is expected while the child is in the facility;

(d) Praising and recognizing a child who behaves in the expected manner; and

(e) Directing a child who is in a situation that is creating problems to a new activity.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Per NAC 432A.323, licensed facilities are required to be trained in the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Further, this standard is noted on the facility on-site inspection checklist to help ensure compliance and appropriate implementation. Additionally, NAC 432A.400 establishes what is considered inappropriate discipline and constitutes maltreatment of a child.**

NAC 432A.323 Initial courses of training in child care. (NRS 432A.077, 432A.177)

1. Except as otherwise provided in NAC 432A.521 and NRS 432A.177, within 90 days after commencing his or her employment or position in a child care facility, each person who is employed in a child care facility, other than a person employed in a facility that provides care for ill children, and each director of a child care facility shall complete:

(a) Any training required by the facility in which the director serves or in which the person is employed for the purposes of obtaining certification in the administration of cardiopulmonary resuscitation as required pursuant to NAC 432A.322;

(b) Three or more hours of training in child development or guidance and discipline specific to the age group served by the facility in which the director serves or in which the person is employed;

(c) Two or more hours of training in the administration of first aid;

(d) Two or more hours of training in the recognition of signs and symptoms of illness, which must include, without limitation, training in the prevention of exposure to bloodborne pathogens;

(e) Two or more hours of training in the recognition and reporting of child abuse and neglect;

(f) If the person or director works with infants under 12 months of age, at

least:

(1) Two hours of training concerning Sudden Infant Death Syndrome; and

(2) One hour of training in the prevention of shaken baby syndrome and abusive head trauma;

(g) Two or more hours of training in the administration of medication, which must include, without limitation, training in the prevention of and response to food and other allergies;

(h) Two or more hours of training in building and physical premises safety, which must include, without limitation, training in the storage of biocontaminants and other hazardous materials;

(i) Two or more hours of training in emergency preparedness and response planning for emergencies resulting from a natural or man-made event;

(j) If the facility provides transportation, 1 or more hours of training in precautions to be taken when transporting children for each person who will provide such transportation; and

(k) Two or more hours of training in lifelong wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition and moderate or vigorous physical activity.

2. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment, each person described in subsection 1 shall, in addition to completing any training required pursuant to subsection 1 and completing any course in the development of children required pursuant to NAC 432A.306, complete at least the number of hours of training described in NAC 432A.326. A person may use training completed pursuant to subsection 1 to satisfy the training requirements set forth in NAC 432A.326.

3. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment as a member of the staff of a facility, each member of the staff of a facility shall complete a course in the development of children required pursuant to NAC 432A.306.

4. The training concerning the administration of first aid and the recognition of signs and symptoms of illness that is required to be completed pursuant to subsection 1 must be provided by one of the persons, agencies or institutions listed in NAC 432A.308 as qualified to provide such training.

5. The training required pursuant to subsections 1, 2 and 3 must be designed to:

(a) Ensure the protection of the health and safety of each child enrolled in the facility; and

(b) Promote the physical, moral and mental well-being of each child enrolled in the facility.

6. If the facility is a special needs facility, the training required pursuant to subsections 1, 2 and 3 must also be designed to provide information on the characteristics of handicapping conditions and appropriate programs for children with special needs. The training must be approved by:

(a) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such training; or

(b) If the training has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency.

7. Evidence that an employee has completed the training required pursuant to

subsections 1, 2 and 3 must be included in his or her personnel file and must be kept at the facility. With regard to training concerning the administration of first aid and the recognition of signs and symptoms of illness, the evidence listed in NAC 432A.308 as adequate evidence of compliance is adequate evidence of compliance for the purposes of this section.

NAC 432A.400 Discipline. (NRS 432A.077)
1. A licensee of a facility shall enhance a child's behavior through positive guidance, redirection of the child's behavior and the setting of clear-cut limits on behavior.
2. A member, employee or other person associated with a facility shall not, for any reason:
(a) Inflict physical punishment, in any manner or form, upon any child;
(b) Verbally abuse or threaten a child;
(c) Make derogatory remarks about the child or the child's family;
(d) Threaten a child with the loss of love of any person;
(e) Threaten a child with punishment by a deity;
(f) Subject a child to any form of punishment which pertains to food or rest or restricts the use of a toilet or other bathroom fixture;
(g) Withhold or use physical activity as a form of punishment;
(h) Confine a child as a form of punishment by any means, including, without limitation, in a car seat, high chair, infant carrier or jump seat; or
(i) Subject a child to any form of punishment by other children.
Parental consent to allow any person within the facility to punish a child contrary to the provisions of this section is void.
3. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include:
(a) Holding a child's arm to prevent hitting;
(b) Bodily picking up the child and removing him or her from the group, and:
(1) Sitting with the child until he or she is ready to play without hitting; or
(2) Isolating the child under observation for no more than 10 minutes;
(c) Informing the child in a simple, positive manner what conduct is expected while the child is in the facility;
(d) Praising and recognizing a child who behaves in the expected manner; and
(e) Directing a child who is in a situation that is creating problems to a new activity.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below). For FFNs, the standards apply to children birth through age 13 (or 19 if a child with special needs). For OST and OSR providers, the standards apply to school-aged children (e.g., 6 years and older).**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation

should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

2.2.0.9 Prohibited Caregiver/Teacher Behaviors (pg. 11)
The following behaviors should be prohibited in all early care and education settings:
a) The use of corporal punishment, including, but not limited to:
i. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
ii. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
iii. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
iv. Exposing a child to extremes of temperature.
b) Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
c) Binding, tying to restrict movement, or taping the mouth;
d) Using or withholding food or beverages as a punishment;
e) Toilet learning/training methods that punish, demean, or humiliate a child;
f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
g) Any abuse or maltreatment of a child;;
h) Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
i) Any form of public or private humiliation, including threats of physical punishment;
j) Physical activity/outdoor time taken away as punishment;
k) Placing a child in a crib for a time-out or for disciplinary reasons.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
FFN, OST, and OSR standards within Caring for our Children Basics (detailed below). For FFNs, the standards apply to children birth through age 13 (or 19 if a child with special needs). For OST and OSR providers, the standards apply to school-aged children (e.g., 6 years and older).

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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j) Physical activity/outdoor time taken away as punishment;
k) Placing a child in a crib for a time-out or for disciplinary reasons.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below). For FFNs, the standards apply to children birth through age 13 (or 19 if a child with special needs). For OST and OSR providers, the standards apply to school-aged children (e.g., 6 years and older).**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
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c) Binding, tying to restrict movement, or taping the mouth;
d) Using or withholding food or beverages as a punishment;
e) Toilet learning/training methods that punish, demean, or humiliate a child;
f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
g) Any abuse or maltreatment of a child;;
h) Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
i) Any form of public or private humiliation, including threats of physical punishment;
j) Physical activity/outdoor time taken away as punishment;
k) Placing a child in a crib for a time-out or for disciplinary reasons.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below). For FFNs, the standards apply to children birth through age 13 (or 19 if a child with special needs). For OST and OSR providers, the standards apply to school-aged children (e.g., 6 years and older).**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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a) The use of corporal punishment, including, but not limited to:
i. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
ii. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
iii. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
iv. Exposing a child to extremes of temperature.
b) Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
c) Binding, tying to restrict movement, or taping the mouth;
d) Using or withholding food or beverages as a punishment;
e) Toilet learning/training methods that punish, demean, or humiliate a child;
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i) Any form of public or private humiliation, including threats of physical punishment;
j) Physical activity/outdoor time taken away as punishment;
k) Placing a child in a crib for a time-out or for disciplinary reasons.

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. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe: **N/A**

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: **5.1.1.5 Environmental Audit of Site Location (pg. 18)**
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:
a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
c) Potential safety hazards in the community surrounding the site.

5.2.9.1 Use and Storage of Toxic Substances (pg.19)
All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)
Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards:
a) Openings that could entrap a child's head or limbs;
b) Elevated surfaces that are inadequately guarded;
c) Lack of specified surfacing and fall zones under and around climbable equipment;
d) Mismatched size and design of equipment for the intended users;
e) Insufficient spacing between equipment;
f) Tripping hazards;
g) Components that can pinch, sheer, or crush body tissues;
h) Equipment that is known to be of a hazardous type;
i) Sharp points or corners;
j) Splinters;
k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
l) Loose, rusty parts;
m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
n) Strangulation hazards (e.g., straps, strings, etc.);
o) Flaking paint;
p) Paint that contains lead or other hazardous materials; and
q) Tip-over hazards, such as chests, bookshelves, and televisions.
r) Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."
NAC 432A.190.2 Inspections; investigations. (NRS 432A.077, 432A.170, 432A.180, 439.150)
In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license. NAC 432A.200.6 The license must not be issued until the Administrator of the Division is satisfied that the proposed

facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

NAC 432A.260 Health standards; inspection reports. (NRS 432A.077)
1. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for environmental health which are established by the Division.
2. Reports of inspections concerning the sanitation of a facility must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling a child at the facility for at least 2 years after the date of the inspection.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **5.1.1.5 Environmental Audit of Site Location (pg. 18)**
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:
a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
c) Potential safety hazards in the community surrounding the site.

5.2.9.1 Use and Storage of Toxic Substances (pg.19)
All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)
Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards:
a) Openings that could entrap a child's head or limbs;
b) Elevated surfaces that are inadequately guarded;
c) Lack of specified surfacing and fall zones under and around climbable equipment;
d) Mismatched size and design of equipment for the intended users;
e) Insufficient spacing between equipment;

f) Tripping hazards;
g) Components that can pinch, sheer, or crush body tissues;
h) Equipment that is known to be of a hazardous type;
i) Sharp points or corners;
j) Splinters;
k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
l) Loose, rusty parts;
m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
n) Strangulation hazards (e.g., straps, strings, etc.);
o) Flaking paint;
p) Paint that contains lead or other hazardous materials; and
q) Tip-over hazards, such as chests, bookshelves, and televisions.
r) Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."
NAC 432A.190.2 Inspections; investigations. (NRS 432A.077, 432A.170, 432A.180, 439.150)
In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license. NAC 432A.200.6 The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

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2. Reports of inspections concerning the sanitation of a facility must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling a child at the facility for at least 2 years after the date of the inspection.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

5.1.1.5 Environmental Audit of Site Location (pg. 18)
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:
a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
c) Potential safety hazards in the community surrounding the site.

5.2.9.1 Use and Storage of Toxic Substances (pg.19)
All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)
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c) Lack of specified surfacing and fall zones under and around climbable equipment;
d) Mismatched size and design of equipment for the intended users;
e) Insufficient spacing between equipment;
f) Tripping hazards;
g) Components that can pinch, sheer, or crush body tissues;
h) Equipment that is known to be of a hazardous type;
i) Sharp points or corners;
j) Splinters;
k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
l) Loose, rusty parts;
m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
n) Strangulation hazards (e.g., straps, strings, etc.);
o) Flaking paint;
p) Paint that contains lead or other hazardous materials; and
q) Tip-over hazards, such as chests, bookshelves, and televisions.
r) Plastic bags that are large enough to pose a suffocation risk as well as matches,

candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

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r) Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

5.1.1.5 Environmental Audit of Site Location (pg. 18)
An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:
a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
c) Potential safety hazards in the community surrounding the site.

5.2.9.1 Use and Storage of Toxic Substances (pg.19)
All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings (pg. 19)
Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the CPSC. Programs should attend to, including, but not limited to, the following safety hazards:
a) Openings that could entrap a child's head or limbs;
b) Elevated surfaces that are inadequately guarded;
c) Lack of specified surfacing and fall zones under and around climbable equipment;
d) Mismatched size and design of equipment for the intended users;
e) Insufficient spacing between equipment;

f) Tripping hazards;
g) Components that can pinch, sheer, or crush body tissues;
h) Equipment that is known to be of a hazardous type;
i) Sharp points or corners;
j) Splinters;
k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
l) Loose, rusty parts;
m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
n) Strangulation hazards (e.g., straps, strings, etc.);
o) Flaking paint;
p) Paint that contains lead or other hazardous materials; and
q) Tip-over hazards, such as chests, bookshelves, and televisions.
r) Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

5.1.1.5 Environmental Audit of Site Location (pg. 18)
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a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
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q) Tip-over hazards, such as chests, bookshelves, and televisions.
r) Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

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: Licensing does not conduct environmental health inspections. Licensing utilizes a designee. Per NRS 432A.180 (NRS: CHAPTER 432A - SERVICES AND FACILITIES FOR CARE OF CHILDREN (state.nv.us)) a designee of the Administrator shall enter and inspect at least annually, every building or premises of a childcare facility and area of operation of an outdoor youth program to secure compliance with laws and regulations concerning the health, safety and welfare of children in the care of the facility or program. NAC432A.200. 6 (NAC: CHAPTER 432A - SERVICES AND FACILITIES FOR CARE OF CHILDREN (state.nv.us)) states the license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. CCL utilizes our local health agencies to address hazardous materials and bio contaminants. 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.

5.1.1.5 Environmental Audit of Site Location (pg. 18)

An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:

a) Potential air, soil, and water contamination on program sites and outdoor play spaces;

b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and

c) Potential safety hazards in the community surrounding the site.

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b) Elevated surfaces that are inadequately guarded;

c) Lack of specified surfacing and fall zones under and around climbable equipment;

d) Mismatched size and design of equipment for the intended users;

e) Insufficient spacing between equipment;

f) Tripping hazards;

g) Components that can pinch, sheer, or crush body tissues;

h) Equipment that is known to be of a hazardous type;

i) Sharp points or corners;

j) Splinters;

k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;

l) Loose, rusty parts;

m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;

n) Strangulation hazards (e.g., straps, strings, etc.);

o) Flaking paint;

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r) Plastic bags that are large enough to pose a suffocation risk as well as matches,

candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

NAC 432A.190.2 Inspections; investigations. (NRS 432A.077, 432A.170, 432A.180, 439.150)
In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license. NAC 432A.200.6 The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

NAC 432A.260 Health standards; inspection reports. (NRS 432A.077)
1. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for environmental health which are established by the Division.
2. Reports of inspections concerning the sanitation of a facility must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling a child at the facility for at least 2 years after the date of the inspection.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Licensing does not conduct environmental health inspections. Licensing utilizes a designee. Per NRS 432A.180 (NRS: CHAPTER 432A - SERVICES AND FACILITIES FOR CARE OF CHILDREN (state.nv.us)) a designee of the Administrator shall enter and inspect at least annually, every building or premises of a childcare facility and area of operation of an outdoor youth program to secure compliance with laws and regulations concerning the health, safety and welfare of children in the care of the facility or program. NAC432A.200. 6 (NAC: CHAPTER 432A - SERVICES AND FACILITIES FOR CARE OF CHILDREN (state.nv.us)) states the license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. CCL utilizes our local health agencies to address hazardous materials and bio contaminants. Per NAC432A.323 caregivers are required to be trained in the handling and storage of hazardous materials. All facilities are annually

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All toxic substances should be inaccessible to children and should not be used when children are present. Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center should be posted and readily accessible in emergency situations.

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NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

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1. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for environmental health which are established by the Division.
2. Reports of inspections concerning the sanitation of a facility must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling a child at the facility for at least 2 years after the date of the inspection.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

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h) Equipment that is known to be of a hazardous type;
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q) Tip-over hazards, such as chests, bookshelves, and televisions.
r) Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

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NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

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NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

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NV Registry Class:
They must complete the NV Registry approved class entitled "Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials."

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 NAC 432A.323 caregivers are required to be trained in how to safely transport children. Further, NAC 432A.290 very clearly lists out standards of how transportation is to be handled by licensed facilities. These standards are checked during annual/biannual inspections using the inspection checklist.**

NAC 432A.323 Initial courses of training in child care. (NRS 432A.077, 432A.177)
1. Except as otherwise provided in NAC 432A.521 and NRS 432A.177, within 90 days after commencing his or her employment or position in a child care facility, each person who is employed in a child care facility, other than a person employed in a facility that provides care for ill children, and each director of a child care facility shall complete:
(a) Any training required by the facility in which the director serves or in which the person is employed for the purposes of obtaining certification in the administration of cardiopulmonary resuscitation as required pursuant to NAC 432A.322;
(b) Three or more hours of training in child development or guidance and discipline specific to the age group served by the facility in which the director serves or in which the person is employed;
(c) Two or more hours of training in the administration of first aid;
(d) Two or more hours of training in the recognition of signs and symptoms of illness, which must include, without limitation, training in the prevention of exposure to bloodborne pathogens;
(e) Two or more hours of training in the recognition and reporting of child abuse and neglect;
(f) If the person or director works with infants under 12 months of age, at least:
(1) Two hours of training concerning Sudden Infant Death Syndrome; and
(2) One hour of training in the prevention of shaken baby syndrome and

abusive head trauma;

(g) Two or more hours of training in the administration of medication, which must include, without limitation, training in the prevention of and response to food and other allergies;

(h) Two or more hours of training in building and physical premises safety, which must include, without limitation, training in the storage of biocontaminants and other hazardous materials;

(i) Two or more hours of training in emergency preparedness and response planning for emergencies resulting from a natural or man-made event;

(j) If the facility provides transportation, 1 or more hours of training in precautions to be taken when transporting children for each person who will provide such transportation; and

(k) Two or more hours of training in lifelong wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition and moderate or vigorous physical activity.

2. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment, each person described in subsection 1 shall, in addition to completing any training required pursuant to subsection 1 and completing any course in the development of children required pursuant to NAC 432A.306, complete at least the number of hours of training described in NAC 432A.326. A person may use training completed pursuant to subsection 1 to satisfy the training requirements set forth in NAC 432A.326.

3. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment as a member of the staff of a facility, each member of the staff of a facility shall complete a course in the development of children required pursuant to NAC 432A.306.

4. The training concerning the administration of first aid and the recognition of signs and symptoms of illness that is required to be completed pursuant to subsection 1 must be provided by one of the persons, agencies or institutions listed in NAC 432A.308 as qualified to provide such training.

5. The training required pursuant to subsections 1, 2 and 3 must be designed to:

(a) Ensure the protection of the health and safety of each child enrolled in the facility; and

(b) Promote the physical, moral and mental well-being of each child enrolled in the facility.

6. If the facility is a special needs facility, the training required pursuant to subsections 1, 2 and 3 must also be designed to provide information on the characteristics of handicapping conditions and appropriate programs for children with special needs. The training must be approved by:

(a) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such training; or

(b) If the training has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency.

7. Evidence that an employee has completed the training required pursuant to subsections 1, 2 and 3 must be included in his or her personnel file and must be kept at the facility. With regard to training concerning the administration of first aid and the recognition of signs and symptoms of illness, the evidence listed in

NAC 432A.308 as adequate evidence of compliance is adequate evidence of compliance for the purposes of this section.

NAC 432A.290 Telephones; insurance for protection against liability to third persons; transportation. (NRS 432A.077)

1. Each licensee of a facility shall have a working telephone listed in a local telephone directory. A current list of emergency telephone numbers, including health agencies, fire and police departments and ambulance services must be posted adjacent to the telephone.

2. Each licensee of a facility shall have a policy of insurance for protection against liability to third persons. A certificate of insurance must be furnished by the licensee of a facility to the Division as evidence that the policy is in force. Each policy must contain a provision which requires the insurer to notify the Division before cancellation or nonrenewal of the policy. The licensee shall notify the Division if there is a lapse in the insurance coverage required by this subsection. The policy of insurance must be maintained at the facility. Any government, governmental agency or political subdivision of a government which operates a child care facility and is self-insured is not required to furnish a certificate of insurance to the Division.

3. If transportation is provided by the licensee of a facility, all children must be protected by adequate supervision by the staff, safety precautions and adequate insurance which covers liability for health or injury, medical expenses and damages caused by uninsured motorists. The licensee of a facility shall require that each child is instructed in the conduct required for safe transportation. A driver of a vehicle used by the licensee of a facility shall:

(a) Possess an appropriate driver's license and adequate insurance;

(b) Not leave an unattended child in the vehicle at any time;

(c) Ensure that a parent, or a person designated in writing by the parent, is present to take charge of a child upon delivery of the child to his or her home or the facility;

(d) Ensure that each child boards or departs the vehicle on the side of the vehicle adjacent to a curb and that the child is safely conducted across any street encountered immediately before boarding or after departing; and

(e) Ensure that the doors and windows of the vehicle are secure before proceeding.

4. Except as otherwise provided in this section, when transporting children, the licensee of a facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205. When transporting children who are 2 years of age or older, a licensee of a special needs facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205.

5. If, during the time school is in operation, the licensee of a facility provides transportation for children of school age to and from a public or private school, the ratio of staff to children in the vehicle must be not less than one member of the staff for every 15 children.

6. The licensee of a facility shall maintain a log for transportation provided by the licensee of the facility. The log must be maintained at the facility for at least 4

months after the transportation is provided. The log must include:

(a) The name of each child who was transported;

(b) The date the transportation was provided by the licensee of the facility;

(c) The time of departure of the vehicle and the time the vehicle arrived at its destination;

(d) The signature of the driver of the vehicle;

(e) The name of each adult who was transported in the vehicle, including, without limitation, the driver of the vehicle; and

(f) The signed verification required by subsection 7.

7. Upon arrival at the destination, one member of the staff of the facility shall mark each child off the log as the child departs the vehicle, conduct a physical inspection and visually and physically sweep the vehicle to ensure a child is not left behind in the vehicle, and include in the log signed verification that each child who was transported in the vehicle is accounted for and that the visual and physical sweeps were conducted.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Per NAC 432A.323 caregivers are required to be trained in how to safely transport children. Further, NAC 432A.290 very clearly lists out standards of how transportation is to be handled by licensed facilities. These standards are checked during annual/biannual inspections using the inspection checklist.**

NAC 432A.323 Initial courses of training in child care. (NRS 432A.077, 432A.177)

1. Except as otherwise provided in NAC 432A.521 and NRS 432A.177, within 90 days after commencing his or her employment or position in a child care facility, each person who is employed in a child care facility, other than a person employed in a facility that provides care for ill children, and each director of a child care facility shall complete:

(a) Any training required by the facility in which the director serves or in which the person is employed for the purposes of obtaining certification in the administration of cardiopulmonary resuscitation as required pursuant to NAC 432A.322;

(b) Three or more hours of training in child development or guidance and discipline specific to the age group served by the facility in which the director serves or in which the person is employed;

(c) Two or more hours of training in the administration of first aid;

(d) Two or more hours of training in the recognition of signs and symptoms of illness, which must include, without limitation, training in the prevention of exposure to bloodborne pathogens;

(e) Two or more hours of training in the recognition and reporting of child abuse and neglect;

(f) If the person or director works with infants under 12 months of age, at least:

(1) Two hours of training concerning Sudden Infant Death Syndrome; and

(2) One hour of training in the prevention of shaken baby syndrome and abusive head trauma;

(g) Two or more hours of training in the administration of medication, which must include, without limitation, training in the prevention of and response to

food and other allergies;

(h) Two or more hours of training in building and physical premises safety, which must include, without limitation, training in the storage of biocontaminants and other hazardous materials;

(i) Two or more hours of training in emergency preparedness and response planning for emergencies resulting from a natural or man-made event;

(j) If the facility provides transportation, 1 or more hours of training in precautions to be taken when transporting children for each person who will provide such transportation; and

(k) Two or more hours of training in lifelong wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition and moderate or vigorous physical activity.

2. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment, each person described in subsection 1 shall, in addition to completing any training required pursuant to subsection 1 and completing any course in the development of children required pursuant to NAC 432A.306, complete at least the number of hours of training described in NAC 432A.326. A person may use training completed pursuant to subsection 1 to satisfy the training requirements set forth in NAC 432A.326.

3. Except as otherwise provided in NAC 432A.521, within 12 months after commencing employment as a member of the staff of a facility, each member of the staff of a facility shall complete a course in the development of children required pursuant to NAC 432A.306.

4. The training concerning the administration of first aid and the recognition of signs and symptoms of illness that is required to be completed pursuant to subsection 1 must be provided by one of the persons, agencies or institutions listed in NAC 432A.308 as qualified to provide such training.

5. The training required pursuant to subsections 1, 2 and 3 must be designed to:

(a) Ensure the protection of the health and safety of each child enrolled in the facility; and

(b) Promote the physical, moral and mental well-being of each child enrolled in the facility.

6. If the facility is a special needs facility, the training required pursuant to subsections 1, 2 and 3 must also be designed to provide information on the characteristics of handicapping conditions and appropriate programs for children with special needs. The training must be approved by:

(a) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such training; or

(b) If the training has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency.

7. Evidence that an employee has completed the training required pursuant to subsections 1, 2 and 3 must be included in his or her personnel file and must be kept at the facility. With regard to training concerning the administration of first aid and the recognition of signs and symptoms of illness, the evidence listed in NAC 432A.308 as adequate evidence of compliance is adequate evidence of compliance for the purposes of this section.

NAC 432A.290 Telephones; insurance for protection against liability to third persons; transportation. (NRS 432A.077)

1. Each licensee of a facility shall have a working telephone listed in a local telephone directory. A current list of emergency telephone numbers, including health agencies, fire and police departments and ambulance services must be posted adjacent to the telephone.

2. Each licensee of a facility shall have a policy of insurance for protection against liability to third persons. A certificate of insurance must be furnished by the licensee of a facility to the Division as evidence that the policy is in force. Each policy must contain a provision which requires the insurer to notify the Division before cancellation or nonrenewal of the policy. The licensee shall notify the Division if there is a lapse in the insurance coverage required by this subsection. The policy of insurance must be maintained at the facility. Any government, governmental agency or political subdivision of a government which operates a child care facility and is self-insured is not required to furnish a certificate of insurance to the Division.

3. If transportation is provided by the licensee of a facility, all children must be protected by adequate supervision by the staff, safety precautions and adequate insurance which covers liability for health or injury, medical expenses and damages caused by uninsured motorists. The licensee of a facility shall require that each child is instructed in the conduct required for safe transportation. A driver of a vehicle used by the licensee of a facility shall:

(a) Possess an appropriate driver's license and adequate insurance;

(b) Not leave an unattended child in the vehicle at any time;

(c) Ensure that a parent, or a person designated in writing by the parent, is present to take charge of a child upon delivery of the child to his or her home or the facility;

(d) Ensure that each child boards or departs the vehicle on the side of the vehicle adjacent to a curb and that the child is safely conducted across any street encountered immediately before boarding or after departing; and

(e) Ensure that the doors and windows of the vehicle are secure before proceeding.

4. Except as otherwise provided in this section, when transporting children, the licensee of a facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205. When transporting children who are 2 years of age or older, a licensee of a special needs facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205.

5. If, during the time school is in operation, the licensee of a facility provides transportation for children of school age to and from a public or private school, the ratio of staff to children in the vehicle must be not less than one member of the staff for every 15 children.

6. The licensee of a facility shall maintain a log for transportation provided by the licensee of the facility. The log must be maintained at the facility for at least 4 months after the transportation is provided. The log must include:

(a) The name of each child who was transported;

(b) The date the transportation was provided by the licensee of the facility;

(c) The time of departure of the vehicle and the time the vehicle arrived at its destination;

(d) The signature of the driver of the vehicle;

(e) The name of each adult who was transported in the vehicle, including, without limitation, the driver of the vehicle; and

(f) The signed verification required by subsection 7.

7. Upon arrival at the destination, one member of the staff of the facility shall mark each child off the log as the child departs the vehicle, conduct a physical inspection and visually and physically sweep the vehicle to ensure a child is not left behind in the vehicle, and include in the log signed verification that each child who was transported in the vehicle is accounted for and that the visual and physical sweeps were conducted.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

6.5.1.2 Qualifications for Drivers (pg. 22)
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

6.5.2.2 Child Passenger Safety (pg. 23)
When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. The child should be securely fastened, according to the manufacturer's instructions. The child passenger restraint system should meet the federal motor vehicle safety standards contained in 49 CFR 571.213 and carry notice of compliance. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only. Car safety seats should be replaced if they have been recalled, are past the manufacturer's

date of use, expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash. If the program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:
a) The school bus should accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction;
b) The wheelchair occupant should be secured by a three-point tie restraint during transport;
c) At all times, school buses should be ready to transport children who must ride in wheelchairs;
d) Manufacturers' specifications should be followed to assure that safety requirements are met.

6.5.2.4 Interior Temperature of Vehicles (pg. 23)
The interior of vehicles used to transport children for field trips and out-of-program activities should be maintained at a temperature comfortable to children. All vehicles should be locked when not in use, head counts of children should be taken before and after transporting to prevent a child from being left in a vehicle, and children should never be left in a vehicle unattended.

6.5.3.1 Passenger Vans (pg. 23)
Early care and education programs that provide transportation for any purpose to children, parents/guardians, staff, and others should not use 15-passenger vans when avoidable.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

6.5.1.2 Qualifications for Drivers (pg. 22)
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

6.5.2.2 Child Passenger Safety (pg. 23)
When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. The child should be securely fastened, according to the manufacturer's instructions. The child passenger restraint system should meet the federal motor vehicle safety standards contained in 49 CFR 571.213 and carry notice of compliance. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only. Car safety seats should be replaced if they have been recalled, are past the manufacturer's date of use, expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash. If the program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:
a) The school bus should accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction;
b) The wheelchair occupant should be secured by a three-point tie restraint during transport;
c) At all times, school buses should be ready to transport children who must ride in wheelchairs;
d) Manufacturers' specifications should be followed to assure that safety requirements are met.

6.5.2.4 Interior Temperature of Vehicles (pg. 23)
The interior of vehicles used to transport children for field trips and out-of-program activities should be maintained at a temperature comfortable to children. All vehicles should be locked when not in use, head counts of children should be taken before and after transporting to prevent a child from being left in a vehicle, and children should never be left in a vehicle unattended.

6.5.3.1 Passenger Vans (pg. 23)
Early care and education programs that provide transportation for any purpose to children, parents/guardians, staff, and others should not use 15-passenger vans when avoidable.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

6.5.1.2 Qualifications for Drivers (pg. 22)
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;

b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

6.5.2.2 Child Passenger Safety (pg. 23)
When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. The child should be securely fastened, according to the manufacturer's instructions. The child passenger restraint system should meet the federal motor vehicle safety standards contained in 49 CFR 571.213 and carry notice of compliance. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only. Car safety seats should be replaced if they have been recalled, are past the manufacturer's date of use, expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash. If the program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:
a) The school bus should accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction;
b) The wheelchair occupant should be secured by a three-point tie restraint during transport;
c) At all times, school buses should be ready to transport children who must ride in wheelchairs;
d) Manufacturers' specifications should be followed to assure that safety requirements are met.

6.5.2.4 Interior Temperature of Vehicles (pg. 23)
The interior of vehicles used to transport children for field trips and out-of-program activities should be maintained at a temperature comfortable to children. All vehicles should be locked when not in use, head counts of children should be taken before and after transporting to prevent a child from being left in a vehicle, and children should never be left in a vehicle unattended.

6.5.3.1 Passenger Vans (pg. 23)
Early care and education programs that provide transportation for any purpose to children, parents/guardians, staff, and others should not use 15-passenger vans

when avoidable.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

6.5.1.2 Qualifications for Drivers (pg. 22)
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

6.5.2.2 Child Passenger Safety (pg. 23)
When children are driven in a motor vehicle other than a bus, all children should be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. The child should be securely fastened, according to the manufacturer's instructions. The child passenger restraint system should meet the federal motor vehicle safety standards contained in 49 CFR 571.213 and carry notice of compliance. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only. Car safety seats should be replaced if they have been recalled, are past the manufacturer's date of use, expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash. If the program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:
a) The school bus should accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction;
b) The wheelchair occupant should be secured by a three-point tie restraint during transport;
c) At all times, school buses should be ready to transport children who must ride in wheelchairs;
d) Manufacturers' specifications should be followed to assure that safety

requirements are met.

6.5.2.4 Interior Temperature of Vehicles (pg. 23)
The interior of vehicles used to transport children for field trips and out-of-program activities should be maintained at a temperature comfortable to children. All vehicles should be locked when not in use, head counts of children should be taken before and after transporting to prevent a child from being left in a vehicle, and children should never be left in a vehicle unattended.

6.5.3.1 Passenger Vans (pg. 23)
Early care and education programs that provide transportation for any purpose to children, parents/guardians, staff, and others should not use 15-passenger vans when avoidable.

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: NAC 432A.322 Certification in administration of cardiopulmonary resuscitation. (NRS 432A.077)
1. Each person who is employed in a child care facility shall:
(a) Except as otherwise provided in subsection 2 and NAC 432A.560 and 432A.570, obtain certification in the administration of cardiopulmonary resuscitation within 90 days after the person commences employment in the facility; and
(b) Maintain current certification in the administration of cardiopulmonary resuscitation.
2. A person is not required to obtain the certification required pursuant to subsection 1 if, on the date that he or she commences employment in the facility, the
person is certified in the administration of cardiopulmonary resuscitation and that certification satisfies the requirements set forth in this section.
3. The certification required pursuant to subsection 1 must include certification in administering cardiopulmonary resuscitation to children and:
(a) To infants, if care is provided to infants at the facility; and
(b) To adults, if necessary to ensure that the person is certified to administer cardiopulmonary resuscitation to children of all ages for which care is provided at the facility.
4. Each course completed to obtain and maintain the certification required pursuant to subsection 1 must be taught by a certified instructor who meets the standards of a nationally or internationally recognized provider of training in cardiopulmonary resuscitation, including, without limitation, the American Heart Association, the American National Red Cross, MEDIC FIRST AID International, EMS Safety Services, or the American Safety and Health Institute.
5. Evidence that an employee has obtained and maintained current certification in the administration of cardiopulmonary resuscitation as required pursuant to this section must be included in his or her personnel file and must be kept at the facility.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **NAC 432A.322 Certification in administration of cardiopulmonary resuscitation. (NRS 432A.077)**
1. Each person who is employed in a child care facility shall:
(a) Except as otherwise provided in subsection 2 and NAC 432A.560 and 432A.570, obtain certification in the administration of cardiopulmonary resuscitation within 90 days after the person commences employment in the facility; and
(b) Maintain current certification in the administration of cardiopulmonary resuscitation.
2. A person is not required to obtain the certification required pursuant to subsection 1 if, on the date that he or she commences employment in the facility, the
person is certified in the administration of cardiopulmonary resuscitation and that certification satisfies the requirements set forth in this section.
3. The certification required pursuant to subsection 1 must include certification in administering cardiopulmonary resuscitation to children and:
(a) To infants, if care is provided to infants at the facility; and
(b) To adults, if necessary to ensure that the person is certified to administer cardiopulmonary resuscitation to children of all ages for which care is provided at the facility.
4. Each course completed to obtain and maintain the certification required pursuant to subsection 1 must be taught by a certified instructor who meets the standards of a nationally or internationally recognized provider of training in cardiopulmonary resuscitation, including, without limitation, the American Heart Association, the American National Red Cross, MEDIC FIRST AID International, EMS Safety Services, or the American Safety and Health Institute.
5. Evidence that an employee has obtained and maintained current certification in the administration of cardiopulmonary resuscitation as required pursuant to this section must be included in his or her personnel file and must be kept at the facility.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and

caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

1.4.3.1 First Aid and CPR Training for Staff (pg. 9)
All staff members involved in providing direct care to children should have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR. Records of successful completion of training in pediatric first aid and CPR should be maintained in the personnel files of the facility.

1.4.4.1/1.4.4.2 Continuing Education for Directors, Caregivers/Teachers in Centers, and Family Child Care Homes (pg. 9)
Directors and caregivers/teachers should successfully complete intentional and sequential education/professional development in child development programming and child health, safety, and staff health based on individual competency and any special needs of the children in their
care.

3.5.0.1 Care Plan for Children with Special Health Care Needs (pg. 14)
Children with special health care needs are defined as . . . those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. Any child who meets these criteria in an early care and education setting should have an up-to-date Routine and Emergent Care Plan, completed by their primary health care provider with input from parents/guardians, included in their on-site health record and readily accessible to those caring for the child. Community resources should be used to ensure adequate information, training, and monitoring is available for early care and education staff. Caregivers should undergo training in pediatric first aid and CPR that includes responding to an emergency for any child with a special health care need.

5.6.0.1 First Aid and Emergency Supplies (pg. 21)
The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a
transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.5.1.2 Qualifications for Drivers (pg. 22)
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

1.4.3.1 First Aid and CPR Training for Staff (pg. 9)
All staff members involved in providing direct care to children should have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR. Records of successful completion of training in pediatric first aid and CPR should be maintained in the personnel files of the facility.

1.4.4.1/1.4.4.2 Continuing Education for Directors, Caregivers/Teachers in

Centers, and Family Child Care Homes (pg. 9)
Directors and caregivers/teachers should successfully complete intentional and sequential education/professional development in child development programming and child health, safety, and staff health based on individual competency and any special needs of the children in their
care.

3.5.0.1 Care Plan for Children with Special Health Care Needs (pg. 14)
Children with special health care needs are defined as . . . those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. Any child who meets these criteria in an early care and education setting should have an up-to-date Routine and Emergent Care Plan, completed by their primary health care provider with input from parents/guardians, included in their on-site health record and readily accessible to those caring for the child. Community resources should be used to ensure adequate information, training, and monitoring is available for early care and education staff. Caregivers should undergo training in pediatric first aid and CPR that includes responding to an emergency for any child with a special health care need.

5.6.0.1 First Aid and Emergency Supplies (pg. 21)
The facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a
transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.5.1.2 Qualifications for Drivers (pg. 22)
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance

information, and verification of current state vehicle inspection should be on file in the facility.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

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b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care

needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked

after each use.

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In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;
c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
d) No tobacco use while driving;
e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

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: NAC 432A.322 Certification in administration of cardiopulmonary resuscitation. (NRS 432A.077)
1. Each person who is employed in a child care facility shall:
(a) Except as otherwise provided in subsection 2 and NAC 432A.560 and 432A.570, obtain certification in the administration of cardiopulmonary resuscitation within 90 days after the person commences employment in the facility; and
(b) Maintain current certification in the administration of cardiopulmonary resuscitation.
2. A person is not required to obtain the certification required pursuant to subsection 1 if, on the date that he or she commences employment in the facility, the
person is certified in the administration of cardiopulmonary resuscitation and that certification satisfies the requirements set forth in this section.
3. The certification required pursuant to subsection 1 must include certification in administering cardiopulmonary resuscitation to children and:
(a) To infants, if care is provided to infants at the facility; and
(b) To adults, if necessary to ensure that the person is certified to administer cardiopulmonary resuscitation to children of all ages for which care is provided at the facility.
4. Each course completed to obtain and maintain the certification required pursuant to subsection 1 must be taught by a certified instructor who meets the standards of a nationally or internationally recognized provider of training in cardiopulmonary resuscitation, including, without limitation, the American Heart Association, the American National Red Cross, MEDIC FIRST AID International, EMS Safety Services, or the American Safety and Health Institute.

5. Evidence that an employee has obtained and maintained current certification in the administration of cardiopulmonary resuscitation as required pursuant to this section must be included in his or her personnel file and must be kept at the facility.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **NAC 432A.322 Certification in administration of cardiopulmonary resuscitation. (NRS 432A.077)**
1. Each person who is employed in a child care facility shall:
(a) Except as otherwise provided in subsection 2 and NAC 432A.560 and 432A.570, obtain certification in the administration of cardiopulmonary resuscitation within 90 days after the person commences employment in the facility; and
(b) Maintain current certification in the administration of cardiopulmonary resuscitation.
2. A person is not required to obtain the certification required pursuant to subsection 1 if, on the date that he or she commences employment in the facility, the
person is certified in the administration of cardiopulmonary resuscitation and that certification satisfies the requirements set forth in this section.
3. The certification required pursuant to subsection 1 must include certification in administering cardiopulmonary resuscitation to children and:
(a) To infants, if care is provided to infants at the facility; and
(b) To adults, if necessary to ensure that the person is certified to administer cardiopulmonary resuscitation to children of all ages for which care is provided at the facility.
4. Each course completed to obtain and maintain the certification required pursuant to subsection 1 must be taught by a certified instructor who meets the standards of a nationally or internationally recognized provider of training in cardiopulmonary resuscitation, including, without limitation, the American Heart Association, the American National Red Cross, MEDIC FIRST AID International, EMS Safety Services, or the American Safety and Health Institute.
5. Evidence that an employee has obtained and maintained current certification in the administration of cardiopulmonary resuscitation as required pursuant to this section must be included in his or her personnel file and must be kept at the facility.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions;

emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

1.4.3.1 First Aid and CPR Training for Staff (pg. 9)
All staff members involved in providing direct care to children should have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR. Records of successful completion of training in pediatric first aid and CPR should be maintained in the personnel files of the facility.

1.4.4.1/1.4.4.2 Continuing Education for Directors, Caregivers/Teachers in Centers, and Family Child Care Homes (pg. 9)
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transportable first aid kit should be in each vehicle that is used to transport children to and from the program. First aid kits or supplies should be restocked after each use.

6.5.1.2 Qualifications for Drivers (pg. 22)
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose should have:
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g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

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1.4.4.1/1.4.4.2 Continuing Education for Directors, Caregivers/Teachers in Centers, and Family Child Care Homes (pg. 9)
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vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

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1.4.3.1 First Aid and CPR Training for Staff (pg. 9)
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f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.1.1/1.4.2.3 Pre-Service Training/Orientation (pg. 10)
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Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. All directors or program administrators and caregivers/teachers should document receipt of training. Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of sudden infant death syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

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c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
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e) No medical condition that would compromise driving, supervision, or evacuation capability;
f) Valid pediatric CPR and first aid certificate if transporting children alone.
g) The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

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: **If any person suspects that child abuse or neglect is occurring in a facility, the person may immediately report such suspicions to the Division. Every licensee or employee of a facility who has reason to believe child abuse or neglect is occurring in the facility, in the child's home or elsewhere shall report such beliefs to the appropriate authority as required in NRS 432B.220.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **NAC 432A.410 Reports of child abuse or neglect. (NRS 432A.077) If any person suspects that child abuse or neglect is occurring in a facility, the person may immediately report such suspicions to the Division. Every licensee or employee of a facility who has reason to believe child abuse or neglect is occurring in the facility, in the child's home or elsewhere shall report such beliefs to the appropriate authority as required in NRS 432B.220.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.5.2 Child Abuse and Neglect Education (pg. 9)
Caregivers/teachers should be educated on child abuse and neglect to establish child abuse and neglect prevention and recognition strategies for children, caregivers/teachers, and parents/guardians. The education should address physical, sexual, and psychological or emotional abuse and neglect.
Caregivers/teachers are mandatory reporters of child abuse or neglect.
Caregivers/teachers should be trained in compliance with their state's child abuse reporting laws.

3.4.4.1 Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation (pg. 15)
Because caregivers/teachers are mandated reporters of child abuse and neglect, each program should have a written policy for reporting child abuse and neglect. The written policy should specify that in any instance where there is reasonable cause to believe that child abuse or neglect has occurred, the individual who suspects child abuse or neglect should report directly to the child abuse reporting hotline, child protective services, or the police, as required by state and local laws.

9.2.4.1 Written Plan and Training for handling Urgent Medical Care or Threatening Incidents (pg. 25)
The program should have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers. Caregiver/teacher and staff training procedures should also be included. The management, documentation, and reporting of the following types of incidents should be addressed:
a) Lost or missing child;
b) Suspected maltreatment of a child (also see state's mandates for reporting);
c) Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program;
d) Injuries to children requiring medical or dental care;
e) Illness or injuries requiring hospitalization or emergency treatment;
f) Mental health emergencies;
g) Health and safety emergencies involving parents/guardians and visitors to the program;
h) Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program, even if the death occurred outside of early care and education hours;
i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):

1.4.5.2 Child Abuse and Neglect Education (pg. 9)
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a) Lost or missing child;
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c) Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program;
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g) Health and safety emergencies involving parents/guardians and visitors to the program;
h) Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program, even if the death occurred outside of early care and education hours;
i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.5.2 Child Abuse and Neglect Education (pg. 9)
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i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.5.2 Child Abuse and Neglect Education (pg. 9)
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i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

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: **NAC 432A.410 Reports of child abuse or neglect. (NRS 432A.077) If any person suspects that child abuse or neglect is occurring in a facility, the person may immediately report such suspicions to the Division. Every licensee or employee of a facility who has reason to believe child abuse or neglect is occurring in the facility, in the child's home or elsewhere shall report such beliefs to the appropriate authority as required in NRS 432B.220.**

   ii. All CCDF-eligible licensed family child care homes. Provide the standard: **NAC 432A.410 Reports of child abuse or neglect. (NRS 432A.077) If any person suspects that child abuse or neglect is occurring in a facility, the person may immediately report such suspicions to the Division. Every licensee or employee of a facility who has reason to believe child abuse or neglect is occurring in the facility, in the child's home or elsewhere shall report such beliefs to the appropriate authority as**

required in NRS 432B.220.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.5.2 Child Abuse and Neglect Education (pg. 9)
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i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

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vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.5.2 Child Abuse and Neglect Education (pg. 9)
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i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **FFN, OST, and OSR standards within Caring for our Children Basics (detailed below):**

1.4.5.2 Child Abuse and Neglect Education (pg. 9)
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c) Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program;
d) Injuries to children requiring medical or dental care;
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i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

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):

[x] Yes, confirmed.

[ ] No. If no, describe:

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.

[x] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe:

ii. Access to physical activity. Describe:

iii. Caring for children with special needs. Describe:

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe:

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)	**[x]**	**[x]**	**[x]**
b. SIDS prevention and use of safe sleep practices	**[x]**	**[x]**	**[x]**
c. Administration of	**[x]**	**[x]**	**[x]**

medication			
d. Prevention and response to food and allergic reactions	**[x]**	**[x]**	**[x]**
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	**[x]**	**[x]**	**[x]**
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	**[x]**	**[x]**	**[x]**
g. Emergency preparedness and response planning and procedures	**[x]**	**[x]**	**[x]**
h. Handling and storage of hazardous materials and disposal of biocontaminants	**[x]**	**[x]**	**[x]**
i. Appropriate Precautions in transporting children, if applicable	**[x]**	**[x]**	**[x]**
j. Pediatric first aid and pediatric CPR (age-appropriate)	**[x]**	**[x]**	**[x]**
k. Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[x]**
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[x]**

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: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training

requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

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?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Facilities are subject to a minimum of two (2) unannounced visits per year; a semi-annual and annual visit within a facility's licensing year.**

[ ] Other. If other, describe:

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.

[x] No. If no, describe: **Facilities are subject to a minimum of two (2) unannounced visits per year; a semi-annual and annual visit within a facility's licensing year.**

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **DWSS Child Care Licensing Program**

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?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family

child care homes addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Facilities are subject to a minimum of two (2) unannounced visits per year; a semi-annual and annual visit within a facility's licensing year.**

[ ] Other. If other, describe:

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.

[x] No. If no, describe: **Facilities are subject to a minimum of two (2) unannounced visits per year; a semi-annual and annual visit within a facility's licensing year.**

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

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?

[x] 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:

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:

[x] Other. If other, describe: **N/A**

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.

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

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:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Monitoring is announced and is conducted annually by the CCR&Rs for license-exempt provider types.**

[ ] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Child Care Resource and Referral agencies: The Children's Cabinet for Northern/North Rural Nevada and Las Vegas Urban League for Southern/South Rural Nevada.**

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:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Monitoring is announced and is conducted annually by the CCR&Rs for license-exempt provider types.**

[ ] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Child Care Resource and Referral agencies: The Children's Cabinet for Northern/North Rural Nevada and Las Vegas Urban League for Southern/South Rural Nevada.**

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. **Monitoring is announced and is conducted annually by the CCR&Rs for license-exempt provider types.**

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: **Child Care Resource and Referral agencies: The Children's Cabinet for Northern/North Rural Nevada and Las Vegas Urban League for Southern/South Rural Nevada.**

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. **[x]** Pre-licensing inspection reports for licensed programs.

ii. **[x]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[x]** 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. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **Reports posted here: https://www.nevadachildcare.org/hs-visits-ost-osr-ffn/. Blank checklists are posted here: https://www.nevadachildcare.org/provider-resources/**

iv. **[ ]** Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. **[x]** Date of inspection.

ii. **[x]** 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. Full monitoring reports are posted for license-exempt provider types on Nevadachildcare.org. Monitoring reports show whether the provider was compliant or non-compliant with all health and safety standards.**

iii. **[x]** 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. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain:

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. Licensing surveyors are required to ensure this is completed and compliance is overseen by supervisors and managers within DWSS/CCL.**

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?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

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. **State licensed inspectors are hired based on experience and qualifications as specified within the Division of Human Resources job classification. The procedure to evaluate inspector qualifications can be found within the State of Nevada, Department of Administration, Division of Human Resource Management states: "Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience providing developmental or educational services to children in an early childhood program which must have included program administration responsibilities; OR Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience evaluating child development or early childhood education programs; OR an equivalent combination of education and experience; OR one year of experience as a Child Care Facilities Surveyor Trainee in Nevada State service."**

First month: New Surveyors meet with supervisor/manager on expectations for initial applications, renewal applications, director applications, amendment applications, complaint investigations, background checks, and out of school time monitoring. During this time, they will have the opportunity to work on reviewing and working on current applications, complaint investigation documentation, and monitoring documentation.

Second - Third month: New Surveyors will be assigned a Surveyor mentor that they will go out with on initial inspections, annual and semi-annual inspections, and complaint investigations. They will learn firsthand what to observe during a walkthrough of a facility, how to utilize the checklists, and how to review staff and child files. They will learn how to complete Statement of Deficiencies and Plan of Corrections.

Fourth - Sixth month: After their 3-month evaluation, if their evaluation shows that they are ready based on meeting standards, New Surveyors are assigned a caseload of facilities that they are responsible for with their mentor still there for support. They do not go out on inspections or complaint investigations without their mentor or another veteran Surveyor there for support if needed.

Seventh - Twelfth month: Once their 7-month evaluation has been completed, based on their readiness as shown by meeting standards, New Surveyors will be able to go out on inspections and complaint investigations without a veteran Surveyor accompanying them as they feel comfortable. Mentor is still available to assist as needed in the field and with documentation and procedural questions.

Throughout the year Probation Period, Supervisors are meeting with the New Surveyors to assess skills and readiness to work independently. Supervisors are going out in the field with the New Surveyors to observe inspections and investigations.

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. **The inspector to provider ratio is 1:80. This ratio is sufficient to keep inspections timely for monitoring.**

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 licensed facility staff training and will require trainings that are 3 years or older to be retaken. Further, in the Nevada Administrative 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: **All CCDF-eligible providers are required to complete mandatory training on required health and safety topics including, but not limited to, identifying/reporting child abuse and neglect, transporting children, disposal of biocontaminants, handling/storage of hazardous materials, medication administration, etc. during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed by The Children's Cabinet or The Las Vegas Urban League during the annual monitor for license-exempt providers evaluates compliance with required initial and ongoing training.**

c. Licensed family child care homes: **Child Care Licensing upon an annual inspection will review licensed facility staff training and will require trainings that are 3 years or older to be retaken. Further, in the Nevada Administrative 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: **All CCDF-eligible providers are required to complete mandatory training on required health and safety topics including, but not limited to, identifying/reporting child abuse and neglect, transporting children, disposal of biocontaminants, handling/storage of hazardous materials, medication administration, etc. during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed by The Children's Cabinet or The Las Vegas Urban League during the annual monitor for license-exempt providers evaluates compliance with required initial and ongoing training.**

e. Regulated or registered in-home child care: **All CCDF-eligible providers are required to complete mandatory training on required health and safety topics including, but not limited to, identifying/reporting child abuse and neglect, transporting children, disposal of biocontaminants, handling/storage of hazardous materials, medication administration, etc. during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed by The Children's Cabinet or The Las Vegas Urban League**

during the annual monitor for license-exempt providers evaluates compliance with required initial and ongoing training.

f. Non-regulated or registered in-home child care: **All CCDF-eligible providers are required to complete mandatory training on required health and safety topics including, but not limited to, identifying/reporting child abuse and neglect, transporting children, disposal of biocontaminants, handling/storage of hazardous materials, medication administration, etc. during an orientation period of 90 days, and annually thereafter. The Annual Health and Safety Checklist completed by The Children's Cabinet or The Las Vegas Urban League during the annual monitor for license-exempt providers evaluates compliance with required initial and ongoing training.**

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?

[x] 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.

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?

[x] 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.

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?

[x] 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.

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?

[x] 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.

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)?

[x] 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.

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?

[x] 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.

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?

[x] 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.

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)?

[x] 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.

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?

[x] 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.

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?

[x] 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.

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)?

[x] 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.

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?

[x] 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.

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?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

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)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

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?

[x] 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.

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?

[x] 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.

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)?

[x] 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.

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.

[x] 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.

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?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

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)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

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?

[x] 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.

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?

[x] 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.

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)?

[x] 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.

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?

[x] 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.

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?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

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.

[x] 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.

[x] 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?

[x] Yes.

[ ] No. If no, describe the current process of notification:

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.

[x] Yes.

[ ] No. Describe:

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.

[x] Yes.

[ ] No. Describe:

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.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

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.

[x] Yes.

[ ] No. Describe:

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.

[x] Yes.

[ ] No. Describe:

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.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d. In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

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

[x] Yes.

[ ] No. If no, describe:

f. Interstate criminal background check, as applicable.

[x] Yes.

[ ] No. If no, describe:

g. Interstate Sex Offender Registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

h. Interstate child abuse and neglect registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

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?

[x] Yes.

[ ] No. If no, describe:

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)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

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?

[x] Yes.

[ ] No. If no, describe the current policy:

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?

[x] 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. **For the criminal history registry check, when a request is received, the requester is notified by the Department of Public Safety (DPS) that Nevada does not provide information at this time, unless a fingerprint based background check is received from a State Agency. If a state agency requests the background check, DPS will respond.**

NRS 179A.090 Prerequisite to dissemination of records; exceptions.
No agency of criminal justice in Nevada may disseminate any record of criminal history which includes information about a felony or a gross misdemeanor without first making inquiry of the Central Repository, to obtain the most current and complete information available, unless:
1. The information is needed for a purpose in the administration of criminal justice for which time is essential, and the Central Repository is not able to respond within the required time;
2. The full information requested and to be disseminated relates to specific facts or incidents which are within the direct knowledge of an officer, agent or employee of the agency which disseminates the information;
3. The full information requested and to be disseminated was received as part of a summary of records of criminal history from the Central Repository within 30 days before the information is disseminated;
4. The statute, executive order, court rule or court order under which the information is to be disseminated refers only to information which is in the files of the agency which makes the dissemination;
5. The information requested and to be disseminated is for the express purpose of research, evaluation or statistical activities to be based upon information maintained in the files of the agency or agencies from which the information is sought; or
6. The information is requested by a compensation officer pursuant to NRS 217.090.

For the interstate sex offender registry check, when a request is received, the requester is notified by the Department of Public Safety (DPS) that Nevada does not provide information at this time, unless a fingerprint based background check is received from a State Agency. If a state agency requests the background check, DPS will respond.

For the interstate child abuse and neglect registry check, an employer from out of state must complete the required form from the Nevada Division of Child and Family Services to request a CANs check for employees that is located online: https://dcfs.nv.gov/Forms/CentralRegistry/.

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?

[x] Yes. If yes, describe the current policy. **Individual applicants must request their own background check information (for the past five years) by completing a request form that is sent to the appropriate criminal history agency in their previous state(s) of residence. Name-based checks are completed. Providers are informed that staff must conduct their own interstate background checks. A consent and release form must be completed and signed to attest to whether a staff person has resided in another state within the past five years. Child Care Licensing makes the eligibility determination. States would not disseminate Criminal History or CANS information directly to Nevada's Child Care Licensing**

Program, so Nevada began using the applicant to get the information. It is a bit of an honor system as we try to navigate the obstacles many State Laws have in place that prevent us from receiving this information directly. Right now, as we review the documentation submitted, we look for the information to be presented on official letter head and it usually accompanies contact information where we can call and verify enough information to confirm that the documents received are legitimate. Once states are able to figure out a way to share the information without breaking their own State Laws the process will naturally become more secure. The individual employee of a licensed family, group, or center, or an unlicensed family, friend, and neighbor provider must request this information on their own merit, and if a result is provided, they will receive the result from the state or agency. The criminal history check information is then delivered to the Nevada Division of Welfare and Supportive Services Child Care Licensing Program which makes the eligibility determination. DWSS/CCL or the applicable law enforcement or criminal repository agency in the state for which the result is returned handles the appeals.

[ ] 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: **https://dwss.nv.gov/Care/CCL/Licensing-Info/Forms/forms-ccl/#FormSection**

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. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

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

xi. If not all boxes above are checked, describe:

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe:

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe:

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?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

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

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

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?

[x] 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?

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. **[x]** Providing program-level grants to support investments in staff compensation.

ii. **[x]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[x]** 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. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[ ]** Other. Describe:

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 is a five-month paid training program for individuals interested in becoming a child care professional. The program is a full time program intended to increase wages that ensures pay at $17/hour for program placements and includes early childhood training, project hours, wraparound support, career pathway planning, and all requirements to earn a Child Development Associate Credential. Employment matching occurs for trainees in licensed child care centers. Employers agree to maintain placement wages at the $17/hour. The Nevada Early Care and Education Workforce Framework is a comprehensive and unified approach to support the early childhood education professionals and the families they serve. The framework goals are to: support a well-prepared, qualified, diverse, equitably compensated, and thriving early childhood workforce; ensure early childhood professionals have access to a living wage and affordable benefits package; strengthen and enforce program standards to ensure positive work environments; ensure leaders and stakeholders have access to timely and accurate data about the workforce to promote informed decisions; and improve public awareness. The ECE Workforce Framework is intended to educate employers and policymakers about the importance of increasing compensation for the child care workforce in order to stabilize and ensure ongoing access to child care services for all Nevadans.**

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. **The current Telehealth Services benefit program which includes telehealth, teletherapy, vision, and dental benefits through Ally Health is an ongoing effort to expand access to health benefits. Telehealth benefits are provided to all active providers in the NV Registry. Ally Health provides telehealth, teletherapy, and an employee assistance program (EAP) for providers and families. Vision and dental benefits for providers (with option to upgrade and add family members) are also included in the benefits program, in**

addition to a prescription discount card further expanding access to health insurance. Due to budget constraints following the loss of pandemic relief funds as of September 30, 2024, Nevada will not be able to continue to provide or expand access to benefits.

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. The current Telehealth Services benefit program which includes telehealth, teletherapy, vision, and dental benefits through Ally Health is an ongoing effort to expand access to health benefits. Telehealth benefits are provided to all active providers in the NV Registry and support the mental health and well-being of child care providers and their family. Ally Health provides teletherapy, and an employee assistance program (EAP) for providers and families. Vision and dental benefits for providers (with option to upgrade and add family members) are also included in the benefits program, in addition to a prescription discount card further expanding access to health insurance and supporting mental health and well-being. Due to budget constraints following the loss of pandemic relief funds as of September 30, 2024, Nevada will not be able to continue to provide or expand access to benefits.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. The Child Care Excellence Academy supports recruitment and retention strategies to help stabilize the childcare workforce in Nevada by providing training to recruit well-qualified candidates, increasing the capacity of the child care workforce and incentivizing child care professionals to improve provider retention. Nevada Early Care and Education Workforce Framework is a comprehensive and unified approach to support the early childhood education providers and the families they serve. The framework goals are to: support a well-prepared, qualified, diverse, equitably compensated, and thriving early childhood workforce; ensure early childhood professionals have access to a living wage and affordable benefits package; strengthen and enforce program standards to ensure positive work environments; ensure leaders and stakeholders have access to timely and accurate data about the workforce to promote informed decisions; and improve public awareness.

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. The Nevada Strong Start Child Care Services Center (CCSC) serves as a one-stop shop for business and professional development support with 2 physical locations and 1 virtual platform. The CCSC physical locations bring together partner organizations from both public and private sectors under one roof to create a coordinated and aligned ECE system. The virtual CCSC is a shared services website administered through ECE Shared Resources which provides both national best practices and state specific content for strengthening child care providers' administrative practices.

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[x]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[x]** Compliance with employment and labor laws.

xi. **[x]** Other. Describe any other efforts to strengthen providers' administrative business: **Additional resources and tools available through ECE Shared Resources website include business basics and professionalism trainings, strategic plans, business finances, toolkits to assist in balance of operating business and caring for the children, business expansion, building business credit, and business model resources.**

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: **Family Friend and Neighbor (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, Tele-language 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 resource and referral 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:

[x]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **The Nevada Registry, NevAEYC, The Children's Cabinet, Las Vegas Urban League, NDE-OELD, and the Nevada Child Care Licensing Program.**

[ ] 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). **The Nevada Registry published Nevada's Core Knowledge Areas (CKA) and Core Competencies for Early Care and Education Professionals in 2007. The CKA are a set of content areas that define what caregivers should know and understand in order to provide quality experiences for children while the Core Competencies are a set of observable skills that reflect a caregiver's knowledge of 242 | P a g e the Core Knowledge Areas. All community-based training approved by The Nevada Registry is linked to specific CKA. The CKA support the framework of the Nevada Early Care and Education Career Ladder and provide the foundation for the professional development system. They CKA are also aligned with Nevada's Pre-K Standards. In 2020, the Nevada Department of Education partnered with SRI Education to facilitate the Nevada Ready B5! Alignment Project. Though this work, Nevada's Core Competencies were reviewed, and it was ultimately determined that rather than revising Nevada's existing competencies, our state will adopt the standards and competencies created through the National Association for the Education of Young Children's (NAEYC) Power to the Profession initiative.**

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Nevada Early Care and Education Professional Career Ladder is tailored specifically to the field of Early Care and Education (ECE) with 7 levels representing various combinations of formal education, training and direct experience (up to 4000 hours). Through**

the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, early childhood professionals pursue Early Childhood Education (ECE) Certificates, Associate, and Bachelor Degrees at participating Institutes of Higher Education within Nevada. The following pathways are available: Early Childhood Education Certificate; Associate of Applied Science: ECE, ECE Director/Administration, Infant/Toddler, Preschool; Associate of Arts: ECE; Bachelor of Science: ECE Administration/Non-License, ECE Pre-K2nd Grade/License, Human Development and Family Studies.

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. **In addition to the Nevada ECAC, each quality initiative has developed an advisory board or committee that serves as a sounding board and helps to guide the development of the various projects (i.e. TEACH, QRIS, and The Nevada Registry).**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Course titles and number are consistent between the Institutes of Higher Education. Articulation exists between ECE Associate of Arts degree pathways at community colleges and Bachelor of Science degree pathways at the universities T.E.A.C.H. Early Childhood® Nevada facilitates a workgroup of ECE Higher Education professionals to discuss topics related to the ECE higher education pathways.**

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Nevada Registry publishes a biennial membership and training approval system report highlighting the demographics of the Registry membership. This report includes general demographics, wage information, educational attainment, career ladder information as well as training and trainer statistics. With over 7000 active members, this is currently the primary source of data specific to the ECE workforce. The Nevada Registry's data is also referenced in The Children's Cabinet's biennial fact sheets that provide county-level data on the supply, demand, quality and availability of child care in Nevada.**

vi. Financing. 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?

[x] Yes.

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

i. **[ ]** Continuing education unit trainings and credit-bearing professional development. Describe:

ii. **[x]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **DWSS/CCDP has informally partnered with The Nevada Registry and Nevada System of Higher Education (NSHE) partners at the University and Community College levels to work on aligning training and educational opportunities with Nevada's Core Competencies.**

iii. **[ ]** Other. Describe:

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, 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 range of providers across role, child care setting, or age of children served? **The Nevada Registry published Nevada's Core Knowledge Areas (CKA) and Core Competencies for Early Care and Education Professionals in 2007. The CKA are a set of content areas that define what caregivers should know and understand in order to provide quality experiences for children while the Core Competencies are a set of observable skills that reflect a caregiver's knowledge of the Core Knowledge Areas. Competencies tied to the CKAs define the skills contributing to high quality care, when caregivers possess those competencies. All community-based training approved by The Nevada Registry is linked to specific CKA. The CKA support the framework of the Nevada Early Care and Education Career Ladder and provide the foundation for the professional development system. They CKA are also aligned with Nevada's Pre-K Standards. In 2020, the Nevada Department of Education partnered with SRI Education to facilitate the Nevada Ready B5! Alignment Project. Through this work, Nevada's Core Competencies were reviewed, and it was ultimately determined that rather than revising Nevada's existing competencies, our state will adopt the standards and competencies created through the National Association for the Education of Young Children's (NAEYC) Power to the Profession initiative.**

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? **The Nevada Early Care and Education Professional Career Ladder is tailored specifically to the field of Early Care and Education (ECE) with 7 levels representing various combinations of formal education, training and direct experience (up to 4000 hours). Though the ladder is not currently tied to increase compensation based on levels, opportunities exist through the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, allowing early childhood professionals to pursue Early Childhood Education (ECE) Certificates, Associate, and Bachelor degrees at**

participating Institutes of Higher Education within Nevada. The following pathways are available: Early Childhood Education Certificate; Associate of Applied Science: ECE, ECE Director/Administration, Infant/Toddler, Preschool; Associate of Arts: ECE; Bachelor of Science: ECE Administration/Non-License, ECE Pre-K2nd Grade/License, Human Development and Family Studies. Completion of ECE certificate and degree programs (including the Child Development Associate) results in an increase in Career Ladder levels which could result in higher wages as determined by an employer and/or future wage compensation initiatives tied to Career Ladder placement.

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? In addition to the State Early Childhood Advisory Council, each quality initiative in the State of Nevada has developed an advisory board or committee that serves as a sounding board and helps to guide the development of the various projects (i.e. TEACH, QRIS, and The Nevada Registry).
A separate Workforce Framework Committee was convened to create a plan to recruit, retain, and provide comprehensive supports to Nevada's Early Childhood Workforce. This plan was developed with American Rescue Plan Act (ARPA) Child Care funds and the action plan to implement the framework is part of Nevada's PDG grant. Progress on the action plan is reported to the Early Childhood Advisory Council.

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? Course titles and numbers are consistent between the Institutes of Higher Education. Articulation exists between ECE Associate of Arts degree pathways at community colleges and Bachelor of Science degree pathways at the universities T.E.A.C.H. Early Childhood® Nevada facilitates a workgroup of ECE Higher Education professionals to discuss topics related to the ECE higher education pathways.

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)? The Nevada Registry collects wage and benefits data as part of the membership application and renewal process. This data was formerly published on a biennial basis in a series of membership and training approval system reports to highlight membership and training approval system report highlighting the demographics of the Registry membership. The reports include general demographics, wage information, educational attainment, career ladder information as well as training and trainer statistics. Demographic data is now published on a quarterly basis on the ?Reports and Statistics' page of The Nevada Registry. The Nevada Registry is currently developing a data dashboard/report generator tool which is a public-facing reporting interface and data dashboard designed to allow visitors to The Nevada Registry's website to generate real-time reports on pre-determined data points related to Early Childhood

workforce data (primarily related to Registry membership and the Training Approval System). With over 9,200 active members, this is currently the primary source of data specific to the ECE workforce. The Nevada Registry's data is also referenced in The Children's Cabinet's biennial fact sheets that provide county-level data on the supply, demand, quality and availability of child care in Nevada.

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.**
Self-sufficiency data has also been updated to provide Nevada-specific information to determine a sustainable wage for child care staff without reliance on social assistance programs. Link: https://nvecac.com/nevada-self-sufficiency-data/

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: **24 hours**

b. License-exempt child care centers: **License-exempt child care centers are required to complete 24 hours of ongoing training annually. This requirement is listed in the Provider Service Agreement and included in initial enrollment information. There is a training checklist that providers can access on the nevadachildcare.org webpage through the following link: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.nevadachildcare.org/static/165138f14ccf0f120ec19980e092df29/OST-Monitoring-Checklist-002.pdf**

c. Licensed family child care homes: **24 hours**

d. License-exempt family child care homes: **24 hours**

e. Regulated or registered in-home child care: **24 hours**

f. Non-regulated or registered in-home child care: **License-exempt FFN providers are required to take a minimum of 24 hours of early education and child care training annually. Any and all CCDF-eligible providers are required to take the 24 hours of required 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). **All trainings are open to any provider in Nevada. There is tribal representation on The Nevada Registry Advisory Committee to help guide, advise and make recommendations concerning issues related to Nevada's professional development and training approval system. T.E.A.C.H. Early Childhood® Nevada scholarships are accessible to early childhood professionals associated with Indian tribes and tribal organizations with state licensed or tribally regulated child care programs. Currently, T.E.A.C.H. Early Childhood® Nevada collaborates with the Inter-Tribal Council of Nevada and a representative from the Inter-Tribal Council participates on the T.E.A.C.H. Early Childhood® Nevada Advisory Committee With the exception of CPR and First Aid, all of the currently required initial health & safety trainings are available online at no cost through two online training organizations: ProSolutions Training and the University of Nevada Reno Extension Office. These online trainings are available to all providers in Nevada, regardless of setting.**

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

Describe how the Lead Agency's training and professional development requirements reflect the range 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? **DWSS/CCDP engages in partnerships to support kith and kin providers to provide professional development opportunities that are inclusive of the diverse population of children served including infants. school-age, children with developmental delays or disabilities, Native American and Indian populations. Professional development opportunities encourage providers to register to receive child care scholarship(s) on behalf of any eligible children they serve. A focus of this program is to reach unregistered providers with limited English proficiency and including them in trainings, wraparound services, and pathways to serving child care scholarship recipients and/or licensure as a Family Child Care or Group Family Child Care provider. DWSS/CCDP partners with community-based organizations serving communities with limited English proficiency to recruit adults to become licensed Family Child Care providers and to facilitate a pathway to serving child care scholarship recipients. FFN registration and training materials are available in Spanish and we are working on incorporating other languages. CCR&R staff have Spanish-speaking staff available to register FFN providers who speak Spanish. All registration materials are available in Spanish. All information on training requirements is available in Spanish including the CCR&R FFN training catalog which includes trainings offered in Spanish. Caring for Our Children Basics has been translated in Spanish and is given to providers to prepare for their health & safety visit which is conducted by a Spanish-speaking staff. For languages other than Spanish, a Telelanguage service can be used to communicate with providers. This service is offered 24/7/365 and provides professional translation services for over 200 languages. All CCR&R and state 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, deafblind and speech disabled. This service allows relay users to communicate with standard telephone users through specially trained relay operators. The call can be made to anywhere in Nevada 24/7/365**

with no restrictions on the number, length, or type of calls. All calls are strictly confidential, and no records of any conversations are maintained. Specialized licensed provider trainings for infants and toddlers and school-age children are available, but do not offer a credential at this time. All Out-of-School Time and Infant Toddler-specific trainings can be found on The Nevada Registry. Trainings are searchable by key words (e.g., infants, toddlers, out of school time, non-traditional hours). There are over 173 online coursed that are available in English and Spanish. Though The Nevada Registry collects data from approved trainers regarding the languages they can deliver trainings, we are not currently collecting specific data about whether Registry-approved training reflects the specific diversity of children, families, and providers. We are currently building new ways to search for training in languages other than English on our Training Calendar (and currently post Registry-approved training sessions and courses to our calendar when they exist) to create more opportunities for providers to select professional development to meet their unique and diverse needs. Our website will also be available in Spanish in the future as an initial step in creating more equitable access to professional development.

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: **This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. DWSS/CCDP provides this information to eligible families during intake and to child care providers through training and education. Information on developmental screenings, and other consumer education information, is accessible for individuals with limited English proficiency and individuals with disabilities.**

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. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** 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:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[ ]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[ ]** Other optional domains. Describe any optional domains:

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. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

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 range of parents and providers were consulted, and how their views are incorporated: **NDE-OELD conducted a needs assessment in 2019 through the Preschool Development Grant Birth to 5 (PDGB5) 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 PDGB5 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. The needs assessment is available at 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. **DWSS/CCDP will disseminate an emailed or mailed copy of the QPR upon request. The QPR is made publicly available on Nevada's consumer education website: https://www.nevadachildcare.org/data-reports/**

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.

[x] 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 develop 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.

[x] 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.

[x] Yes. If yes, describe current and future investments. Nevada's QRIS involves a collaborative effort across various agencies to ensure a comprehensive approach. NDE-OELD is taking the lead in overseeing and managing the programmatic and policy aspects of QRIS. To enhance support for providers within the system, NDE-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. Coaches undergo rigorous training from their supervisors, the NDE-OELD team, and assessors to uphold the high-quality standards of QRIS and ensure the accuracy of information provided to our providers. NDE-OELD has also contracted with two vendors to manage the quality assessments that contribute to the QRIS star ratings. The NDE-OELD team meticulously reviews the QRIS requirements and documents to assign star ratings accurately for each participating provider in Nevada. Furthermore, NDE-OELD has partnered with a vendor to conduct an annual evaluation, identifying strengths and areas for improvement within the system. NDE-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, NDE-OELD communicates with the scholarship programs to update star ratings corresponding to reimbursement rates. Moreover, before accepting QRIS enrollment forms, NDE-OELD verifies with CCDP that providers are properly registered with DWSS/CCDP. Finally, NDE-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. NDE-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, NDE-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, NDE-OELD will collaborate with partners to redesign the QRIS system in alignment with national approach that emphasizes 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. NDE-OELD has initiated the revision of the QRIS with technical assistance from the National Center on Early Childhood Quality Assurance (NCECQA), a collaboration approved DWSS/CCDP. 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.

[x] 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. 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.

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

[ ] Yes. If yes, describe current and future investments.

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.

[x]Yes. If yes, describe current and future investments. The CCDBG funds all of our Child Care Licensing activities, including all licensing staff and operating costs, all orientations, trainings, inspections for any applicable providers, and any other associated costs toward compliance with health and safety standards under State Licensing. Additionally, the CCDBG funds our CCR&Rs that conduct home/site visits for all license-exempt provider types.

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.

[x] Yes. If yes, describe current and future investments. **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.

[x] Yes. If yes, describe current and future investments. **Nevada's QRIS incentivizes providers to pursue national accreditation by encouraging the 4-star level providers to reach the 5-star level upon accreditation achievement. NDE-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.

[x] Yes. If yes, describe current and future investments. **Nevada uses the Pyramid Model through Nevada TACSEI to set standards for social emotional practices to support mental health programs. CCDF dollars are used to support TACSEI activities. Nevada has nutrition standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF dollars. Standards used are based on Caring for Our Children 3rd Edition and CACFP standards. Nevada has physical activity standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based on Caring for**

Our Children 3rd Edition.

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.

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

[ ] 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)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The CCDF Administrator is an official, Governor-appointed member of the Nevada Early Childhood Advisory Council (ECAC). The ECAC meets quarterly. Information about DWSS/CCDP activities is shared during partner updates. DWSS/CCDP key staff participate as voting members on various ECAC subcommittees and share information and collaborate on special projects through those bodies. As a result of this participation and coordination, DWSS/CCDP actively participates in developing policy and funding recommendations to improve the early childhood care and education system in Nevada that are considered by the Governor and policymakers. Additionally, a variety of ECE stakeholders, including parent and provider representatives, are made aware of**

DWSS/CCDP initiatives and progress on a regular basis. This coordination ensures DWSS/CCDP is maintaining clear and open communication regarding subsidy and quality program activities.

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: DWSS/CCDP recently created and hired a Social Services Program Specialist position within the program to focus on improving coordination with Tribal organizations. The following tribes were contacted regarding State Plan development: 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. The program specialist continues to outreach to the noted tribes to improve collaboration and coordination of services; however, we are still in the development phase of creating stronger relationships with our Tribal partners. At this time there are no results to report. DWSS/CCDP is also making efforts to collaborate with Tribal partners, Child Care Licensing, and the Nevada Department of Public Safety to assist Tribes in using our comprehensive background check process. This collaboration/coordination is also in the beginning stages and the program is hopeful we can assist the Tribes in streamlining/improving their ability to conduct the required background checks.

[ ] 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: DWSS/CCDP staff sit on the Nevada Early Intervention Interagency Coordinating Council. The Council brings policymakers, 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. As a result, CCDP staff stay informed and engaged with stakeholders who impact early intervention services statewide. This engagement allows for cross collaboration when making policy and programmatic decisions which impact children with disabilities.

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: DWSS/CCDP and the Head Start State Collaboration Office 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 child care 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 as appropriate. The partnership between DWSS/CCDP and the Head Start State Collaboration

Office shows the state's 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: DWSS/CCDP collaborates with the Division of Public and Behavioral Health (DPBH) to ensure immunization records are updated and verified using the Nevada WebIZ immunization information system. The results of this coordination make it easier for families to obtain the required immunization documents needed for child care providers. Further, DWSS/CCDP is establishing better coordination and collaboration with the DPBH Bureau of Child, Family and Community Wellness which includes the Immunization Program (coordination mentioned previously), Chronic Disease Prevention and Health Promotion Program (child nutrition and food security initiatives), the Title V Maternal, Child and Adolescent Health Program (includes the Maternal, Infant, and Early Childhood Home Visiting Program), and the Nevada Women, Infants, and Children (WIC) Nutrition Program.

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. DWSS/CCDP oversees the administration for the CCSC with a total of 7 staff positions statewide. Creation of the CCSC has streamlined workforce supports for both the child care providers and ECE partners who administer supports and training. Partners have reported better comprehension of other ECE system supports by having everything accessible in one place. This change has also allowed DWSS to better understand provider workforce development needs hearing and seeing firsthand what is or is not working between collaborations. The virtual hub has also created a platform where we can have clear and consistent messaging between program supports, thus creating a more aligned ECE system.

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: NDE-OELD is the agency responsible for public education, including State Pre-Kindergarten; additionally, this agency is responsible for Head Start collaboration and initiatives to improve the quality of early childhood education. DWSS/CCDP works closely with NDE-OELD to improve the quality of early childhood programs, increase access for families, and provide support to child care providers. NDE-OELD initiatives include an aligned screening tool across child care programs, pre-k and kindergarten entry; student unique identifiers for children receiving a child care scholarship, PDGB5 seats in child care facilities for four-year-olds 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 grades (horizontally) and within grades (vertically); and aligned educational 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 Lead Agency is responsible for statewide child care licensing activities. The Nevada Child Care Licensing Program was administratively moved under DWSS from DPBH during the 82nd legislative session in 2023. On July 1, 2024, the statewide Child Care Licensing Program absorbed licensing responsibilities in Washoe County making DWSS/CCL 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 on an ongoing basis. DWSS/CCDP was able to fund an expansion project using pandemic relief funds but will not be able to sustain the funding after September 30, 2024. DWSS/CCDP intends to maintain a relationship with the CACFP team at NDA to ensure coordination in recruiting providers into and educating them on how participation in CACFP can help their business and the children they serve. The results of the CACFP Program included an increase in the number of licensed child care facilities/providers participating in CACFP by 10% from the baseline at 10/01/2022, resulting in an increased number of nutritious meals served in ECE settings. Eligible facilities and providers were identified and encouraged to participate in outreach and education sessions provided by NDA. Continued virtual and onsite technical assistance and follow up to ECE provides, newly participating In CACFP. Additional Quality Improvement Grants were utilized to partner and provide the needed resources to facilities/providers to be able to participate in CACFP.**

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: **DWSS/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: **DWSS/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: **DWSS/CCDP partners with the Division of Health Care Financing and Policy (DHCFP or Nevada Medicaid) 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: **DWSS/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: **DWSS/CCDP works closely with our subrecipient CCR&R agencies to collectively pursue our program goals and provide excellent consumer education and information. DWSS/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: **DWSS/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. The Nevada Afterschool Network (NAN) is the state's leading statewide organization for providers serving the state's school-age youth with high quality, accessible afterschool and summer programs. NAN's work supports outreach to the field and coordination across programs within different settings and working across various funding streams, including CCDF and PDGB5. DWSS/CCDP works closely with NAN in planning and implementation to ensure that school-age providers voices are represented and incorporated in state child care policies referenced in this planning document including cost studies, workforce supports, and quality systems. NAN is also a key partner in helping DWSS/CCDP with the dissemination of resources and materials.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **DWSS/CCDP works with the Nevada Department of Emergency Management (DEM) 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, due to this coordination, 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. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **DWSS/CCDP coordinates services with the State Head Start Collaborator to extend services to full day for those Head Start and Early Head Start programs that receive CCDF. DWSS/CCDP partners with Early Head Start by providing wraparound so parents can work while they helping to enhance developmental services for children. The EHS-CCP brings together the strengths of Child Care and Early Head Start programs. Early Head Start provides comprehensive family centered services within high-quality early learning environments that adhere to the research-based Head Start Program Standards. Integrating Early Head Start comprehensive services and resources into the array of traditional child care and family child care settings creates new opportunities to improve outcomes for infants, toddlers, and their families. Child care centers and family child care providers respond to the needs of working families by offering flexible and convenient full-day and full-year services. In addition, child care providers have experience providing care that is strongly grounded in the cultural, linguistic, and social needs of the families and their local communities.**

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: **DWSS/CCDP, in a partnership with SNAPET, Western Nevada College, and Truckee Meadows Community College maintains a program to allow access to child care scholarships for individuals participating in education and training through the SNAPET program.**

iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **NDE-OELD partners with Early Childhood Mental Health Services (ECMHS) which provides intensive outpatient individual and family psychotherapy utilizing evidence-based practices that are trauma-informed as well as targeted case management for infants and very young children and their families. Our focus is on engaging and honoring the role of caring adults in infant's and very young child's life by providing services either in-home, in the community or in our offices as per the unique needs of each family and child. Consultations and observations may be provided at QRIS approved center-based or home-based day care sites, Early Head Start/Head Start programs, or school district classrooms. ECMHS works closely with local Head Start, Early Head Start, and Inter-Tribal Council-Nevada Head Start agencies to provide classroom observation assessments once a year, participate on health advisory committees, and conduct training when requested. ECMHS engages in ongoing efforts to promote awareness of infant and early childhood mental health needs in the community at large through partnership with many family and child serving programs in Clark County.**

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **DWSS/CCDP participates in the state's Pritzker P3 Initiative which includes developing and implementing maternal health and child home visitation programs and collaboration with grantees. Further, DWSS/CCDP is establishing better coordination and collaboration with the DPBH Bureau of Child, Family and Community Wellness which includes the Title V Maternal, Child and Adolescent**

Health Program (includes the Maternal, Infant, and Early Childhood Home Visiting Program).

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **DWSS/CCDP partners with DPBH and Nevada Medicaid to ensure families have access to and can receive necessary screenings to identify and address developmental needs and that providers understand how to bill under EPSDT policies.**

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **DWSS/CCDP has coordinated statewide services with the Division of Child and Family Services statewide and county Child Protective Service (CPS) agencies to expand services to meet specific needs including voluntary and reunification plans for families involved with foster care and CPS systems.**

vii. **[x]** Child care provider groups or associations. Describe: **DWSS/CCDP sends a staff representative to the Child Care Provider Advisory Committee to participate in coordination of child care services and provide information. DWSS/CCDP also partners with NevAEYC to promote quality improvement, professional development, and share information regarding child care services.**

viii. **[x]** Parent groups or organizations. Describe: **DWSS/CCDP partners with The Children's Cabinet to support the Nevada Early Childhood Family Leadership Council to ensure parents and families of young children have both leadership and decision-making roles in the early childhood system.**

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

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)

[x] 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)

[x] Other. Describe: **CCDF and Head Start funds are combined to support DWSS/CCDP services. CCDF is provided through contracts to Head Start and Early Head Start agencies to extend services to a full day for children receiving child care scholarships through DWSS/CCDP.**

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? **CCDF and Head Start funds are combined to support DWSS/CCDP services. CCDF is provided through contracts to Head Start and Early Head Start agencies to extend services to a full day for children receiving child care scholarships through DWSS/CCDP. By combining the funding streams, DWSS/CCDP is able to enhance program services provided to children receiving child care and increase access to a high quality child care system.**

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?

[x] Yes. If yes, describe which funds are used: **Public funds are used to meet the CCDF matching fund requirement. The sources of the funds are State General fund under the Department of Health and Human Services, Department of Education, Division of Public and Behavioral Health, and City of Reno.**

[ ] No.

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

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

i. **[ ]** Donated directly to the state.

ii. **[x]** 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: **Private donated funds are used to meet the CCDF matching funds requirement. Agencies designated to receive donated funds include: Boys and Girls Club of Truckee Meadows, B&G Club of Southern Nevada, B&G Club of Mason Valley, and B&G Club of Western Nevada.**

[ ] 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?

[x] Yes.

[ ] No. If no, describe:

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).

[x] 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:
DWSS/CCDP provides funding to support The Children's Cabinet and Las Vegas Urban League as regional CCR&R organizations. These agencies provide consumer education information concerning the full range of child care options and work directly with families who receive assistance to offer support and referrals to make an informed decision about child care providers. The CCR&R agencies collect and share information for the purpose of service coordination including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act. Information about supply and demand of the child care system is communicated to the Lead Agency through quarterly reports. Partnerships are established with public and private entities including faith- based and

community-based child care providers to increase the supply and quality of child care services.

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: **DWSS/CCDP partners with the Division of Child and Family Services which works with licensed child care facilities to provide training and mental health consultants to support child care providers caring for children with potential social-emotional needs. In addition, Nevada Early Intervention Services provides training and TA to licensed child care facilities on the topic of inclusion for children with special needs. NDE-OELD oversees the State's CCDF quality activities to align activities with the State's P-12 education goals. Wraparound services are provided to a variety of before and after school programs to provide full day services and access to services for school age children. DWSS/CCDP provided a draft of the State Plan to Nevada tribes for consultation and feedback in addition to an invitation to the State Plan public hearing. The following tribes were contacted for consultation: Ely Shoshone Tribe, Inter-Tribal Council of NV Inc, Las Vegas Paiute Tribe, Moapa River Indian Reservation Moapa Band of Paiutes, Paiute-Shoshone Tribe of the Fallon Reservation and Colony, Pyramid Lake Paiute Tribe, Reno/Sparks Indian Colony, and Shoshone Paiute Tribe. CCDP partners with the Library District to promote communication of programming and policy. DWSS/CCDP partners with Boys and Girls Clubs statewide to support wraparound services for school age children and those with mental health and special health needs.**

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? **The Statewide Child Care Disaster Plan was updated on October 1, 2018. DWSS/CCDP has worked with Nevada DEM to consult and coordinate efforts to streamline our Disaster Plan and to help one another develop policy and processes related to emergencies in Nevada.**

b. 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:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

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

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

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

iv. **[x]** 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:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

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

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

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

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://www.nevadachildcare.org/provider-resources/

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: **Parents and the public can file a complaint using various means of communication such as in-person, by telephone, fax, email, regular mail, or by completing an online form available at https://dwss.nv.gov/Care/CCL/Licensing-Info/complaints-ccl/.**

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **Spanish speaking staff assist the parent with writing their complaint.**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The DWSS/CCL web-based complaint process is compliant with the Americans for Disabilities Act.**

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?

[x] 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 is performed to confirm if the issue has been corrected or not corrected. Information is available online at https://dwss.nv.gov/Care/CCL/Find_Child_Care/#noback. Each complaint is assessed and prioritized based on a situation that may result in substantial, minimal or no harm to one or more individuals. Based on this assessment, an investigation could begin in as little as 48 hours or when staff resources are available. Child Care Licensing staff use whatever methods will result in the most thorough and efficient investigation. This can include interviews, records reviews, in-person**

observations, phone calls and/or policy or procedure evaluations. Investigators seek to establish whether there are violations of law or regulations. Each allegation is substantiated (resulting in a citation) or unsubstantiated (no citation). If a citation is issued, the facility must respond with a plan of correction, and depending on the severity of the citation there may be fines or other sanctions.

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **DWSS/CCL maintains substantiated parental complaints for licensed facilities and the CCR&Rs maintain records for license-exempt providers.**

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

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

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: **Licensed Providers: Information is available online at https://dwss.nv.gov/Care/CCL/Find_Child_Care/#noback. Each complaint is assessed and prioritized based on a situation that may result in substantial, minimal or no harm to one or more individuals. Based on this assessment, an investigation could begin in as little as 48 hours or when staff resources are available. Child Care Licensing staff use whatever methods will result in the most thorough and efficient investigation. This can include interviews, records reviews, in-person observations, phone calls and/or policy or procedure evaluations. Investigators seek to establish whether there are violations of law or regulations. Each allegation is substantiated (resulting in a citation) or unsubstantiated (no citation). If a citation is issued, the facility must respond with a plan of correction, and depending on the severity of the citation there may be fines or other sanctions.**

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

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: **https://www.nevadachildcare.org/ and https://dwss.nv.gov/Childcare/**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

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: **https://www.nevadachildcare.org/licensing/ and https://dwss.nv.gov/Care/CCL/ccl-licensing-home/**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://www.nevadachildcare.org/licensing/, https://www.leg.state.nv.us/nrs/nrs-432a.html, and https://www.leg.state.nv.us/nac/nac-432a.html**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://www.nevadachildcare.org/licensing/**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:

https://www.nevadachildcare.org/licensing/ and
https://www.leg.state.nv.us/nrs/nrs-432a.html#NRS432ASec170

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?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code:
https://stage.worklifesystems.com/ReferralUpdate/UpdateReferral/4534526?activetab=SearchPrograms

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:

[x] 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:

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	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Enrollment capacity	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**

Languages spoken by the caregiver	[x]	[x]	[ ]	[ ]	[ ]
Quality information	[x]	[x]	[ ]	[ ]	[ ]
Monitoring reports	[x]	[x]	[ ]	[ ]	[ ]
Willingness to accept CCDF certificates	[x]	[x]	[ ]	[ ]	[ ]
Ages of children served	[x]	[x]	[ ]	[ ]	[ ]
Specialization or training for certain populations	[x]	[x]	[ ]	[ ]	[ ]
Care provided during nontraditional hours	[x]	[x]	[ ]	[ ]	[ ]

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:

ii. [ ] License-exempt CCDF center-based providers. Describe:

iii. [ ] License-exempt CCDF family child care providers. Describe:

iv. [ ] License-exempt, non-CCDF providers. Describe:

v. [ ] Relative CCDF providers. Describe:

vi. [ ] Other. Describe:

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. [x] Quality improvement system.

ii. [x] National accreditation.

iii. [ ] Enhanced licensing system.

iv. [ ] Meeting Head Start/Early Head Start Program Performance Standards.

v. [x] Meeting pre-Kindergarten quality requirements.

vi. [ ] School-age standards.

vii. [x] Quality framework or quality improvement system.

viii. [ ] Other. Describe:

b. For what types of child care providers is quality information available?

i. [x] Licensed CCDF providers. Describe the quality information: **QRIS Silver State**

Stars Rating

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **QRIS Silver State Stars Rating**

iii. **[x]** License-exempt center-based CCDF providers. Describe the quality information: **QRIS Silver State Stars Rating**

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

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. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

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: **DWSS/CCL receives all reports and subsequently aggregates the data for sharing with associated entities and the public on https://www.nevadachildcare.org/data-reports/ and https://dwss.nv.gov/Care/CCL/ccl-licensing-home/.**

ii. The definition of “substantiated child abuse” used by the Lead Agency for this

requirement: **Abuse or neglect of a child is defined as a) physical or mental injury of nonaccidental nature; b) sexual abuse or sexual exploitation; c) negligent treatment or maltreatments as set forth in NRS 432B, NRS 432B.140 of a child caused or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child's health or welfare is harmed or threatened with harm.**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **Serious injury is defined as mental or physical injury per NRS 432B.070 and 432B.090. Mental injury is defined as injury to the intellectual or psychological capacity, or the emotional condition of a child as evidenced by an observable and substantial impairment of the ability of the child to function within a normal range of performance or behavior. A physical injury is defined as, without limitation, 1) a sprain; 2) damage to cartilage; 3) a fracture of a bone, or the skull; 4) an intracranial hemorrhage or injury to another internal organ; 5) a burn or scalding; 6) a cut, laceration, puncture, or bite; 7) permanent or temporary disfigurement or; 8) permanent or temporary loss or impairment of a part of an organ or part of the body.**

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: **https://www.nevadachildcare.org/data-reports/ and https://dwss.nv.gov/Care/CCL/ccl-licensing-home/**

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?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **https://www.nevadachildcare.org/about/**

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?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information:
https://www.nevadachildcare.org/about/

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?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale.
https://www.nevadachildcare.org/child-care-subsidy-assistance/ and https://dwss.nv.gov/Care/General-Documents/

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.
Both CCR&R agencies and DWSS/CCDP maintain separate e-mail listservs to communicate and share information about program changes and other child care topics with registered providers and enrolled households receiving child care scholarship(s). The consumer education website and DWSS/CCDP webpage offer information, including written materials and resource links, that can be viewed by any ECE stakeholder, the general public, eligible parents, and child care providers.

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.

[x] Yes.

[ ] No. If no, describe:

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?

[x] Yes.

[ ] No. If no, describe:

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. **The Children's Cabinet and the Las Vegas Urban League provide parents with the Ages and Stages questionnaire and the Ages and Stages Social Emotional questionnaire in order to allow parents to screen for developmental delays. Additionally, parents will be given Nevada's Milestone Moments booklet, developed by Nevada's Learn the Signs, Act Early program. These materials are available in English and Spanish. Nevada Department of Education, licensed, non-licensed, and licensed exempt child care providers,**

Nevada Early Intervention Services, Nevada Home Visitation program, Child Care Resource and Referral agencies partner to provide written materials, direct communication with families, and website based resources. Parents, providers and the general public have access to best practices regarding child development via the consumer education website: https://www.nevadachildcare.org/child-development-screening/. This information is also provided during license-exempt FFN registration 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:

[x] Yes.

[ ] No. If no, describe:

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

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: **The CCR&Rs provide training and TA to child care providers to promote social-emotional development, including building positive relationships and creative environments that can help staff in their child care center and prevent the suspension and expulsion of children from ECE settings. The Technical Assistance Center for Social-Emotional Intervention (TACSEI) offers trainings and support to licensed providers who accept child care scholarship payments through either The Children's Cabinet or The Las Vegas Urban League, with the exception of Head Start programs. Listed below are the trainings and supports being implemented:**

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

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:
N/A

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.

[x] Yes.

[ ] No. If no, describe:

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.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Ages & Stages Questionnaire Third Edition (ASQ-3) and the Ages & Stages Questionnaire-Social Emotional Second Edition (ASQ-SE2) developmental screening informational 1-pagers are provided with every Subsidy client intake packet. A QR code with a link is available on the flyers for parents who would like to answer the questionnaires. Subsidy specialists are trained to assist parents with next steps for children whose screen results fall below benchmarks. Additionally, Early Childhood Community Health Workers who work onsite at child care provider locations are available to work with parents and providers to assist them in completing the questionnaires.**

[ ] No. If no, describe:

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.

[x] Yes.

[ ] No. If no, describe:

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: **DWSS/CCDP is the assigned Lead Agency and authority for administration of the CCDF. Responsibilities related to program integrity are shared between CCDP staff, DWSS Fiscal staff, CCL, NDE-OELD, the CCR&R agencies, the DWSS Quality Assurance unit, and the DWSS Investigations and Recovery unit to ensure eligibility, scholarship accuracy, quality, policy implementation, and program integrity are maintained. The delegation of duties is divided among the various teams to promote and support program integrity. CCDP staff review billing documentation to ensure goals, outcomes, and measures are being met by subrecipients and CCR&R agencies and has frequent communication with the DWSS Fiscal team to ensure accurate billing. Every request for funding must have supporting documentation that is specific to the scope of work outlined in the agreement. Funds are monitored against spending authority and any requests for budget modification must be in writing and related to achieving the scope of work. Requests for reimbursement are reviewed at three levels: CCR&R fiscal staff, CCDP staff, and DWSS fiscal. Subawards and contracts are monitored and evaluated to ensure federal and fiscal compliance, ensure requirements fall within the scope of work, and that outcomes are being met. Monitoring of the CCR&R agencies is completed by a team of staff that includes program, fiscal/contracts, our DWSS auditor, and a CPA certified contractor. Technical assistance is provided by the CCDP staff to the CCR&R agencies and subcontractors which are responsible for facilitating child care activities. Annual monitoring of the subrecipient agencies is done by CCDP's internal monitoring team to evaluate and determine risk level of each agency, prevent fraud, and avoid program violations. When any training gaps are identified, the CCDP facilitates additional training to maintain quality and integrity of the program. The DWSS Quality Assurance unit completes case reviews to ensure appropriate scholarship eligibility determinations are being made and errors of improper payment are addressed. The DWSS Investigations and Recovery unit facilitates repayment agreements in the circumstance of fraud or overpayments which supports program integrity.**

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: **All requests for funding (whether subsidy reimbursements or quality funds which are also subawarded to external partners) must have supporting documentation that is specific to the scope of work outlined in the agreement. Expenditures are monitored against spending authority**

and any requests for budget modification must be in writing and the modification must be related to achieving the scope of work. The Lead Agency maintains fiscal oversight of subgrants and contracts by monitoring all subgrants and contracts to ensure federal and state regulations are adhered to and to ensure outcomes are met by the contractor or subrecipient. The grants and contracts are monitored by CCDP fiscal staff, and DWSS fiscal staff for complete and accurate billing. Provider files and timesheets are audited by staff on a regular basis making sure all documents are current and accurate. Billing is validated using system generated queue reports, and client files. Requests for reimbursement are reviewed at three levels. The Children's Cabinet and Urban League staff, CCDP, and DWSS fiscal unit provide review of documents prior to payment authorization. This results in less errors in requests for reimbursement and enables case managers to identify when a provider may be fraudulently signing timesheets. Managers, Supervisors and QA staff perform ongoing audits to ensure that all information is accurate. Ongoing reviews of provider files and documents are completed monthly. Licensed providers must keep licenses current and submit copies to the program. Provider billing documents are reviewed upon receipt and during processing to ensure appropriate payment. During initial training, scholarship eligibility staff are introduced to the Quality Assurance unit and the role they have in maintaining program integrity. Communication occurs between the Quality Assurance unit, Investigations and Recovery, CCDP staff, and CCR&R agencies to identify and address errors and avoid improper payments. Internal audits are also conducted to assist in preventing fraud and intentional program violations.

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: The DWSS Quality Control team completes case reviews through desk audits to ensure proper payments are issued to providers. The Fiscal unit maintains expenditure data by categories of authority. An error is identified as an improper payment, incorrect eligibility determination, or failure to comply with State or Federal policy and procedures. The CCDP maintains error rate data, expenditure data, and program violation information which is communicated at the State level monthly among the CCDP staff, Fiscal unit, Quality Assurance unit, and Investigations and Recovery unit. The communication and tracking systems in place ensure costs are reasonable, allowable, and promote appropriate expenditure of child care funds. When overpayment or underpayment is identified, efforts are coordinated among the CCDP, CCR&R agencies, and Investigations and Recovery unit to establish repayment agreements and recoup improperly paid funds. Quality funds are also tracked closely via monthly spenddown meetings with all subrecipients receiving quality dollars which currently includes the Nevada Department of Education and The Children's Cabinet. DWSS/CCDP Program Specialists work closely with funded partners receiving quality dollars to ensure Nevada is meeting the 9% and 3% quality goals and that funds are being spent appropriately no allowable activities intended to improve the quality of early childhood settings across the state.

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: DWSS/CCDP has an annual single audit conducted by a certified public accountant firm, Eide Bailly, who reviews processes and internal controls to ensure the program is compliant with state and federal requirements. Every three years, DWSS/CCDP is monitored by the ACF Office of Child Care for compliance with the 2014 Reauthorization requirements. Intermittently, DWSS/CCDP is audited by the Office of Inspector General for

compliance with the CCDF Background Check regulations. Every request for funds must have supporting documentation that is specific to the scope of work outlined in the agreement. Funds are monitored against spending authority and any requests for budget modification must be in writing and the modification must be related to achieving the scope of work. The Lead Agency maintains fiscal oversight of subawards and contracts by monitoring all subawards and contracts to ensure federal and state regulations are adhered to and to ensure outcomes are met by the contractor or subrecipient. The grants and contracts are monitored by CCDP fiscal staff, and DWSS fiscal staff for accurate billing. Fiscal reporting data is compiled and maintained by the fiscal staff to submit required state and federal reports.

d. Other. Describe: **N/A**

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:
DWSS/CCDP defines effective fiscal management practices through Control Environment, Risk Assessment, Control Activities, Information and Communication, and Monitoring practices as identified on the CCDF Internal Control Memo which identifies activities and costs that are allowed or unallowed. At the Cabinet and Urban League level, timesheets are received and placed in date stamp order. The billing is reviewed for accuracy and placed in a billing log and given a number to be processed. Staff then send the Request for Reimbursement sheets to CCDP at DWSS. CCDP then analyzes and reconciles each RFR to ensure accuracy of formulas, that spending is toward allowable costs and then sends the document to the DWSS's Fiscal team to analyze again and move to the process of drawing down the funds - this process allows providers to be reimbursed within the 30-business day deadline while still ensuring integrity of the program. Every request for funds must have supporting documentation that is specific to the scope of work outlined in the agreement. Funds are monitored against spending authority and any requests for budget modification must be in writing and the modification must be related to achieving the scope of work. The Lead Agency maintains fiscal oversight of subgrants and contracts by monitoring all subgrants and contracts to ensure federal and state regulations are adhered to and to ensure outcomes are met by the contractor or subrecipient. The grants and contracts are monitored by CCDP fiscal staff, and DWSS fiscal staff for accurate billing. The CCDP monitors the Subsidy/Eligibility CCR&R agencies and the NDE-OELD (Quality) annually to assess policy implementation and ensure integrity of the program. Each funded agency is required to develop written procedures to carry out its systems of internal accounting and administrative control including:
1) A plan of organization, which provides for the segregation of duties appropriate to safeguard the assets of the agency;
2) A plan which limits access to assets of the agency to persons who need the assets to perform their assigned duties;
3) Procedures for authorizations and record keeping which effectively control accounting of assets, liabilities, revenues, and expenses;
4) A system of practices to be followed in the performance of the duties and functions of each agency; and

5) An effective system of internal review.

The purpose of internal control is to help ensure that the following objectives are being achieved:
1) Effectiveness and efficiency of operations;
2) Reliability of financial reporting; and
3) Compliance with applicable laws and regulations.

An effective internal control system consists of five standards:
1) Control Environment: Management and employees must establish and maintain an environment throughout the organization that sets a positive and supportive attitude toward internal control and conscientious management.
2) Risk Assessment: Internal control must provide for an assessment of the risks the agency faces from both external and internal sources.
3) Control Activities: Policies, procedures, techniques, and mechanisms implemented by management to address all levels and all functions of an agency covering operational, financial reporting, and compliance issues.
4) Information and Communication: Information should be recorded and communicated to management and others within the agency who need it and in a form and within a time frame that enables them to carry out their internal control and other responsibilities.
5) Monitoring: Internal control monitoring must assess the quality of performance over time and ensure that the audit findings and other issues are promptly resolved.

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **DWSS/CCDP measures and tracks results of fiscal management practices through annual monitoring of the CCR&R agencies. CCDP agencies are required to complete a Self-Assessment Questionnaire (SAQ), that must be completed prior to annual monitoring. The SAQ tracks budget and fiscal data for each agency and ensures that additional accounting measures are being followed at the CCR&R level and that Child Care funds are being managed appropriately. At the State level, DWSS/CCDP staff review all billing submissions received from CCR&R agencies for accuracy and compliance with allowable expenditures. If any unallowable expenses are identified, meetings with the CCR&R agency(s) occur to resolve the issue prior to payment being issued. The results of these practices further ensure appropriate spending of CCDF dollars.**

c. How the results inform implementation. Describe: **DWSS/CCDP uses the results of internal control processes including the Self-Assessment Questionnaire (SAQ), that must be completed prior to annual monitoring tracks budget and fiscal data for each agency and ensures that additional accounting measures are being followed at the CCR&R level and that Child Care funds are being managed appropriately. At the State level, DWSS/CCDP staff review all billing submissions received from CCR&R agencies for accuracy and compliance with allowable expenditures. Any fiscal issues that are identified at any level of the internal control process are evaluated and communicated both internally and with the CCR&R agency. Communication and meetings occur to evaluate management practices and determine an appropriate solution to avoid future errors.**

d. Other. Describe: **N/A**

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: **Risk assessment is evaluated using internal controls that provide an assessment of the risks the agency faces from both external and internal sources. These assessments are conducted on all agencies that receive CCDF dollars. The SAQ is required during annual monitoring, in addition to an evaluation of written procedures and controls which includes the SAQ, and any new procedures or revisions.**

b. The frequency of each risk assessment. Describe: **Risk assessments are conducted annually for every subrecipient/contract vendor, and prior to the disbursement of CCDF dollars to any new recipient.**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **DWSS Fiscal analyzes risk assessment data and any previous findings including, but not limited to, tax information, business licensure, board of director information, etc. that may be detrimental to child care program implementation and appropriate expenditures**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Annual monitoring reports, assessments, fiscal reviews, and Quality Assurance reviews are used to identify any issues with risk assessment processes. Training is provided to ensure compliance and resolve any non-compliance items. Annual reports with any findings, or citations, are addressed with Lead Agency staff, subrecipients, and other CCDP agencies.**

e. Other. Describe: **N/A**

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: **DWSS/CCDP monitors the CCR&R agencies and NDE-OELD annually to assess policy implementation and ensure integrity of the program. Staff receive training on CCDP policy and regulations at all levels of program implementation. CCDP staff stay apprised of federal regulations and changes implemented through frequent cohorts and meetings with Office of Child Care (OCC) and Administration for Children and Families (ACF). At the State level, CCDP policy is reviewed frequently to ensure alignment with program integrity and requirements. Policy changes are typically developed with input from the CCR&Rs. Other partners and stakeholders such as Child Care Licensing may be included as well. Changes to the Child Care Policy Manual are published and distributed as Policy Transmittals to partners via Publications Recipient distribution lists. A spreadsheet tracking all policy changes is maintained by the**

Quality Assurance department and is shared with staff and other lead agencies that administer the CCDF program. Policy training is provided to new CCDP staff upon hire and throughout employment. Additional technical assistance and training is provided to the CCR&R agencies as needs are identified through case reviews, fiscal management, and annual monitoring. The CCR&Rs conduct initial and ongoing training with eligibility staff and communicate policy updates as changes are made. CCDP, CCR&R, and necessary stakeholder staff are included in policy development.

ii. Describe how staff training is evaluated for effectiveness: DWSS/CCDP policy training is provided to all new CCDP staff upon hire and throughout employment. Additional technical assistance and training is provided to the CCR&R agencies as needs are identified through case reviews, fiscal management, and annual monitoring. The CCR&Rs conduct initial and ongoing training with eligibility staff and communicate policy updates as changes are made. Training effectiveness is evaluated through individual case reviews, performance feedback, Quality Assurance reviews, onsite monitoring, and by utilizing error rate data to identify additional training needs.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: Error rate data are collected by the Quality Assurance team, and risk assessment data collected during annual onsite monitoring is used to identify ongoing training needs for CCR&R staff and providers. Data collected during State-level audits provides additional opportunities for the CCDP to assess program integrity and implement additional education measures to ensure CCDP policy and program compliance.

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: To maintain program integrity, all providers, regardless of license status, are required to cooperate with DWSS/CCDP in securing all information needed to determine initial or continuing eligibility. All providers that participate in CCDF must complete a Provider Service Agreement at the time of enrollment, and annually thereafter, which details the requirements and penalties for non-compliance with DWSS/CCDP policies. CCR&R staff provide direct training and educational courses to providers to support program requirement compliance. Services offered by the CCR&R agencies include training and counseling, quality improvement, fiscal management and business plan development, assisting providers in maintaining licensing requirements, and provider education on file management.

ii. Describe how provider training is evaluated for effectiveness: CCR&R agencies conduct annual, unscheduled visits with providers to evaluate compliance with all health and safety requirements using a Health and Safety Checklist, and validate appropriate enrollment, staffing, and fiscal record-keeping methods including timesheets, enrollment, certification adherence, etc. Recommendations are made to the provider for any findings identified, and providers have 30 days to resolve any items in non-compliance.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Error rate data collected by the Quality Assurance team, and risk assessment data collected during annual onsite monitoring of both licensed, and license-exempt providers to identify ongoing training needs. Data collected during State-level audits provides additional opportunities for the CCDP to assess program integrity and implement additional education measures to ensure CCDP policy and program compliance. CCR&R agencies conduct annual, unscheduled visits with providers to evaluate compliance with all health and safety requirements using a Health and Safety Checklist, and to validate appropriate enrollment, staffing, and fiscal record-keeping including timesheets, enrollment, certifications, etc. Recommendations are made for any findings identified, and providers have 30 days to resolve any items in non-compliance.**

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: **Every three years, DWSS/CCDP is monitored by the ACF Office of Child Care for compliance with the 2014 Reauthorization requirements. Intermittently, DWSS/CCDP is audited by the OIG for compliance with the CCDF Background Check regulations. DWSS/CCDP has an annual single audit conducted by a certified public accountant firm, Eide Bailly, who reviews processes and internal controls to ensure the program is compliant with state and federal requirements. The triennial report results are used to evaluate the effectiveness of the internal controls in place and communicate needed changes. Once an error rate review is completed and errors are found, it is the Division's policy for Program Review and Evaluation (PRE) unit to notify designated Child Care staff. An error rate memo is also sent to Child Care's contractors (Urban League and Children's Cabinet) for review. The error rate memo explains the nature of the error and how it was discovered. It is then the responsibility of the contractor to review the findings and determine the appropriate action. The contractor must respond within 14 days whether or not it accepts or rebuts the findings. The Chief of Child Care and Development and the Chief of PRE (or their designee) meet with the contracting agency to resolve the matter. In addition, every quarter, a call is held with the Division's Child Care staff and the contractors to discuss error rates and ways to improve. If there are excessive error levels, the Division will review current processes and internal controls to determine what changes, if any are needed. If changes are needed, staff updates the Division's Manual which is circulated throughout the division. If procedure permits, these changes will also be discussed with the audit team to ensure internal controls are updated. Error rate information is available to the public via a request for public records submitted through https://dhhs.nv.gov/About/PublicRecordsRequest/.**

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: **Audit results are reviewed by the Division to evaluate the effectiveness of its internal controls determine**

what changes, if any are needed to the internal control processes. If changes are needed, staff update the Division's Manual which is circulated throughout the division. If procedure permits, these changes will also be discussed with the audit team to ensure internal controls are updated. Audit result information is available to the public via a request for public records submitted through https://dhhs.nv.gov/About/PublicRecordsRequest/.

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: **N/A**

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.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The internal audit team, and external auditors at the State level have identified opportunities to improve internal controls to improve the delivery of the Child Care Program. Suggestions and/or corrective action plans were provided using audit reports which identified weaknesses in internal controls. DWSS/CCDP is using this feedback to improve processes and strengthen internal controls.**

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:

   ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

   iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice::

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:

ii. [ ] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. [ ] Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

c. [x] Review enrollment documents and attendance or billing records.

i. [x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Through consistent case reviews done by Quality Assurance, Quality Control, the CCR&Rs, and annual monitoring, enrollment documents, attendance and billing records are reviewed for accuracy and compliance with the approved child care scholarship certificate. Intentional program violations are identified through these efforts, and appropriate referrals are made to the Investigations & Recovery unit to recoup funds, establish repayment plans, help avoid future errors, and improve program practices. For the state fiscal year 2024, there have been zero intentional program violations through these activities and practices.**

ii. [x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Through consistent case reviews done by Quality Assurance, Quality Control, the CCR&Rs, and annual monitoring, enrollment documents, attendance and billing records are reviewed for accuracy and compliance with the approved child care scholarship certificate. Unintentional program violations are identified through these efforts, and corrective action plans that include additional training are developed to avoid future errors and facilitate better administration practices. For the state fiscal year 2024, there have been zero unintentional program violations through these activities and practices.**

iii. [ ] Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

d. [x] Conduct supervisory staff reviews or quality assurance reviews.

i. [x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DWSS/CCDP uses Quality Control (QC) reviews, requires internal audit by subrecipient supervisory personnel, and monthly and quarterly reporting to assess programmatic activities and outcomes. QC reviews program records for accurate eligibility determinations for families receiving a child care scholarship, proper payment to providers, and ensures program expenditures comply with agency, state and federal requirements. These activities ensure that program regulations are followed and that eligibility is determined in accordance with State and Federal regulations. For the state fiscal year 2024, there have been zero intentional program violations identified through these activities and practices.**

ii. [x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Through consistent case reviews done by Quality Assurance, Quality Control, the CCR&Rs, and annual monitoring, provider records are reviewed for completeness and accuracy. Unintentional**

program violations are identified through these efforts, and corrective action plans that include additional training are developed to avoid future errors facilitate better administration practices. For the state fiscal year 2024, there have been zero unintentional program violations identified through these activities and practices.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Through consistent case reviews done by Quality Assurance, Quality Control, the CCR&Rs, and annual monitoring, agency errors and training needs are identified and evaluated to facilitate better administration practices. The CCDP had 1 agency error identified for the state fiscal year 2024 as a result of these activities and practices. These activities inform better practices by identifying errors and facilitating improper payment recoupment efforts.**

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The auditing of provider records is done by the State Child Care Licensing for licensed providers, and by the CCR&R agencies for license-exempt providers annually. These monitors are also used to identify intentional program violations and verify discrepancies. For the state fiscal year 2024, there have been zero intentional program violations through these activities.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Through consistent case reviews done by Quality Assurance, Quality Control, the CCR&Rs, and annual monitoring, provider records are reviewed for completeness and accuracy. Unintentional program violations are identified through these efforts, and corrective action plans that include additional training are developed to avoid future errors facilitate better administration practices. For the state fiscal year 2024, there have been zero unintentional program violations through these activities.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Through consistent case reviews done by Quality Assurance, Quality Control, the CCR&Rs, and annual monitoring, agency errors and training needs are identified and evaluated to facilitate better administration practices. The CCDP had 1 agency error identified for the state fiscal year 2024 as a result of these activities and practices. These activities inform better practices by identifying errors and facilitating improper payment recoupment efforts.**

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DWSS/CCDP uses Quality Control (QC) reviews, internal audits by subrecipient supervisory personnel, and monthly and quarterly reporting to assess programmatic activities and outcomes. QC reviews program records for accurate eligibility determinations for families receiving a child care scholarship, proper payment to providers, and ensures program expenditures comply with agency, state and federal requirements. These activities ensure that program regulations are followed by staff, and that**

eligibility is determined in accordance with State and Federal regulations. Training gaps are identified as a result of these reviews and are facilitated by the CCDP with the CCR&R agencies. This ensures staff are knowledgeable of the policies, can distinguish discrepancies that qualify as an intentional program violation (IPV), and know the appropriate actions to take when an IPV is identified. During initial training, subsidy eligibility staff are introduced to the Quality Control team and are provided a detailed overview of their role. During this training, subsidy eligibility staff are trained to identify questionable information while processing applications, and when and how to send cases to QC for review. Internal audits are also conducted to prevent fraud and intentional program violations. For the state fiscal year 2024, there have been zero intentional program violations through these activities and practices.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: DWSS/CCDP uses Quality Control (QC) reviews, internal audits by subrecipient supervisory personnel, and monthly and quarterly reporting to assess programmatic activities and outcomes. QC reviews program records for accurate eligibility determinations for families receiving a child care scholarship, proper payment to providers, and ensure program expenditures comply with agency, state and federal requirements. These activities ensure that program regulations are followed by staff, and that eligibility is determined in accordance with State and Federal regulations. Training gaps are identified as a result of these reviews and are facilitated by the CCDP with the CCR&R agencies. This ensures staff are knowledgeable and applying policy appropriately, educating families and providers accordingly, which reduces unintentional program violations. During initial training, subsidy eligibility staff are introduced to the Quality Control team and are provided a detailed overview of their role. During this training, subsidy eligibility staff are trained to identify questionable information while processing applications, and when and how to send cases to QC for review. Internal audits are also conducted to prevent unintentional program violations. For the state fiscal year 2024, there have been zero unintentional program violations through these activities and practices.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: DWSS/CCDP uses Quality Control (QC) reviews, internal audits by subrecipient supervisory personnel, and monthly and quarterly reporting to assess programmatic activities and outcomes. QC reviews program records for accurate eligibility determinations for families receiving a child care scholarship, proper payment to providers, and ensure program expenditures comply with agency, state and federal requirements. These activities assist in ensuring that program regulations are followed by staff, and that eligibility is determined in accordance with State and Federal regulations. Training gaps are identified as a result of these reviews and are facilitated by the CCDP with the CCR&R agencies. This ensures staff are knowledgeable of the policies, prevents agency errors resulting from overpayment, underpayment, and incorrect eligibility determinations as a result of agency error. During initial training, subsidy eligibility staff are introduced to the Quality Control team and are provided a detailed overview of their role. During this training, subsidy eligibility staff are trained to identify questionable information while processing applications, and

when and how to send cases to QC for review. Internal audits are also conducted to prevent agency errors. The CCDP had 1 agency error identified for the state fiscal year 2024 as a result of these activities and practices. These activities inform better practices by identifying errors and facilitating improper payment recoupment efforts.

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

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 unit.**

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:

ii. **[x]** 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: **CCDP identifies cases of improper payment through quality assurance and quality control case reviews, monitors, and record audit activities. Cases are referred to the DWSS I&R unit for payment recovery. The I&R unit establishes a repayment plan and collects debts until the debt becomes delinquent. Once the debt becomes delinquent, the debt is sent to the State Controller's Office for collection to ensure payment recoupment in full. The CCDP identified 5 cases that required referral to the State Controller's Office for payment recoupment due to delinquency for state fiscal year 2024 as a result of these activities and practices.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **CCDP identifies cases of improper payment through quality assurance and quality control case reviews,**

monitors, and record audit activities. Cases are referred to the DWSS I&R unit to establish a repayment plan. Customers are provided an option to repay the debt in one lump sum or monthly payments over a three (3) year period. The DWSS I&R unit works with a customer if more time is needed to repay a debt. If the customer becomes delinquent on paying the repayment plan, DWSS I&R pursues debt collection through small claims court to ensure payment recoupment in full. The CCDP identified 1 case that resulted in repayment plan establishment for state fiscal year 2024 as a result of these activities and practices.

iv. [ ] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. [ ] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. [x] Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: CCDP identifies cases of improper payment through quality assurance and quality control case reviews, monitors, and record audit activities. Cases are referred to the DWSS I&R unit for payment recovery. The I&R unit makes every attempt to collect the debt from the customer. The DWSS I&R unit pursues debt collection through small claims court for CCDP cases that are established on a repayment plan, but become delinquent. This ensures that improper payments are recouped in full. The CCDP had no cases referred to small claims court for state fiscal year 2024 as a result of these activities and practices.

vii. [x] 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: DWSS I&R has an investigations unit 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. DWSS I&R has a debt section comprised of one (1) debt supervisor and eight (8) Administrative Assistant III's who collect debts. The I&R unit coordinates with the State Controller's Office, establishes repayment plans, and pursues debt collection through small claims court when necessary to ensure recoupment of improper payments including fraud, agency errors, unintentional program violations, and intentional program violations. The I&R unit makes every attempt to collect the debt from the customer, and coordinates with other agencies such as the State Controller's Office and small claims court when needed to ensure the payment is recouped in full. The CCDP established a repayment plan for 1 case due to agency error, and referred 5 cases to the State Controller's Office due to delinquency for state fiscal year 2024 as a result of these activities and practices.

viii. [ ] Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] 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:

ii. **[x]** 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: **DWSS I&R collects debts for unintentional program violations until the debt becomes delinquent. Cases that have improper payments due to unintentional program violations, intentional program violations, agency error and fraud that become delinquent are sent to the State Controller's Office for collection. The CCDP had 5 total cases identified in state fiscal year 2024 that required referral to the State Controller's Office for delinquent payment as a result of these activities and practices.**

iii. **[x]** 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, DWSS I&R will work with a customer if more time is needed to repay a debt. The CCDP had 0 cases that required the establishment of a repayment plan due to unintentional program violation for state fiscal year 2024, as a result of these activities and repayment plan practices.**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **DWSS I&R may pursue debt collection through small claims court. The CCDP had zero cases that required debt collection through small claims court as a result of an unintentional program violation for state fiscal year 2024 as a result of these other debt recovery efforts and activities.**

vii. **[x]** 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: **DWSS I&R has an investigations unit 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. DWSS I&R has a debt section comprised of one (1) debt supervisor and eight (8) Administrative Assistant III's who collect debts. The I&R unit investigates cases referred due to intentional program violation, unintentional program violation, agency error, and fraud. The**

CCDP identified 1 case for the state fiscal year 2024 that required an improper payment to be investigated and a debt repayment agreement to be established through the I&R unit due to agency error.

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

[x] 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:

ii. **[x]** 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: **DWSS I&R collects debts until the debt becomes delinquent. Cases that have improper payments due to unintentional program violations, intentional program violations, and agency error cases that become delinquent are sent to the State Controller's Office for collection. The CCDP did not refer any cases to the State Controller's Office for delinquency due to agency errors for the state fiscal year 2024 as a result of the activities and practices in place to recover improper payments.**

iii. **[x]** 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, DWSS I&R will work with a customer if more time is needed to repay a debt. The CCDP identified 1 agency error for the state fiscal year 2024 through case reviews, monitors, and record audits that resulted in the establishment of a repayment plan as a result of these activities.**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[x]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **DWSS I&R may pursue debt collection through small claims court. The CCDP had no agency errors or other improper payment cases for the state fiscal year 2024 that required the pursuit of debt collection through small claims court as a result of case reviews, monitors, and record audit activities.**

vii. **[x]** 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: **DWSS I&R has an investigations unit 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. DWSS I&R has a debt unit comprised of one (1) debt supervisor and eight (8) Administrative Assistant III's who collect debts. The CCDP identified 1 agency error for the state fiscal year 2024 that required investigation and resulted in a repayment agreement for improper payment to be established through the I&R unit.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

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. **[x]** 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 DWSS/CCDP seeks disqualification, a notice is mailed to the customer. The customer has 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 is scheduled. When there is a hearing, the hearings officer will render a decision. After the decision is rendered, the customer or the agency has 90 days to appeal to a district court in Nevada. The CCDP identified zero customer cases for the state fiscal year 2024 that required a disqualification or sanction from the program as a result of these processes.**

ii. **[x]**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: **When DWSS/CCDP intends to seek disqualification, a notice is mailed to the child care provider. The child care provider has 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 child care provider, a hearing will be scheduled. When there is a hearing, the hearings officer will render a decision. After the decision is rendered, the child care provider or the agency has 90 days to appeal to a district court in Nevada. The CCDP identified zero provider cases for the state fiscal year 2024 that required a disqualification or sanction from the program as a result of these processes.**

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **DWSS I&R 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. The CCDP had zero cases for the state fiscal year 2024 that required criminal prosecution due to agency loss as a result of these activities.**

iv. **[ ]** Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

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:		