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Child Care and Development Fund (CCDF) Plan

for

State/Territory Nevada

FFY 2022 – 2024

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

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

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Introduction and How to Approach Plan Development

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

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

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

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

Citations

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

CCDF Plan Submission

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

(See <http://www.section508.gov/> for more information.)

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

DRAFT

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

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

1.1 CCDF Leadership

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

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

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

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: [Division of Welfare and Supportive Services](#)

Street Address: [1470 College Parkway](#)

City: [Carson City](#)

State: [Nevada](#)

ZIP Code: [89706](#)

Web Address for Lead Agency: [dwss.nv.gov](#)

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: [Steve](#)

Lead Agency Official Last Name: [Fisher](#)

Title: [Agency Administrator](#)

Phone Number: [775 684 0504](#)

Email Address: shfisher@dwss.nv.gov

1.1.2 Who is the CCDF Administrator?

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

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: [Christell](#)

CCDF Administrator Last Name: [Askew](#)

Title of the CCDF Administrator: [Program Chief](#)

Phone Number: [775 684 0630](#)

Email Address: caskew@dwss.nv.gov

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

CCDF Co-Administrator First Name: [Crystal](#)

CCDF Co-Administrator Last Name: [Johnson](#)

Title of the CCDF Co-Administrator: [Program Specialist](#)

Phone Number: [775 684 0699](#)

Email Address: cmxjohnson@dwss.nv.gov

Description of the Role of the Co-Administrator: [To assist in outreach, assessment of needs, and policy development/implementation](#)

1.2 CCDF Policy Decision Authority

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

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

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

- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.
- i. Eligibility rules and policies (e.g., income limits) are set by the:
 - A. State or territory
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - C. Other. Describe:
 - ii. Sliding-fee scale is set by the:
 - A. State or territory
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - C. Other. Describe:
 - iii. Payment rates and payment policies are set by the:
 - A. State or territory
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - C. Other. Describe:
 - iv. Licensing standards and processes are set by the:
 - A. State or territory
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - C. Other. Describe.
 - v. Standards and monitoring processes for license-exempt providers are set by the:
 - A. State or territory
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
 - C. Other. Describe:

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

- A. State or territory
- B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- C. Other. Describe:

viii. Other. List and describe any other program rules and policies (e.g., quality rating and improvement systems [QRIS], payment practices) that are set at a level other than the state or territory level:

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

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

CCDF Activity	CCDF Lead Agency	TANF agency	Other state or territory agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Who issues payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Who monitors licensed providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

- Tasks to be performed
- Schedule for completing tasks
- Budget which itemizes categorical expenditures in accordance with CCDF requirements
- Monitoring and auditing procedures
- Indicators or measures to assess performance of those agencies (98.16(b))
- Any other processes to oversee and monitor other agencies.
The Lead Agency contracts by annual subawards with two community-based resource and referral agencies, one in the North and one in the South, that perform eligibility determinations, as well as consumer education and resource and referral. The Lead Agency tracks categorical expenditures in accordance with CCDF requirements. All contractors are required to adhere to the program policies reflected in the Nevada Child Care Policy Manual and oversight is accomplished through a variety of auditing processes including Quality Control reviews conducted by Quality Control staff as well as annual monitoring by a team consisting of the Lead Agency's internal auditor, a contracted CPA, and fiscal and program staff. The two resource and referral agencies monitor the before and after school programs that are private as well as all Family, Friend, and Neighbor (FFN) providers. State Child Care Licensing is administered by the Division of Public and Behavioral Health (DPBH) under the Department of Health and Human Services (DHHS); they provide child care licensing for all counties aside from Washoe County. The Washoe County Human Services Agency conducts child care licensing in Washoe County. Washoe County are required to follow the same code as State Licensing; however, they may adopt standards that are not less restrictive than those adopted under State Licensing (NRS 432A.131). Both child care licensing entities license providers, and monitor background check compliance, health and safety requirements, and group size and ratio requirements. The Lead Agency contracts with both State child care licensing and Washoe County child care licensing through annual subawards and the Lead Agency conducts annual monitoring by a team consisting of the Lead Agency's internal auditor, a contracted CPA, and fiscal and program staff. State child care licensing monitors all licensed child care outside of Washoe County and they monitor city and county affiliated before and after school that receive CCDF statewide; Washoe County is responsible for monitoring all licensed providers in Washoe County. Quality activities are conducted by the Lead Agency, contracted Child Care Resource and Referral Agencies, and also by the Nevada Department of Education's (NDE) Office of Early Learning and Development (OELD) program. The Lead Agency contracts with NDE/OELD through an annual subaward to conduct quality improvements in early childhood statewide and is monitored by the Lead Agency's internal auditor, a contracted CPA, and fiscal and program staff.

- 1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states. [Information and statistical data regarding Nevada's child care systems can be found at the following public websites: dwss.nv.gov/childcare; http://www.nvsilverstatestars.org/; https://nevadachildcare.org.](http://dwss.nv.gov/childcare) Should a public agency, including public agencies from other states, request information about Nevada's child care systems directly via email or phone, the representative would verify the purpose for the request, and provide the requester with information needed.
- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information. [The Lead Agency utilizes its application for assistance to provide parents with its policies related to the use and disclosure of confidential and personally-identifiable information. The application states as follows: "By signing below, you authorize the release of information about your household members to the Child Care and development Program including, wage information, information made confidential by law or otherwise, and patient information privileged under NRS 49.225 or any other provision of law or otherwise. You release the holder of such information from liability, if any, resulting from disclosure of the required information." Also, all staff who have access to any state system, including the Nevada Child Care System \(NCCS\), the CCDP eligibility engine and database, must sign the following security forms: DHHS Acceptable Use Agreement, DWSS Confidentiality Agreement, Confidentiality of Federal Info, and IRS Employee Awareness Training Cert. before they are given access. Also, all staff complete annual system security training for DWSS to ensure data systems are protected.](https://nevadachildcare.org)

1.3 Consultation in the Development of the CCDF Plan

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

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

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

- 1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan.
- a. Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments: CDCP staff and subrecipients have been working on the current State Plan through workgroups, a variety of committees and councils, and direct contact with stakeholders statewide for input and feedback on the plan. This includes county school district staff and other local government staff, and the information received from stakeholders was used in drafting the plan. The draft was then presented to the Nevada Early Childhood Advisory Committee, which includes staff from the Nevada Health District, and other local government staff, and the Statewide Early Childhood Advisory Committee for additional input. Stakeholders including parents, licensed, unlicensed, and license-exempt providers, professionals with county government and state government tribal government staff, and a variety of for profit and non-profit organizations.
 - b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body. The Lead Agency Chief is a member of the board of the Nevada Early Childhood Advisory Council and meets with the Council regularly. The Nevada Early Childhood Advisory Council has historically been an integral part of the development of the State Plan and will continue to be.
 - c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place. The CDCP provided an invitation to the State Plan public hearing to allow a formal platform for consultation with Tribal governments, including Tribal leadership.
 - d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.
- 1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
- a. Date of the public hearing. June 7, 2021 at 10:00am
 - b. Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement). There was only the public hearing on June 7, 2021.
 - c. Date of notice of public hearing (date for the notice of public hearing identified in (a)).
Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).
Hearing notice needed to be published by May 18, 2021.
 - d. How was the public notified about the public hearing? Please include specific website links if used to provide notice. The hearing notice was published on the following websites DWSS, ECAC, and nevadachildcare.org. Here are the links in that order: https://dwss.nv.gov/Home/Features/Public-Information/ and http://nvecac.com/community-events-calendar and Meetings & Public Notices - Nevada Child Care Resource & Referral. The public hearing Notice & Agenda was also mailed on May 13, 2021 to be posted in the following locations: Division of Public and Behavioral Health (Carson City), Division of Welfare and Supportive Services-PDC (Las Vegas), Division of Welfare and Supportive

Services-CO (Carson City), Division of Welfare and Supportive Services-Elko (Elko), Division of Welfare and Supportive Services-Reno (Reno), Division of Welfare and Supportive Services-Flamingo (Las Vegas), Division of Welfare and Supportive Services-Belrose (Las Vegas) Carson City Library (Carson City), Churchill County Library (Fallon), Clark County District Library (Las Vegas), Douglas County Library (Minden), Elko County Library (Elko), Esmeralda County Library (Goldfield), Eureka Branch Library (Eureka), Henderson District Public Library (Henderson), Humboldt County Library (Winnemucca), Lander County Library (Battle Mountain), Lincoln County Library (Pioche), Lyon County Library (Yerington), Mineral County Library (Hawthorne), Pahrump Library District (Pahrump), Pershing County Library (Lovelock), Storey County (Virginia City), Tonopah Public Library (Tonopah), and Washoe County Library (Reno).

- e. Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was made available both by video (Microsoft Teams), audio (with a call-in number), and with a physical location as well (one in Carson City and one in Las Vegas).
- f. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.) The State Plan was made available on the same three websites that the hearing notice was published (DWSS website, ECAC website, and nevadachildcare.org website).
- g. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All information and feedback was reviewed by CCDP for development of the final State Plan.

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

- a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. The State Plan was made available on the same three websites that the hearing notice was published (DWSS website, ECAC website, and nevadachildcare.org website).
- b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

- Working with advisory committees. Describe: The Chief of the Nevada Child Care and Development Program sits on the Statewide Early Childhood Advisory Committee for Nevada and each local ECAC provides information to stakeholders through the Statewide and local ECACs.
- Working with child care resource and referral agencies. Describe: The two CCR&R agencies are made aware of all programmatic change and are consulted when the State Plan is developed and implemented.
- Providing translation in other languages. Describe:
- Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:
- Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: Any major program changes are done through the State's Public Hearing process, which included public notification of meetings.

Other. Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

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

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results: [CCDP coordinates with before and after school and distance learning programs which are operated or sponsored by local government to provide child care so that parents can work outside of regular school hours.](#)

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals and process: [The Chief of the Nevada Child Care and Development Program sits on the Statewide Early Childhood Advisory Committee for Nevada and each local ECAC provides information to stakeholders through the Statewide and local ECACS.](#)

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

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

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

- N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.
- iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool).
Describe the coordination goals and process: Lead Agency staff sit on the Nevada Early Intervention Interagency Coordinating Council. The council brings policy makers, service providers, and parents together to support and assist with the ongoing development and implementation of quality statewide early intervention services for young children with disabilities and their families. Its members work to ensure that the supports and services offered to families are in line with their needs and maximize outcomes for children and families.
- v. State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: CCDP coordinates services with the State Head Start Collaborator to extend services to full day for those Head Start and Early Head Start programs that receive CCDF.
- vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process:
CCDP collaborates with the Division of Public and Behavioral Health to identify families with child care barriers that are suffering from substance abuse.
- vii. State/territory agency responsible for employment services/workforce development.
Describe the coordination goals and process: CCDP has a partnership and collaboration with Nevada's Workforce Connections (WC). As the Local Board, WC administers Title I training and employment funds and convenes and coordinates the Local Workforce Development System across 17 partners in the Southern Nevada area under the Workforce Innovation and Opportunity act (WIOA). Their leadership consists of a Local Elected Officials Consortium composed of eight elected officials from the four counties and four cities in the Southern area. The board composition is a majority business with representatives from labor, community organizations, and required partners. WC operates in the counties of Clark, Esmeralda, Lincoln, and Nye, including the cities of Boulder City, Henderson, Las Vegas, and North Las Vegas; their mission is as follows: Connecting Employers to a Ready Workforce by creating dynamic partnerships with employers and the community to connect job seekers to education, job training, and employment opportunities. CCDP also contracts with WC through a subaward to create pathways for the recruitment and placement of early childhood educators by braiding CCDF and Workforce Innovation and Opportunity act (WIOA) funds.
- viii. State/territory agency responsible for public education, including Prekindergarten (PreK).
Describe the coordination goals and process: The agency responsible for public education, including State Prekindergarten is the Nevada department of Education's Office of Early Learning and Development; additionally this agency is responsible for Head Start collaboration and initiatives to improve the quality of early childhood education. CCDP works closely with OELD to improve quality of early childhood programs, increase access for families, and provide support to child care providers. OELD initiatives include an aligned screening tool across child care programs, pre-k and kindergarten entry; student unique identifiers for children on the child care subsidy program, Preschool Development Grant (PDG) seats in child care facilities for four-year-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 grads (horizontally) and within grades (vertically); and aligned standards across child care and pre-k programs.

- ix. State/territory agency responsible for child care licensing. Describe the coordination goals and process: [The agency responsible for child care licensing outside of Washoe County is the Division of Public and Behavioral Health \(DPBH\). CCDP works closely with DPBH to ensure that policy is aligned between CCDP and Child Care Licensing. In Washoe County, Washoe County Human Services Agency, is responsible child care licensing. CCDP also collaborates with Washoe County and partners to ensure policy is aligned.](#)
 - x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process:
[TBD](#)
 - xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process:
[CCDP has coordinated policy and processes with the Nevada McKinney-Vento Homeless Outreach program to facilitate and streamline the referral and application process for families experiencing homelessness.](#)
 - xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals and process:
[CCDP sits within the same agency as the TANF program and has coordinated efforts with the program chief and specialists to facilitate and streamline the referral and application process for families receiving TANF and to support training and employment efforts.](#)
 - xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process: [CCDP partners with the Division of Health Care Financing and Policy and coordinate services through the Pediatrics Supporting Parents initiative as well as the Pritzker Infant and Toddler initiative.](#)
 - xiv. State/territory agency responsible for mental health. Describe the coordination goals and process: [CCDP has coordinated with Nevada's Public and Behavioral Health Agency to facilitate mental health referrals through Nevada's Technical Assistance Center for Social Emotional Intervention Services \(TACSEI\)](#)
 - xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: [CCDP works closely with our subrecipient resource and referral agencies to collectively pursue our program goals and provide excellent consumer education and information. CCDP also works with the Nevada Registry in order to be able to efficiently link families and providers to resources for training and development.](#)
 - xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: [CCDP works closely with Nevada's OST providers to coordinate efforts to allow parents to work and to adapt to the need for different types of services including before and after school programming, emergency child care for a wider range of ages, and pandemic related distance learning programs.](#)
 - xvii. Agency responsible for emergency management and response. Describe the coordination goals and process: [CCDP has worked together with the Nevada Department of Emergency Management to consult and coordinate efforts to streamline our Disaster Plan and to help one another develop policy and processes related to emergencies in Nevada.](#)
- b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

- i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: [CCDP partners with Early Head Start by providing wraparound so parents can work while they helping to enhance developmental services for children. The EHS-CCP brings together the strengths of Child Care and Early Head Start programs. Early Head Start provides comprehensive family centered services within high-quality early learning environments that adhere to the research-based Head Start Program Standards. Integrating Early Head Start comprehensive services and resources into the array of traditional child care and family child care settings creates new opportunities to improve outcomes for infants, toddlers, and their families. Child care centers and family child care providers respond to the needs of working families by offering flexible and convenient full-day and full-year services. In addition, child care providers have experience providing care that is strongly grounded in the cultural, linguistic, and social needs of the families and their local communities.](#)
- ii. State/territory institutions for higher education, including community colleges. Describe: [CCDP, in a partnership with SNAPET, Western Nevada College, and Truckee Meadows Community College is piloting a program to allow access to child care subsidy for individuals participating in education and training through the SNAPET program.](#)
- iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: [The CCDP Chief is the co-lead on the Pritzker P3 project which includes developing and implementing maternal health and child home visitation programs and collaboration with grantees.](#)
- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
- vi. State/territory agency responsible for child welfare. Describe: [CCDP has coordinated services with County CPS agencies to expand services to meet specific needs including Voluntary and Reunification plans with CPS.](#)
- vii. State/territory liaison for military child care programs. Describe:
- viii. Provider groups or associations. Describe:
- ix. Parent groups or organizations. Describe:
- x. Other. Describe:

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

Optional Use of Combined Funds: States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and

other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

- 1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?
- No (If no, skip to question 1.5.2)
- Yes. If yes, describe at a minimum:
- a. How you define “combine”
 - b. Which funds you will combine? [Head Start and WIOA](#)
 - c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? [Head Start: funds are provided through contracts to HS/EHS agencies to extend services to a full day for CCDP children; WIOA: funds are provided through subaward to Workforce Connections to increase child care workforce capacity.](#)
 - d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? [At the program level.](#)
 - e. How are the funds tracked and method of oversight [Funds are provided through contracts, subawards, and memorandums of understanding, etc. Contracts, eligibility, and service provisions are reviewed and monitored via established State monitoring and audit process.](#)
- 1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: The Lead Agency must check at least public and/or private funds as matching, even if Prekindergarten funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- a. N/A—The territory is not required to meet CCDF matching and MOE requirements.
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - i. If checked, identify the source of funds: [Department of Education, Division of Public and Behavioral Health, Boys and Girls Club of Truckee Meadows, B&G Club of Southern Nevada, B&G Club of Mason Valley, B&G Club of Western Nevada, and City of Reno.](#)
 - ii. If known, identify the estimated amount of public funds that the Lead Agency will receive: [\\$15,000,000](#)
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the state?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?
 - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
 - iii. If known, identify the estimated amount of private donated funds that the Lead Agency will receive:
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): [TBD](#)
 - i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
[In 2014, the Nevada Department of Education received a federal Preschool Development Grant \(PDG\). This has allowed the state to expand preschool seats in licensed child care centers and begin aligning](#)

standards.

- ii. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the matching funds requirement:
3.3 Million
 - iii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
TBD
- e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
- i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).
 - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
 - iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):
 - iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:
 - v. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the MOE Fund requirement:

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)). Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)).

The Division of Child and Family Services (DCFS) 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.

The Nevada Division of Public and Behavioral Health (DPBH) provides child care licensing to ensure basic health and safety of licensed child care providers. In addition, Nevada Early Intervention Services provides training and TA to licensed child care facilities on the topic of inclusion for children with special needs. In July of 2014 the Office of Early Care and Education was transferred from the Nevada Division of Welfare

and Supportive Services (which houses the CCDP), to the Nevada Department of Education (NDE). This was done as an opportunity to promote, facilitate, and further the goals and objectives for improving early childhood learning and development in Nevada. NDE Staff oversee the State's CCDF quality activities in order to align activities with the State's P-12 education goals.

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

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

The Inter-Tribal Council of Nevada and the Lead Agency are partnering to develop a Memorandum of Understanding to ensure ongoing inclusion and consideration of the needs associated with tribal components. The CCDP conducts ongoing consultations with the Intertribal Council of Nevada to assist one another with the coordination and development of policies and procedures. Wraparound services are provided to a variety of before and after school programs to provide full day services and access to services for school age children.

1.7 Coordination with Child Care Resource and Referral Systems

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

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

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

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use section 7.5.2 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

1.8 Disaster Preparedness and Response Plan

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

- 1.8.1 Identify when the Statewide Child Care Disaster Plan was last updated. Please consider any changes that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)
- a. When was the most recent update to the Statewide Disaster Plan?
 - b. Did you collaborate with any of the required entities in updating the plan? If yes, identify those entities: [The Division of Public and Behavioral Health State Child Care Licensing](#), [Washoe County Human Services Child Care Licensing](#), [CCR&R \(the Children's Cabinet and the Urban League\)](#), [the Department of Emergency Management](#), [the Early Childhood Advisory Council](#).
 - c. Describe the elements of the plan that were updated:

- 1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.
- a. The plan was developed in collaboration with the state human services agency, the state emergency management agency, the state licensing agency, the state health department or public health department, local and state child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - b. The plan includes guidelines for the continuation of child care subsidies.
 - c. The plan includes guidelines for the continuation of child care services.
 - d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
 - f. The plan contains procedures for staff and volunteer emergency preparedness training.
 - g. The plan contains procedures for staff and volunteer practice drills.

- 1.8.3 Provide the link to the website where the statewide child care disaster plan is available:

2 Promote Family Engagement Through Outreach and Consumer Education

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

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

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

2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities

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

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

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

- 2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.
- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
 - b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
 - c. Caseworkers with specialized training/experience in working with individuals with disabilities
 - d. Ensuring accessibility of environments and activities for all children
 - e. Partnerships with state and local programs and associations focused on disability-related topics and issues. [Nevada PEP and Nevada Center for Excellence in Developmental Disabilities. Also refer to Access NV, NEIS, and District Part C Programs](#)
 - f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers. [Nevada Pep; Family Ties of NV](#)
 - g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies. [IDEA Part B, Section 619 and Part C \(Daina Loeffler & LoriAnn Molina Lovell\) Daina Loeffler is no longer working at NDE and this position is vacant at this current time.](#)
 - h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children. [Nevada Early Childhood Mental Health \(Rhonda Lawrence & KrisAnn Alveraz\)](#)
 - i. Other. Describe: [All program offices are accessible for persons with disabilities, and program staff provide assistance to all clients as necessary.](#)

2.2 Parental Complaint Process

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

- 2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:
- [The CCDP sub-grants with DPBH Child Care Licensing, with whom members of the public are able to file a complaint by various means of communication, such as: telephone, fax, website, e-mail, regular mail, news media, etc. There are several ways parents can submit complaints about their provider: Complete an online form on the DHSS DPBH website:](#)
- http://dpbh.nv.gov/Reg/ChildCare/dta/Complaints/Child_Care_Licensing - Complaints/ By
phone: (702) 486-3822 By fax: (702) 486-6660 Via
[the CCRR Agencies using form 2170-WC/A – CPS & Child Care Licensing Report form](#)

- 2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers: Each complaint is assessed by a qualified person trained to determine whether the allegations present a situation that may cause substantial harm, minimal harm or no harm (but conditions are not desirable). Each allegation is further assessed to determine whether there is a regulation or law related to the allegation. Based on these assessments complaints are generally given priorities as follows:
- Immediate Response = imminent harm (same day response required)
 - Priority 1 = not imminent, but possible risk involved (1-3 day response time)
 - Priority 2 = no observed or perceived danger (10-15 day response time)
 - Priority 3 = NAC or NRS violations noted (30 day response) Some other factors considered during prioritization include: the age of the complaint (if the event occurred in the distant past – for example, more than one year prior to filing the complainant, the priority may be adjusted accordingly), the relevance of the information given to regulatory violations (if the information is difficult to align with regulations, the priority may be adjusted accordingly).
- 2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: Each complaint is assessed by a qualified person trained to determine whether the allegations present a situation that may cause substantial harm, minimal harm or no harm (but conditions are not desirable). Each allegation is further assessed to determine whether there is a regulation or law related to the allegation. Based on these assessments complaints are generally given priorities as follows:
- Immediate Response = imminent harm (same day response required)
 - Priority 1 = not imminent, but possible risk involved (1-3 day response time)
 - Priority 2 = no observed or perceived danger (10-15 day response time)
 - Priority 3 = NAC or NRS violations noted (30 day response) Some other factors considered during prioritization include: the age of the complaint (if the event occurred in the distant past – for example, more than one year prior to filing the complainant, the priority may be adjusted accordingly), the relevance of the information given to regulatory violations (if the information is difficult to align with regulations, the priority may be adjusted accordingly).
- 2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: All incoming complaints are inputted for intake, assigned an Inspector (as necessary), report generated for review of findings and pend supervisor closure This complaint system is tracked and monitored by licensing Manager and Supervisor through the licensing system which details out the intake, priority, assessment, findings and approved closure. All completed complaints (Substantiated or Unsubstantiated) can be viewed by the public online. through child care licensing at: https://nvdpbh.aitheat.com/Protected/LIC/LicenseeSearch.aspx?Program=HF&PubliSearch=Y&returnURL=%7e%2fLogin.aspx%3fTI%3d2#noback. Public can enter the name of the provider, type of care and other search criteria to pull up records. Once record is located, public can select "View Detail" under the Action column. This will open the provider record to display complaints, inspection reports and other actions associated with the provider.

- 2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:
All completed complaint investigations and inspections can be found online for the public to view at any time via the child care licensing page at https://nvdpbh.aitgent.com/Protected/LIC/LicenseeSearch.aspx?Program=HF&PubliSearch=Y&returnURL=%7e%2fLogin.aspx%3fI%3d2#noback. Public can enter the name of the provider, type of care and other search criteria to pull up records. Once record is located, public can select "View Detail" under the Action column. This will open the provider record to display complaints, inspection reports and other actions associated with the provider. There are some individuals who don't have access to a computer and they are able to request hard copies through the program which will then be provided.

2.3 Consumer Education Website

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

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

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

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites are searchable, simple to navigate, written in plain language, and easy to understand.): Professional web developer worked with program to design ADA compliant website with easy-to-navigate tabs and organized information to make it accessible to users.
- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): The website has a link to download the Google Chrome Translate Extension.
- 2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: Site improve is used to check the accessibility level of Nevadachildcare.org. The site contrast is 4.7 instead of the desired 4.5. Additionally, headers are being adjusted to meet AAA compliance. Manual check has occurred with AA and A elements and improvements. Professional web developer worked with program to design ADA compliant website with easy-to-navigate tabs and clean, organized information to make it accessible to users with disabilities. Website includes resources on IDEA, early intervention services and other resources for families with a child with special needs.
- 2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

- a. Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2: <https://nevadachildcare.org/child-care-licensing/>
- b. Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in subsection 5.4: <https://nevadachildcare.org/child-care-licensing/>
- c. Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.2 and 5.5.4: <https://nevadachildcare.org/child-care-licensing/>

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

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

- a. Provide the website link to the list of child care providers searchable by ZIP code: <https://nevadachildcare.org/> This site connects to the NDS 2.0 system for the CCRR agencies, which include comprehensive data on providers, and which is searchable by zip code.
- b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers (please check all that apply)?
 - i. License-exempt center-based CCDF providers ([OST/OSR Providers](#))
 - ii. License-exempt family child care (FCC) CCDF providers
 - iii. License-exempt non-CCDF providers ([OST & OSR providers and district PreK](#))
 - iv. Relative CCDF child care providers
 - v. Other. Describe:
- c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All Licensed Providers	License-Exempt CCDF Center-based Providers	License-Exempt CCDF Family Child Care Providers	License-Exempt Non-CCDF Providers	Relative CCDF Providers
Contact Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Years in operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

d. Other information included for:

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

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

a. How does the Lead Agency determine quality ratings or other quality information to include on the website?

- i. Quality rating and improvement system
 - ii. National accreditation
 - iii. Enhanced licensing system
 - iv. Meeting Head Start/Early Head Start Program Performance Standards
 - v. Meeting Prekindergarten quality requirements
 - vi. School-age standards, where applicable
 - vii. Other. Describe: Special needs, trainings, and activities
- b. For what types of providers are quality ratings or other indicators of quality available?
- i. Licensed CCDF providers. Describe the quality information:
Same as above
 - ii. Licensed non-CCDF providers. Describe the quality information:
Same as above
 - iii. License-exempt center-based CCDF providers. Describe the quality information:
Same as above
 - iv. License-exempt FCC CCDF providers. Describe the quality information:
 - v. License-exempt non-CCDF providers. Describe the quality information:
 - vii. Relative child care providers. Describe the quality information:
 - viii. Other. Describe:

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

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

Certify by responding to the questions below:

- a. Does the Lead Agency post? (check one or both):
- i. Full monitoring reports that include areas of compliance and non-compliance.
 - ii. Full monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors).

- b. Check to certify that the monitoring and inspection reports and/or their plain language summaries include:
- Date of inspection
 - Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: [Under monitoring and compliance on the consumer education webpage in large font: Child Care Fatality & Serious Injury Data](#)
 - Corrective action plans taken by the state and/or child care provider. Describe: [Once non-compliances are explained verbally during an exit conference/interview then a written within a Statement of Deficiency \(SOD\) is given to the provider. The Provider then responds through a Plan of Correction \(POC\). The POC must contain an acceptable \(approved by the Division\) timeframe for the correction to all noted deficiencies within the SOD and then proof of those corrections must be submitted or observed prior to license expiration. Technical assistance is always offered to facilities to help ensure they understand what is expected, why and how they can meet compliance. Failure to correct any deficiency could lead to progressive action including but not limited to Notice of Violation \(NOV\), Sanctions/Fines, provisional license, suspension, or revocation. If any areas of non-compliance are identified during the visit, Section F of the checklist is used to outline the non-performance areas, and provider follow up visit is scheduled as needed with 30 days to ensure corrections were made. Section G of the inspection checklist provides the follow up inspection outcomes. Provider can be subject to penalties, including termination if corrections are not made timely.](#)
 - A minimum of 3 years of results
- a. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken. [Per PT 07-20 All appropriately labeled reports from inspections taking place December 2020 and after will be posted by DPBH, LVUL, and CC staff to the Nevada Child Care Resource & Referral website: nevadachildcare.org within 90 days of the visit. The date of visit will be referenced in the label of the document. Documents must remain posted for at least three years.](#)
- i. Provide a website link to where the reports are posted. <https://nevadachildcare.org/child-care-licensing/>
 - ii. Describe how reports are posted in a timely manner and how the Lead Agency defines timely. [Per PT 07-20 All appropriately labeled reports from inspections taking place December 2020 and after will be posted by DPBH, LVUL, and CC staff to the Nevada Child Care Resource & Referral website: nevadachildcare.org within 90 days of the visit. The date of visit will be referenced in the label of the document. Documents must remain posted for at least three years.](#)
- b. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).
- i. Provide the Lead Agency's definition of plain language. [Reader-centered organization "You" and other pronouns Active voice, not passive Short sentences and paragraphs Common, everyday words Easy-to-follow design features \(lists, headers, tables\) and](#)

- ii. Describe how the monitoring and inspection reports or the summaries are in plain language. Ensuring that our providers and prospective providers can understand what is being required of them upon review of any communication given, but always leaving room for dialogue and clarification where and whenever needed.
- c. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).
- d. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:
 - filing the appeal
 - conducting the investigation
 - removal of any violations from the website determined on appeal to be unfounded.

Inspection reports are presented to the provider the day of the onsite inspection during an exit interview at which time the provider can challenge what has been noted. Further, upon receiving their Statement of Deficiencies (SOD) the provider has an opportunity to challenge anything written or noted within must provide evidence that proves their justification for challenging. This is brought to the facilities surveyor first for review, then the surveyor's direct supervisor to be overturned or sent to the program manager for further review and determination.

- e. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)). Per PT 07-20 All appropriately labeled reports from inspections taking place December 2020 and after will be posted by DPBH, LVUL, and CC staff to the Nevada Child Care Resource & Referral website: nevadachildcare.org within 90 days of the visit. The date of visit will be referenced in the label of the document. Documents must remain posted for at least three years.

- 2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.53(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

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

- a. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. State of Nevada Department of Public and Behavioral Health Child Care Licensing receives all reports and subsequently aggregates the data for sharing with associated entities and the public.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement. 1. “Abuse or neglect of a child” means, except as otherwise provided in subsection 2:
 - (a) Physical or mental injury of a nonaccidental nature;
 - (b) Sexual abuse or sexual exploitation; or
 - (c) Negligent treatment or maltreatment, as set forth in NRS 432B.140, of a child caused or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement.
NRS 432B.070 “Mental injury” defined. “Mental injury” means an injury to the intellectual or psychological capacity or the emotional condition of a child as evidenced by an observable and substantial impairment of the ability of the child to function within a normal range of performance or behavior. NRS 432B.090 “Physical injury” defined. “Physical injury” includes, without limitation:
 - 1. A sprain or dislocation;
 - 2. Damage to cartilage;
 - 3. A fracture of a bone or the skull;
 - 4. An intracranial hemorrhage or injury to another internal organ;
 - 5. A burn or scalding;
 - 6. A cut, laceration, puncture or bite;
 - 7. Permanent or temporary disfigurement; or
 - 8. Permanent or temporary loss or impairment of a part or organ of the body.
- b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
- i. the total number of serious injuries of children in care by provider category/licensing status
 - ii. the total number of deaths of children in care by provider category/licensing status
 - iii. the total number of substantiated instances of child abuse in child care settings
 - iv. the total number of children in care by provider category/licensing status
- c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. <https://nevadachildcare.org/fatality-serious-injury/>

- 2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: [nevadachildcare.org has a page for both CCR&R agencies: https://nevadachildcare.org/about-us/](https://nevadachildcare.org/about-us/); The consumer ed website includes a link to the NDS 2.0 system used for CCR&R provider referrals. Clients have 24-7 access through the link to search for providers based on the criteria entered. The website includes contact information for both The Children's Cabinet and Las Vegas Urban League for clients needing to access the CCRR agency in their area.
- 2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information: <https://nevadachildcare.org/about-us/> The website's About Us page has information on The Children's Cabinet and Las Vegas Urban League. If the user clicks "Find Out More" it links them to the website for the CCRR agency selected where there is additional program info and resources. The CCRR agency webs have contact information where the client can connect further through phone, fax, email, and office locations for in-person services. CCRR staff can aid the client in understanding the info on the web and can provide other supports to help find the family resources.
- 2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes. nevadachildcare.org

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

- 2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. [The Nevada CCDP subgrants with the Children's Cabinet in northern and rural Nevada and the Las Vegas Urban League in southern Nevada to provide CCRR services throughout the State. Services include staff and business sites to provide services; parent/family assistance related to child care options; providing information to Spanish speaking customers; coordinating services for children with disabilities; referring parents to child care services; updating child care provider information on a regular basis; developing and maintain referral guides for families; providing assistance to child care providers including training and counseling, outreach to providers, improving the quality of child care settings, assisting providers in developing and/or revising business plans, and recruiting providers to become subsidy providers including working with children with disabilities; providing technical assistance to family, friend, and neighbor providers; coordinating training for providers; assisting providers in maintaining licensing requirements; maintaining case files for providers; educating consumers related to child care resource and referral and quality child care; collecting, analyzing, and disseminating child care related data.](#)
- 2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.
- a. Temporary Assistance for Needy Families program: [The CCDP in Nevada is co-located with the State's TANF agency. Parents are informed of potential eligibility for other programs at the time of intake, redetermination, and as needs are identified. The Division of Welfare and Supportive Services website offers information about applying for a variety of programs. The Children's Cabinet and Las Vegas Urban League also offer information about these services through their individual websites and through direct interaction with families.](#)
 - b. Head Start and Early Head Start programs: [The Nevada CCDP contracts with nearly all Head Start and Early Head Start programs in Nevada. Each of these agencies is provided education of the programs available and provides referral information as necessary.](#)
 - c. Low Income Home Energy Assistance Program (LIHEAP): [The CCDP in Nevada is co-located with the State's LIHEAP program. Information about each available program is provided to all clients/applicants.](#)
 - d. Supplemental Nutrition Assistance Program (SNAP): [The CCDP in Nevada is co-located with the State's SNAP agency. Information about each available program is provided to all clients/applicants.](#)
 - e. Women, Infants, and Children Program (WIC) program: [In southern Nevada CCDP activities are contracted through the Las Vegas Urban League, which also provides WIC services. These agencies work together to provide necessary information and referrals.](#)
 - f. Child and Adult Care Food Program (CACFP): [Child Care staff and Child Care Resource and Referral staff provide information and referrals to parents.](#)
 - g. Medicaid and Children's Health Insurance Program (CHIP): [The CCDP in Nevada is co-located with the State's Medicaid eligibility agency. Information about each available program is provided to all clients/applicants.](#)
 - h. Programs carried out under IDEA Part B, Section 619 and Part C: [Child Care staff and Child Care Resource and Referral staff provide information and referrals to parents.](#)

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

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

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

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences, and include any partners in providing this information. [The Children's Cabinet and the Las Vegas Urban League provide parents with the Ages and Stages questionnaire and the Ages and Stages Social Emotional questionnaire in order to allow parents to screen for developmental delays. Additionally, parents will be given Nevada's Milestone Moments booklet, developed by Nevada's Learn the Signs, Act Early program. The Ages and Stages Social Emotional questionnaire is provided to parents upon request, and a consumer education "bundle" that includes this information is provided to all CCRR and subsidy clients. Nevada PEP provides TACSEI information, training and materials to families from birth to early childhood programs to encourage families to partner with professionals that provide services to their children. Using the Backpack series and Positive Solutions for Families, we are helping parents and professionals recognize the value of teaching children social emotional skills. Helping parents form relationships with private and public schools provides a basis for stronger parent engagement practices that can sustain families involvement in their children's education. These materials are available in English and Spanish. Nevada Department of Education, licensed, non-licensed, and licensed exempt child care providers, Nevada Early Intervention Services, Nevada Home Visitation program, Child Care Resource and Referral agencies partner to provide written materials, direct communication with families, and website based resources.](#)

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

Effective April 1, 2019, the Child Care and Development Program (CCDP) began the process of rolling out CCDP funded Technical Assistance Center for Social-Emotional Intervention (TACSEI) trainings and support to licensed providers who accept child care certificates through either The Children's Cabinet or The Las Vegas Urban League, with the exception of Head Start programs. Listed below are the trainings and support which will be implemented: • Required Training: At least one designated staff member with a leadership role (e.g. director or assistant director) at any child care site that is funded with CCDF dollars must complete either the TACSEI ePyramid training or the TACSEI in-person training covering modules 1-3. • Implementation of Training Content: The designated staff member mentioned above will facilitate implementation of methods that promote social-emotional development, including building positive relationships, creating supportive environments, and facilitating social-emotional teaching strategies amongst the staff in their child care center. • Scheduled Support: Childcare Information and Resource Phone Support (CHIRPS) community of practice phone conferences with a Pyramid Model Specialist will be regularly scheduled to provide a platform for group discussions and support with implementation of the training content. • Real-Time Support: A support hotline will be available for immediate assistance from a Pyramid Model Specialist. • In-Person Training: A designated staff member must attend an in-person TACSEI training on Pyramid Model Module 3 content prior to a temporary or permanent removal of a child from their program.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the state can deploy, such as the 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, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

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

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

[K-12 Student Information System which has an early childhood district for children birth through kindergarten entry.](#)

- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
.). [Screening results are shared with parents along with activities to support their child's development by R&R staff for FFN BRIGANCE screens and ASQ3 and ASQ:SE2 screens completed on paper or through the portal. If a child does not meet screening cut offs and the screening identifies red flags, the family is referred to Nevada Early Intervention Services \(Part C\) for children ages birth through age 2 and the school district's child find office for children ages 3 and up.](#)
- c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. [Information on developmental screenings is provided to all parents upon registering for the Subsidy program by the child care resource and referral agency. Information includes What is the ASQ3 Screening and What is the ASQ:SE2 screening informational handouts. In addition to the informational handout, parents are given the age-appropriate ASQ-3 and ASQ:SE2 screening instrument upon registration and are asked to return it to their case manager. Optionally, an online parent portal link to complete the ASQ-3 and ASQ:SE2 is provided. If parents choose to use the online portal, the system will notify parents on when their child has reached the age for the next developmental screening tool. They will be able to complete online. Parents who choose FFN care will also receive information on the BRIGANCE Screener III during their FFN enrollment appointment. At this enrollment appointment, parents can choose to have their child screened in the FFN provider environment using the BRIGANCE tool.](#)
- d. How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. [Families are given access to screening upon enrollment in Subsidy. R&R case managers follow-up with parents regarding their child's screening results along with developmentally appropriate activities to support their child's development. Licensed providers on QRIS can use their grant to pay for the BRIGANCE Screener III kits. The Online Management System is currently paid for by the Nevada Department of Education and the online parent portal for the ASQ is paid for through CCDF Subsidy.](#)
- e. How child care providers receive this information through training and professional development. [Training for licensed providers on the BRIGANCE Screener III is provided by the Nevada Department of Education. Additionally, child care providers that are TACSEI implementation or model demonstration sites receiving training and technical assistance to use the ASQ-3 and ASQ:SE2 as this is a requirement of the TACSEI program.](#)
- f. Provide the citation for this policy and procedure related to providing information on developmental screenings. [The Children's Cabinet Resource and Referral Policy and Procedures Manual is the current source for this information. The CCDP Policy Manual update will be forthcoming.](#)

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected. [Nevadachildcare.org is Nevada's Consumer Education landing page.](#) [Nevada Child Care Licensing and Washoe County Child Care Licensing have both developed search engine tools which allow access to provider-specific information about health and safety, licensing and regulatory requirements. Additionally, each website provides information on inspections for individual providers.](#)

[Links to these Licensing websites are found on the Children's Cabinet website:](#) <http://www.childrenscabinet.org/child-care-resources/for-providers/starting-a-license-child-care/> Provider-specific information can be found directly if you look at NV State Licensing: http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_-_Home/ and click on "Inspection/Complaint" and [Washoe County CC Licensing:](#) https://www.washoecounty.us/hsa/childrens_services/child_care_and_early_childhood_services/index.php and click on "Child Care Inspection Web Portal".

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

b. To demonstrate continued compliance with the consumer statement requirements, certify by checking below the specific information provided to families either in hard copy or electronically.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

In addition to the website information provided to parents, they are also provided with the following tools in hard copy: Quality Care Brochure: <http://www.childrenscabinet.org/wp-content/uploads/Quality-Brochure.pdf>

3 Provide Stable Child Care Financial Assistance to Families

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

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

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

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state's median

income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4)).

3.1.1 Eligibility criteria: Age of children served

- a. The CCDF program serves children from 0 (weeks/months/years) through 13 years (under age 13). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

- No
- Yes, and the upper age is 18 (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity:
A special need is defined as a physical or mental condition, which severely limits the child's ability to care for himself/herself, or an emotional condition that places the child or others at risk.

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

- No
- Yes, and the upper age is _ (may not equal or exceed age 19).

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

- i. “residing with”: Living with a custodial parent or guardian in the domicile of the custodial parent or guardian who provides primary care and support of the child.
- ii. “in loco parentis”: Adult(s) standing in as parent(s) for children who are in need of supervision or protective services such as a blood relative with custody or a person with court ordered custody, and for families who are in transition.

3.1.2 Eligibility criteria: Reason for care

- a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?
 - i. “Working” (including activities and any hour requirements):
An activity in which the parent(s) receive monetary compensation for their services and there is no minimum number of hours required; or a participant in the State TANF NEON work program. There is no minimum hour requirement.
 - ii. “Job training” (including activities and any hour requirements):
Parent(s) attending vocational school, GED preparation, or an employment preparation program.
 - iii. “Education” (including activities and any hour requirements):
Parent(s) attending an accredited community college, college, or university program. Enrollment and attendance of six or more credit semester hours is required.
 - iv. Attending (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework): “Job Training” eligibility requires 20 or more hours per week, and the client must not receive compensation for their services. If the individual receives compensation,

they must be served under the “Employed” eligibility category. Travel time is allowed for clients to commute to and from the training sessions; however, it must not exceed 60 minutes each way.

- b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Describe the policy or procedure, including the additional work requirements.:
When funding allows “Job Search” to be an open Purpose of Care category for initial eligibility, Child Care Job Search is limited to four weeks in a calendar year (January through December) for these qualifying households. Note: The job search start date can start on any day of the week. The seven day (week) period will be determined by the start date entered in the computer system. Child Care staff must work with the client to determine what start date best suits the needs of the client. Certificates can be issued up to a maximum of four weeks each time the household is eligible for job search. To allow flexibility during the job search period the Certificate schedule should allow for a maximum five full-time-days with a varied schedule. Note: The four week time period is tracked in the computer system. If the provider bills and is paid for at least one day of service during an approved week. When a household is eligible under the “Working” Purpose of Care category, and experiences a non-temporary loss or cessation of employment, they are informed that their current certificate will continue for the remainder of the original 12-months of eligibility.

- c. Does the Lead Agency provide child care to children in protective services?

No

Yes. If yes:

- i. Provide the Lead Agency's definition of "protective services": [Services for children who have been abused or neglected or who are at risk of abuse or neglect as determined by a professional in the field, or by a court.](#)

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

- ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- No
 Yes

- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- No
 Yes

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

- No
 Yes

3.1.3 Eligibility criteria: Family Income Limits

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

- a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? [Any type of payment which is a gain or benefit to the household.](#)
- b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination**. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if

	(i)	(ii)	(iii)	(iv)
Family Size			than 85% of Current SMI	Lower than 85% of Current SMI
1	3411	2900	1382	52%
2	4462	3793	1868	50%
3	5511	4685	2353	49%
4	6561	5577	2838	49%
5	7611	6470	3324	49%

- c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)). N/A
- d. SMI source and year. <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2020-02-state-median-income-estimates-optional-use-fy-2020>

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

- e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. Clark County
- f. What is the effective date for these eligibility limits reported in 3.1.3 b? 10/01/2020
- g. Provide the citation or link, if available, for the income eligibility limits.



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[CCDP Manual Section 170 - https://dwss.nv.gov/pdf/ChildCareManual.pdf](https://dwss.nv.gov/pdf/ChildCareManual.pdf)

- 3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).
- a. Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). Question # on the Nevada Application for Child assistance states: Does your household have assets with a value over one million dollars (\$1,000,000)?” The applicant checks the box for Yes or No, and also identifies who is claiming the assets and what the type of asset is.
 - b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?
 - No
 - Yes. If yes, describe the policy or procedure and provide citation:
Child Care Program Manual Section 104 – Special Consideration Requests
<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency during:

- a. eligibility determination. Per Child Care Program Manual Section 103, in the event of identified program funding shortfalls, otherwise eligible households will be prioritized in the following order: NEON, CPS/Foster, Special Needs At-Risk, Homeless At-Risk, Special Needs Discretionary, Homeless Discretionary, and Discretionary.
Families who are experiencing homelessness, and families with a valid referral from CPS agencies who are participating in a “Voluntary Plan” to avoid formal CPS intervention, as well as those participating in a “Reunification Plan”, are given priority when a wait list is in effect. Additionally, these households are given extended time to provide verifications required for final eligibility determinations.
Children with special needs are given first priority when a wait list is in effect. Child care can take place within the child's home, under special consideration.
Families at the lowest income levels on the State's income sliding fee scale are given priority when funding is limited. Waiting lists are imposed at higher income levels first.
Families in the TANF/NEON program are served with reduced eligibility verification requirements and within a seven-day application processing standard. Co-payments are waived for TANF/NEON households. When TANF/NEON households terminate from TANF assistance (e.g. loss of employment), they are given 90 days to successfully become eligible under another Purpose of Care. If no qualifying POC is obtained within this timeframe, these households' certificates are then terminated.
- b. eligibility redetermination (98.20(b)).

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

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

- h. Other. Describe:

3.1.7 Fluctuation in earnings.

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

- a. Average the family's earnings over a period of time (e.g. 12 months).
Describe:
- b. Request earning statements that are most representative of the family's monthly income. Describe: [When calculating a household's income, factors such as irregular and unpredictable income should be considered, and a best estimate of the household's annual income should be used to determine eligibility. Using a 30-day history of actual income to determine a best estimate of future income is the most common budgeting method; however, other methods should be used when they provide a better representation of the household's income.](#)
- c. Deduct temporary or irregular increases in wages from the family's standard income level. Describe: [See Above](#)
- d. Other. Describe:

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

- a. Applicant identity. Describe: [Verification of identification is required at initial application. Once identification has been verified, it no longer needs to be requested for subsequent applications. Possible sources of verification are as follows \(not all inclusive\): • Birth Certificate • Driver's License • State Identification Card • Hospital or public health birth record • Military ID \(active, retired, reserve, dependent, etc.\) • U.S. Passport or citizen ID card • Baptismal record • Adoption papers or records • Work or school ID card • Voter Registration card • Child Welfare records • Consular identification card • Printout of NOMADS MEMB screen • Any other document providing identifying data such as physical description, photograph or signature](#)
- b. Applicant's relationship to the child. Describe: [Relationship must be established for all members of the Child Care household to determine the appropriate household size and countable income.](#)
- c. Child's information for determining eligibility (e.g., identity, age,

citizen/immigration status). Describe: [Verification of birth date, age, identification, citizenship, SSN \(barring exception\)](#)

- d. Work. Describe: [Pay stubs, Letter from employer on company letterhead indicating days and hours of employment, the effective/hire date and signed/dated by the employer. The individual signing the document should be knowledgeable about the employee's wages, schedule, etc., Employment Verification - Form 2186-WA.](#)
- e. Job training or educational program. Describe: [Official class schedule, Other documentation from the school which indicates the start and end date of the course\(s\).](#)
- f. Family income. Describe: [Income is any type of payment which is a gain or benefit to a household. The household's income is used to determine eligibility and subsidy percentage. Consider the income of any person who is a required member of the household. Current verification of countable income is required at initial application, reapplication, and any time a change in income requires an action to the ongoing case.](#)
- g. Household composition. Describe: [The client's statement of household composition is accepted unless the case manager has reason to question it, whereby verification would then be required. Possible sources of verification of household composition are as follows \(not all inclusive\): Copy of the lease listing all household members; Statement from non-relative landlord/manager listing all household members; Statement from non-relative friend/neighbor listing all household members; NOMADS printout which lists all household members living in the client's residence and verifies all household members are currently receiving TANF, SNAP and/or Medicaid.](#)
- h. Applicant residence. Describe: [Applicants and eligible household members must be living in Nevada to be eligible for benefits. Verification of current residency is required at each application and any time a change in residence occurs. Possible sources of verification are as follows \(not all inclusive\): Rent/Mortgage receipt listing the client's name and current physical address, Current utility statements/receipts \(electric, gas, telephone, cable, etc.\) as long as the client's name and current physical address are listed on the document, Current statement from non-relative landlord not living in the home, Valid Nevada Driver's License or Department of Motor Vehicles ID Card with current physical address. Current employer's statement or records \(e.g. client's physical address listed on pay stub or Employment Verification form\).](#)
[Valid foster parent license. Current CPS placement letter as long as the placed children are still in the home. NOMADS printout which lists the current physical address and verifies household members are currently receiving TANF, SNAP, and/or Medicaid.](#)

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

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

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

- a. Time limit for making eligibility determinations. Describe length of time: [Policy requires an eligibility decision to be made within thirty \(30\) calendar days after a](#)

completed and signed application is received in the program office. The day after the date the application is received in the program office is the first day of the 30-day period.

- b. Track and monitor the eligibility determination process
- c. Other. Describe: Management Evaluations are completed by DWSS program staff to ensure adherence to timeliness policy. Subgrantees and DWSS Quality Control perform internal audits on individual case files.
- d. None

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

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

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

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

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a. Identify the TANF agency that established these criteria or definitions:
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 which offers developmentally-appropriate practices meeting the needs of that parent and child."
 - ii. "Reasonable distance": "A parent should not be required to travel more than 60 minutes dropping the child off at the care provider's location, and 60 minutes picking up their child."
 - iii. "Unsuitability of informal child care": "Informal child care is 'unsuitable' if it is not being provided legally or it does not meet basic health and safety standards as outlined in the state child care plan. "Informal child care is unsuitable if circumstances exist that cause possible abuse, neglect, or harm as outlined in county or state statutes." "Informal child care is unsuitable if the arrangements do not support the working schedule of a parent, are not affordable, not easily-accessible, or do not meet quality standards as defined by the parent."
 - iv. "Affordable child care arrangements": "Child care not exceeding 10-15% of the parent's gross income."
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. In writing
 - ii. Verbally

- iii. Other. Describe:
- d. Provide the citation for the TANF policy or procedure: [Section A-816.2.
<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/TANF/EP%20Man%20Complete.pdf>](Section A-816.2. https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/TANF/EP%20Man%20Complete.pdf)

3.2 Family Contribution to Payments

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

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

- 3.2.1 Provide the CCDF co-payments in the chart below according to family size for **one** child in care.
- a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

Family size	(a) Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	(b) What is the monthly co-payment for a family of this size based on the income level in (a)?	(c) What percentage of income is this co-payment in (b)?	(d) Highest initial or First Tier Income Level before a family is no longer eligible.	(e) What is the monthly co-payment for a family of this size based on the income level in (d)?	(f) What percentage of income is this co-payment in (d)?
1	\$1063	\$34	3%	\$2900	\$545.60	19%
2	\$1437	\$68	5%	\$3793	\$1091.20	29%
3	\$1810	\$102	6%	\$4685	\$1636.80	35%
4	\$2183	\$136	6%	\$5577	\$2180.00	39%
5	\$2557	\$170	7%	\$6470	\$2728.00	42%

- b. If the sliding-fee scale is not statewide (i.e., county-administered states):
- N/A. Sliding fee scale is statewide
 - Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
[Clark County](#)

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

c. What is the effective date of the sliding-fee scale(s)? 10/01/2020

d. Provide the link to the sliding-fee scale: [Child Care Program Manual Section 170 – Sliding Fee Scale](https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%2020)
<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%2020>



CC PT 14-20 Sliding
Fee Scale.pdf

[18.pdf](#)

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

- a. The fee is a dollar amount and (check all that apply):
 - i. The fee is per child, with the same fee for each child.
 - ii. The fee is per child and is discounted for two or more children.
 - iii. The fee is per child up to a maximum per family.
 - iv. No additional fee is charged after a certain number of children.
 - v. The fee is per family.
 - vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - vii. Other. Describe:
- b. The fee is a percent of income and (check all that apply):
 - i. The fee is per child, with the same percentage applied for each child.
 - ii. The fee is per child, and a discounted percentage is applied for two or more children.
 - iii. The fee is per child up to a maximum per family.
 - iv. No additional percentage is charged after a certain number of children.
 - v. The fee is per family.
 - vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - vii. Other. Describe:

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

No

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

- a. Number of hours the child is in care. Describe: The copay percentage is based on income; however, when the actual monthly copay is calculated, it is always the determined percentage calculated against a set number; meaning, as the reimbursement rate increases, the copay that the family is responsible for does not increase.
- b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
- c. Other. Describe:

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
 - a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.
 - b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. Families are not required to provide a copayment if they are Foster Care or CPS (including voluntary plans and reunification plans).
 - c. Families meeting other criteria established by the Lead Agency. Describe the policy. Families are not required to provide a copayment if they are Wraparound, Homeless, TANF NEON, CPS, or Foster Care, and, on a temporary basis, if they lost their job due to COVID-19.

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

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

- (i) 85 percent of SMI for a family of the same size.

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

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

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

- a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
 - N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period.
 - The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
 - A. Describe the policies and procedures.
 - B. Provide the citation for this policy or procedure.
 - The Lead Agency sets the Second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.
 - A. Provide the second tier of eligibility for a family of three:
 - B. Describe how the second eligibility threshold:
 1. Takes into account the typical household budget of a low-income family;
 2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability;
 3. Reasonably allows a family to continue accessing child care services without unnecessary disruption;
 4. Provide the citation for this policy or procedure:

- b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?
- No
 Yes
- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:
 - ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)
- No
 Yes. Describe:

3.3 Increasing Access for Vulnerable Children and Families

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

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

3.3.1 Describe how the Lead Agency defines:

- a. “Children with special needs”: A special need is defined as a physical or mental condition, which severely limits the child’s ability to care for himself/herself, or an emotional condition that places the child or others at risk. Supervisory/Managerial Child Care staff will determine if a child meets the definition as stated above. Special consideration must be requested to the CCDP DWSS Child Care Chief for those cases where the child’s special needs status is questionable.
- b. “Families with very low incomes”: At-Risk – Subsidy benefits provided to households that have income below 130% of the Federal Poverty Level for their household size.” Families at the lowest income levels on the State’s income sliding fee scale are given priority when funding is limited. Waiting lists are imposed at higher income levels first.

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4.

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

Population Prioritized	Prioritize for enrollment	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis)	Payer higher rate for access to higher quality care	Using grants or contracts to reserve spots
------------------------	---------------------------	---------------------------------------	---	---	--

Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. If applicable, identify and describe any other ways the identified populations are prioritized or targeted.
- 3.3.3 List and define any other priority groups established by the Lead Agency.
CPS/Foster (including Voluntary and Reunification Plan participants)
- 3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in
3.3.3. Prioritize for enrollment, service without placing these populations on waiting lists, extended timeframes for providing verifications, and waive co-payments.
- 3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (addressed in section 6), and (3) conduct specific outreach to families experiencing homelessness(658E(c)(3); 98.51).
- a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. Households who meet the definition of "homeless" will be allowed up to 90 days to provide verifications that are not readily available or easily obtainable.
 - b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.
 - i. Lead Agency accepts applications at local community-based locations
 - ii. Partnerships with community-based organizations
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
 - iv. Other:
- Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

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

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

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

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

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

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

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

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

Minimum Required Element	Citation
<input type="checkbox"/> i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency's policy:	
<input type="checkbox"/> ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy:	
<input type="checkbox"/> iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy:	
<input type="checkbox"/> iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy:	
<input type="checkbox"/> v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy:	
<input type="checkbox"/> vi. A child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy:	

Minimum Required Element	Citation
<input type="checkbox"/> vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy:	

- c. Provide any other elements included in the state's definition of "temporary change" and provide the citation.

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

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

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

- No
- Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

[Child Care Program Manual Section 430 – Job Search states: "Job search is defined as an activity that demonstrates an individual is actively seeking potential employment. Job search purpose of care is subject to available funding and may not be offered. The CCDP Chief makes this determination and notifies the Child Care offices."](#) Nevada has not had "Job Search" as an available Purpose of Care category at neither the initial eligibility determination, nor at the 12-month redetermination for several years.

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

- No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.
- Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

- i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:
 - ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:
 - iii. How long is the job-search period (must be at least 3 months)?
 - iv. Provide the citation for this policy or procedure.
- c. The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.
- i. Not applicable
 - ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
 - A. Define the number of unexplained absences identified as excessive:
 - B. Provide the citation for this policy or procedure:
- iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: [CCDP Policy Manual - Section 521 Updating Changes](#)
- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.
An intentional program violation (IPV) is an action by the accused for the purpose of establishing or maintaining program eligibility, or increasing or preventing a reduction in the benefit amount when they: Made a false or misleading oral or written statement, or misrepresent, conceal or withhold information; Committed any act that violates NRS 422A.700 or intentionally violated any rule or regulation established by the DWSS; Made an attempt to obtain, increase or continue child care benefits for themselves or others to which they would otherwise not be entitled; Received child care benefits to which they would otherwise not be entitled; Failed to comply with reporting requirements as set forth in manual sections 100 and 500; Submitted a false document to the Child Care and Development Program Staff and/or DWSS; Altered a Child Care Certificate to receive benefits to which they would not otherwise be entitled to. CCDP Policy Manual - Section 521 Updating Changes.

3.4.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

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

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

- a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?
 No
 Yes
- b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).
Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.
 i. Additional changes that may impact a family's eligibility during the 12-month period. Describe: [The family's income exceeds 85% of the SMI.](#)
 ii. Changes that impact the Lead Agency's ability to contact the family. Describe: [A family moves out of the state.](#)
 iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe:
- c. Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.
 i. Phone
 ii. Email
 iii. Online forms
 iv. Extended submission hours
 v. Postal mail
 vi. Fax
 vii. In-person submission
 viii. Other. Describe:
- d. Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

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

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

- i. Describe any other changes that the Lead Agency allows families to report.
Households are advised of their responsibility to report the changes listed below:
- Household composition;
Examples: required household member moves in or out, marital status changes, etc.
- Residence and/or mailing address; - Child care provider; - Schedule changes; - A new or increased source of income
- ii. Provide the citation for this policy or procedure. CCDP Policy Manual – Section 511 What to Report

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

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

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

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.
 - i. Advance notice to parents of pending redetermination
 - ii. Advance notice to providers of pending redetermination
 - iii. Pre-populated subsidy renewal form
 - iv. Online documentation submission
 - v. Cross-program redeterminations
 - vi. Extended office hours (evenings and/or weekends)
 - vii. Consultation available via phone
 - viii. Other: Child Care Manual Section 540. Applications and other required documentation may be submitted in person, by mail, email, or fax. Reapplications for TANF/NEON clients are submitted by DWSS workers directly to child care eligibility workers without requiring additional verification from parents. Eligibility for families participating in wraparound services for Early

[Head Start and Head Start is only redetermined when the child transitions from Early Head Start to Head Start or when the child ages out of Head Start.](#)

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

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). [A provider must be selected prior to the issuance of the certificate. Information included on the certificate includes: the provider name, location, telephone number, and provider id; program information, including applicant name, UPI, dates for which care is authorized \(12 months\), case manager name and contact information; child information, such as name, DOB, UPI, approved subsidy percentage, the daily rate, the reimbursement rate per day for full-time and part time, as well as the authorized schedule.](#)
- 4.1.2 Identify how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.
- a. Certificate provides information about the choice of providers
 - b. Certificate provides information about the quality of providers
 - c. Certificate is not linked to a specific provider, so parents can choose any provider
 - d. Consumer education materials are provided on choosing child care
 - e. Referrals provided to child care resource and referral agencies
 - f. Co-located resource and referral staff in eligibility offices
 - g. Verbal communication at the time of the application
 - h. Community outreach, workshops, or other in-person activities
 - i. Other. Describe:
- 4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).
- a. Describe how parents have access to the full range of providers eligible to receive CCDF: [The CCR&R staff ensure the parent is provided with and understands all available options for the type of care they are seeking.](#)
 - b. Report data on the extent to which eligible child care providers participate in the CCDF system:
 - c. Identify any barriers to provider participation, including barriers related to payment rates and practices, based on provider feedback and reports to the Lead Agency:

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). [This requirement is in the provider service agreement. The Service Agreement \(IX.B.3\) states, "As with all enrolled families, providers will allow unlimited access to parents during normal hours of operation and when children are in the care of the provider."](#)

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
- a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.
Describe: [In-home providers must care for at least two children on the subsidy program to meet this requirement. Providers caring for only one child must care for the child in the provider's own home to meet the FLSA](#)
- b. Restricted based on the provider meeting a minimum age requirement.
Describe: [Providers must be 18-years of age to become a family, friend or neighbor provider, regardless of where the care is provided. A government-issued ID is required to verify age.](#)
- c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe: [An exemption is allowed that the provider may live in the home of a child with special needs \(Manual Section 601 and 211 \(special needs requirements\)\).](#)
- e. Restricted to care for children with special needs or a medical condition.
Describe: [An exemption is allowed that the provider may live in the home of a child with special needs \(Manual Section 601 and 211 \(special needs requirements\)\).](#)
- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
[All Family, Friend, and Neighbor providers must meet the same Health &Safety requirements, regardless of where the care is provided. There are no exemptions for in-home care. All FFN providers are subject to a health and safety inspection of the care setting within 45 days of enrollment and must meet all mandatory pre-service training requirements within 90 days: Prevention and control of infectious diseases, Prevention of sudden infant death syndrome and use of safe sleeping practices The administration of medication, consistent with standards for parental consent, The prevention of and response to emergencies due to food and allergic reactions, Building and physical premise safety, Prevention of shaken baby syndrome and abusive head trauma, Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event \(such as violence at a child care facility\), the handling and storage of hazardous materials and the appropriate disposal of biocontaminants, appropriate precautions in transporting children \(for providers that offer transportation\), First aid and cardiopulmonary resuscitation, Nutrition and physical activity \(optional\), After the first year, FFN providers are required to take a](#)

minimum of 24 hours of early education and child care training annually.

- g. Other. Describe:

4.1.6 Child care services available through grants or contracts.

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

- No. If not, skip to 4.1.7
 Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.
 Yes, statewide. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

The CCR&R staff ensure the parent is provided with and understands all available options for the type of care they are seeking.

- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

School-age care is provided by non-profit agencies including Boys & Girls Clubs and city/county recreational programs. Wraparound services are provided by Head Start and Early Head Start agencies.

- iii. How rates for contracted slots are set through grants and contracts.

For OST/OSR, the rates were initially set through a funding formula that included geographical area, their average daily program attendance, and the free and reduced lunch rates of the schools in their service delivery area. This was multiplied by the working population and the result was the number of children that could be funded for each agency. Contract amounts were calculated by using the daily reimbursement rate for the geographical area, type of care, and age of child multiplied by the number of children to be served and then multiplied by the number of days in the year care was provided. This amount was dependent upon the total amount available per geographical area, which was determined based on percentage of overall need. Now, funding is based on this historical precedent, and will be reevaluated as funding comes available in the future.
For Wraparound, the rates are set based on the 2004 reimbursement rate.
For Homeless, CPS, and Foster, the rates are set by capacity and available funds.

- iv. If contracts are offered statewide and/or locally.

Contracts are offered statewide.

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

- No
 Yes. If yes, how does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

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

- 4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.
- In licensed child care centers.
 - In licensed child care homes.
 - Other.
- 4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Describe what method(s) is used to increase supply and to improve quality for the following.
- Children in underserved areas. Check and describe all that apply.
 - i. Grants and contracts (as discussed in 4.1.6). Describe: Emergency grants to fund child care facilities which have health and safety complaints or identified issues/safety concerns to assist them in correcting them. Contracts with Head Start, Early Head Start and Before & Afterschool Recreation programs to create slots for low-income children.
 - ii. Family Child Care Networks. Describe:
 - iii. Start-up funding. Describe:
 - iv. Technical assistance support. Describe: QRIS staff/coaches, CCRR Agency staff
 - v. Recruitment of providers. Describe: The Children's Cabinet & The Las Vegas Urban League

- vi. Tiered payment rates (as discussed in 4.3.3). Describe:
Reimbursement rates attached to QRIS star ratings; Reimbursement per child increased based on quality level without increasing the client's copayment for care to support access to higher quality for low-income families
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Both CCRR agencies offer a "Strengthening Business Practices" 4-module training series to help providers improve business practices. LVUL also has an Entrepreneurship Center which provides free business classes available to providers.
 - viii. Accreditation supports. Describe: Tiered Reimbursements provided based on obtained accreditations (increased star rating under QRIS); QRIS coaches provide supports to help facilities prepare for accreditation.
 - ix. Child care health consultation. Describe:
 - x. Mental health consultation. Describe: TACSEI program addresses behavior challenges causing suspension and termination from care
 - xi. Other. Describe:
- b. Infants and toddlers. Check and describe all that apply.
- i. Grants and contracts (as discussed in 4.1.6). Describe:
Wraparound Head Start, Early Head Start (including childcare-HS partnerships), and Blind Children's Center for infant-toddler slots for low-income families to access quality care.
 - ii. Family Child Care Networks. Describe:
 - iii. Start-up funding. Describe:
 - iv. Technical assistance support. Describe: QRIS coaches; CCRR staff
 - v. Recruitment of providers. Describe: CCRR agency staff
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe:
Provider star bonuses tied to QRIS ratings; per child increase based on quality level without increasing client's copayment for care. Supports access to higher quality for low-income families
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Both CCRR agencies offer a "Strengthening Business Practices" 4-module training series to help providers improve business practices. LVUL also has an Entrepreneurship Center which provides free business classes available to providers.
 - viii. Accreditation supports. Describe: QRIS coaches help prepare facilities for Accreditation assessments, QRIS ratings; increased payments due to star level supports continued accreditation
 - ix. Child care health consultation. Describe:
 - x. Mental health consultation. Describe: TACSEI provides supports to providers for children at risk of expulsion/suspension due to behavior issues;
 - xi. Other. Describe:
- c. Children with disabilities. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6). Describe:
Early Head Start/Head Start contract – HS/EHS includes slots for children with disabilities as part of their guidelines and has supports built in for children with disabilities; State also has contract with the Blind Children’s Center for services for FY2022, includes slots for infant, toddler, preschool and school aged care.
 - ii. Family Child Care Networks. Describe:
 - iii. Start-up funding. Describe:
 - iv. Technical assistance support. Describe: QRIS coaches and CCRR staff provide technical assistance
 - v. Recruitment of providers. Describe: The Las Vegas Urban League and The Children’s Cabinet conduct recruitment and enrollment for the subsidy program.
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe:
Payments increased based on QRIS star ratings; providers receive bonus based on rating per child, without an increase to parents copay to support care at higher quality facilities for low-income parents
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Both CCRR agencies provide a “Strengthening Business Practices” 4-module training for providers to support improved business practices.
 - viii. Accreditation supports. Describe: QRIS coaches provide pre-accreditation and QRIS rating supports; Providers receive higher payments based on QRIS star rating to support continued accreditation.
 - ix. Child care health consultation. Describe:
 - x. Mental health consultation. Describe: TACSEI program provides supports to prevent expulsion and suspension of children from care based on behavior;
 - xi. Other. Describe:
- d. Children who receive care during non-traditional hours. Check and describe all that apply.
- i. Grants and contracts (as discussed in 4.1.6). Describe:
Provided emergency grant funds to providers, including those who offer extended hour care to preserve the child care slots.
 - ii. Family Child Care Networks. Describe:
 - iii. Start-up funding. Describe:
 - iv. Technical assistance support. Describe: QRIS and CCRR agency staff provide technical assistance supports
 - v. Recruitment of providers. Describe: LVUL and The Children’s Cabinet do provider recruitment and enrollment
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe:
Providers receive star bonuses based on QRIS rating level; this higher payment does not increase client co-payment requirements.
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Both LVUL and The Children’s Cabinet offer “Strengthening Business Practices” 4-module training for providers. LVUL also

- has an Entrepreneurship Center that provides business supports and training for providers.
- viii. Accreditation supports. Describe: QRIS coaches provide pre-assessment training and support to providers seeking accreditation and QRIS ratings; Provider reimbursements include star bonuses based on QRIS ratings to make higher payments based on quality without impacting the parent's co-pays.
 - ix. Child Care health consultation. Describe:
 - x. Mental health consultation. Describe: TACSEI program supports providers with behavioral interventions to prevent suspension and expulsion of children in childcare settings
 - xi. Other. Describe:
- e. Other. Check and describe all that apply.
- i. Grants and contracts (as discussed in 4.1.6). Describe:
 - ii. Family Child Care Networks. Describe:
 - iii. Start-up funding. Describe:
 - iv. Technical assistance support. Describe:
 - v. Recruitment of providers. Describe:
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe:
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:
 - viii. Accreditation supports. Describe:
 - ix. Child Care health consultation. Describe:
 - x. Mental health consultation. Describe:
 - xi. Other. Describe:
- 4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x); 98.46(b)).
- a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment? The Lead Agency identifies the number of families living under the FPL by zip code or county to define high concentrations of poverty.
 - b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs.
CCDP is currently targeting these populations through Head Start programs, One Stop Shops, and QRIS implementation. Parents who are participating in the TANF cash program, are homeless and at risk without services receive 100% subsidy (no copay) for 12 months to help the family secure stable employment. Head Start/Early HS services are also covered at 100% subsidy to support these families.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an ACF pre-approved alternative methodology, such as a cost survey (658E(c)(4)(B)). A cost survey calculates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services.

In either case, Lead Agencies must analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

If submitting only an alternative methodology, the Lead Agency must provide a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal. A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS and/or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

Note: If a waiver has been requested for either the MRS and/or ACF pre-approved methodology and/or a narrow cost analysis, a Lead Agency should respond by checking the “N/A” check box provided in these questions until the activities are complete.

4.2.1 Completion of the MRS, ACF pre-approved alternative methodology.

- a. Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?
 - Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
 - i. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?
 - ii. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:
 - iii. Both an MRS and an alternative methodology. When was your data gathered (provide a date range; for instance, September – December, 2019)? Describe how the Lead Agency used both methodologies as part of the rate setting process:

- No, a waiver is being requested in Appendix A. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.
 - i. MRS. If checked, describe the status of the Lead Agency's implementation of the MRS.
 - ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:
 - iii. Both an MRS and an alternative methodology. If checked, describe how the Lead Agency plans to use both methodologies as part of the rate setting process. Describe the status of the Lead Agency's implementation of the MRS and the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:
- 4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses. Describe how the Lead Agency consulted with the:
 - a. State Advisory Council or similar coordinating body: [Nevada Early Childhood Advisory Council](#)
 - b. Local child care program administrators:
 - c. Local child care resource and referral agencies: [The State CCR&R agencies \(The Children's Cabinet and Las Vegas Urban League\) are the entities that collaborate to conduct the market rate survey on behalf of the State.](#)
 - d. Organizations representing caregivers, teachers, and directors:
 - e. Other. Describe: [The instrument was shared with the Children's Advocacy Alliance in 2016 for their feedback. The following technical report is used as guidance in designing and implementing the market price research to ensure the price findings are accurate: Grobe, D., Weber, R. B., Davis, E. E., Kreader, J. L., Pratt, C. C. \(2008, September\). Study of market prices: Validating child care market rate surveys. Corvallis, OR: Oregon State University Family Policy Program, Oregon Child Care Research Partnership.](#)
 - f. N/A. Check here if a waiver has been requested.

4.2.3 An MRS or an ACF pre-approved alternative methodology must be statistically valid and reliable. To be considered statistically valid and reliable, either method, must:

- represent the child care market
- provide complete and current data
- use rigorous data collection procedures
- reflect geographic variations
- analyze data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

- a. Describe how the benchmarks are met in either the MRS and/or ACF pre-approved alternative methodology.
- b. Given the impact of COVID-19 on the child care market, do you think that the prices you gathered adequately reflect the child care market as you submit this plan?
- c. N/A. Check here if a waiver has been requested.

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

- a. Geographic area (e.g., statewide or local markets). Describe: [Rate results are aggregated by geographical area: Washoe County \(Urban\), Carson/Douglas County \(Capital Area\), Clark \(Urban\), Rural \(the balance of all other counties in Nevada\).](#)
- b. Type of provider. Describe: [Rates are analyzed separately within each geographical area for centers, family child care, and group family child care.](#)
- c. Age of child. Describe: [Rates are analyzed separately within each geographical area and provider type for infants \(0-11 months\), toddlers \(1 year through 2 years\), PreK \(3 years through 5 years\), and School-Age \(6 years through 12 years\)](#)
- d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level. [The Nevada MRS also enables the Lead Agency to request analytics of the QRIS star level rating for our participating providers.](#)
- e. N/A. Check here if a waiver has been requested.

4.2.5 Has the Narrow Cost Analysis or Estimated Cost of Care been completed for the FY 2022 – 2024 CCDF Plan?

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:
 - a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).
 - b. How the methodology addresses the cost of child care providers'

- implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).
- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).
 - d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.
- 4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state defined quality measures.)
- The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.
- Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.
- a. Date the report containing results was made widely available—no later than 30 days after the completion of the report. [Survey initiated on 3/8/2018. Rates reported as of 4/1/2018. Survey closed 5/11/2018.](#)
 - b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. [This information will be available to the public within the NV Child Care State Plan.](#)
 - c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report. [The MRS was presented at the ECAC meeting on 06/06/18, where no comments were received. A Public Hearing was held by DWSS to discuss the MRS as part of the agenda. No comments were received during this meeting.](#)
 - d. N/A. Check here if a waiver has been requested and the report is not available.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or advance ACF approval of alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

- 4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS regardless of waiver request status) for the following categories below. Percentiles are not required if the Lead Agency conducted an ACF pre-approval alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an ACF pre-approved alternative methodology. For states that only conduct an alternative methodology, report the base payment rates and what method was used to set those rates (e.g., average cost of care).

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an advance ACF pre-approved alternative methodology, then reporting of percentiles is not required.

- a. Fill in the table below based on the most populous area of the State (area serving highest number of children accessing CCDF)

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Infant (6 months) Center care	\$52.00	Daily	75%		
Toddler (18 months) Center care	\$48.00	Daily	75%		
Preschooler (4 years) Center care	\$42.00	Daily	75%		
School-age child (6 years) Center care	\$37.00	Daily	75%		

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Infant (6 months) Family Child Care	\$40.00	Daily	75%		
Toddler (18 months) Family Child Care	\$36.00	Daily	75%		
Preschooler (4 years) Family Child Care	\$35.00	Daily	75%		
School-age child (6 years) Family Child Care	\$35.00	Daily	75%		

- b. Describe how part-time and full-time care were defined and calculated.

Infant, toddler, and preschool children -part time is 15 minutes to 4 hours 29 minutes and full time is 4 hours 30 minutes and greater. For school age children -part time is 15 minutes to 2 hours and 59 minutes and full time is 3 hours or more.

- c. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 10/01/2016
- d. Identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above. Clark County
- e. Provide the citation or link, if available, to the payment rates.
<https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Care/Child%20Care%20Manual%20Mar%202018.pdf>
- f. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).
N/A

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- a. Geographic area. Describe: [By county](#)
- b. Type of provider. Describe: [Licensed center, licensed family care center, licensed group center, informal family, friend, & neighbor care, and school age programs](#)
- c. Age of child. Describe: [Infant, Toddler, Pre-](#)
- d. Quality level. Describe: [QRIS Star Ratings 1-5](#)
- e. Other. Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care.

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an ACF pre-approved alternative methodology. Check and describe all that apply.

- a. Tiered or differential rates are not implemented.
- b. Differential rate for non-traditional hours. Describe:
- c. Differential rate for children with special needs, as defined by the state/territory. Describe:
- d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- f. Differential rate for higher quality, as defined by the state/territory. Describe: [Currently, all licensed centers who receive CCDF dollars are required to participate in the NV QRIS. For each star level attained by the provider, their reimbursement rate increases, with the 5th \(highest\) star level being set equal to the 75th percentile of the 2015 MRS.](#)
- g. Other differential rates or tiered rates. Describe: [Tiered Reimbursements are granted to providers based on their various accreditation achievements.](#)

4.3.4 Establishment of adequate payment rates.

- a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF. How have the base payment rates been established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis. Note: Per the preamble (81 FR 67512), in instances where an

MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result. [The current payment rates in Nevada are based on the 2015 MRS, and are not indicative of the current rate updates being made by the Lead Agency. Updated rates are intended to be in place following the completion of the 2017 MRS.](#)

- b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, particularly increased costs and provider fees because of COVID-19.
- c. N/A. Check here if a waiver has been requested.

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4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures). [In Nevada, our reimbursement rates are tied to the QRIS star levels.](#)
[As providers improve quality, their reimbursement rate increases.](#)

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.
[Payment rates were not changed based on COVID-19; however, the state did provide emergency grants and stipends to help providers to pay for these costs and to preserve child care supply in Nevada.](#)

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

- 4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.
- a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
 - i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.
 - ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. [<< Is 30 or 21 correct? Our Scope of Work says 30. If it's sooner, we need to state that here and update the SOW>>](#)Lead Agency encourages the contractors to complete payment within 21 calendar days when possible; however contractually, they have a maximum of 30 business days to issue payment after receiving the invoice. Currently LVUL is reimbursing within the 21 calendar day timeframe.
 - b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:
 - i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. [Child care payments are generally made based on a clients schedule. Those clients that are reimbursed based on actual attendance \(varied schedule, before and after school programs\) are allowed 21 absences per year, for any reason. Temporarily, due to COVID-19, all providers are being paid subsidy based on enrolment rather than attendance. Absences are not required to result in termination of subsidy.](#)
 - ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.
 - iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure. [Payments are generally made based o a parent's approved schedule. The exceptions are varying schedules and before and after school programs. When a family works a varied schedule, policy allows 21 absence days per year to ensure payments to providers and stability for families. Before and after school programs frequently cannot take payments for days the child was not in attendance, so policy reflects this practice.](#)
 - iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.
 - c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).
 - i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). [Rates are paid on a full-time or part-time basis. Because school-age children have schedules that include public school hours, the hours that constitute full-time and part-time are different: Infant, Toddler, and Preschool Children Part-time = 15 minutes to 4 hours and 29 minutes Full-time = 4 hours, 30 minutes and greater School Age Children Part-time = 15 minutes to 2 hours and 59 minutes Full-time = 3 hours or more.](#)
 - ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. [The CCDP pays up to \\$40 for annual fees.](#)
 - d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information

regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.

Describe: The following is included on the Provider Service Agreement: Certificates Once you accept/receive a Child Care Certificate, CCDP participants are not required to pay the full cost of tuition up-front and in full prior to attendance. The approved reimbursement rate is documented on the Child Care Certificate for each eligible child. It is your responsibility to ensure that the Child Care Certificate received is current, covers the schedule utilized by the client, and is valid for the site where services are being provided. CCDP participants are required to obtain a new Child Care Certificate when circumstances change and when they transfer providers, even within the same child care chain. Reimbursement for child care services is based on either actual attendance or approved schedule as specified on the Child Care Certificate. CCDP is not responsible for payment of days and hours not covered on the Child Care Certificate; this is the responsibility of the parent. Payments
Reimbursements will be issued within 30 business days after timely timesheet submittal in accordance with Section I.E. Child Care Attendance and Provider Timesheet submitted after the last day of the month following the service period (e.g., timesheets submitted August 1 or later for the month of June) are subject to non-payment. Payment issues and discrepancies are your responsibility and must be resolved within 60 days of receiving payment for services. Submittals outside this timeline are subject to non-payment. CCDP will not deduct taxes, insurance, or other coverage for providers from their CCDP reimbursements (also see Employment in section IX.C). CCDP participants are responsible for maintaining current co-payments with providers. All providers are responsible for keeping records of copayments and overages received from the client and providing the client a receipt for payment.
Reimbursable Fees All or part of the cost of child care, not to exceed the current DWSS maximum rates, for the days, times and time period authorized by the CCDP per the Child Care Certificate. All or part of the Enrollment/Registration fee not to exceed the DWSS maximum amount. Clients with actual attendance billing are allowed 21 discretionary days to use for holidays, sick, or vacation. CCDP contractors have 10 days to update cases due to any changes to the family's eligibility and issue a new certificate to the child care provider or notify the provider that the case is terminated.

- e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:
- f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: Providers have 60 calendar days from the issuance of payment to request an adjustment if they disagree with the amount of their payment. All payment adjustment requests must be resolved and responded to in writing by the Child Care office within 30 calendar days of the request. Child Care contractors must resolve all provider underpayments in the next available reimbursement period from the date the underpayment is validated. If an underpayment is discovered through a Management Evaluation (ME) or Quality Control (QC) review, the underpayment must be validated by the contracting agency. If the underpayment was due to a mistake of the contracting agency, the supplemental payment must be issued with the next available reimbursement period after validations. If an overpayment is found by a contractor or through a ME or QC review, the overpayment must be validated by the contractor within 60 calendar days from the date the overpayment is discovered. Child Care contractors are primarily responsible for the collection of all provider overpayments. Recovery is accomplished through retention of future provider payments until the debt is retired in whole. If the provider suggests that repayment of the debt will cause a hardship they may seek special consideration from the DWSS Child Care Chief. To do so, the provider must submit a written request to the DWSS Child Care Chief fully disclosing the circumstances which warrant special consideration. If the provider's contract is terminated prior to full repayment of the overpayment, the Child Care contractor must refer the debt to the appropriate DWSS Investigations & Recovery (I&R) office for continuation of the recovery action. If the provider initiates a new contract with Child Care contractor prior to full recovery of the debt by DWSS I&R the Child Care office must suspend approval of the contract until the remaining overpayment balance is paid. The provider

retains the right to seek hardship consideration using the process. If a hardship is granted, the Child Care contractor must submit a written request to DWSS I&R seeking to reclaim the debt and assume responsibility for collection of the outstanding balance through reimbursement reduction.

g. Other. Describe:

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.
- Yes, the practices vary across areas. Describe: _

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

- a. Limit the maximum co-payment per family. Describe:
- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.
- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe: If at the 12-month eligibility redetermination, the new income projection reduces the household to a subsidy percentage that is not currently being served because of funding shortages, but remains under 85% of SMI, eligibility will continue for an additional 365 days at the new subsidy percentage.
- d. Other. Describe:

4.5.2 To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- No
- Yes. If yes:
 - i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. Due to limited child care capacity in the

state of Nevada. If we were to stop allowing this practice, we would not have enough providers.
We are in the process of enrolling all of our child care providers into the QRIS, which we are hoping
will remedy this issue.

- 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.

The CCDP is aware that the majority of providers who receive CCDF dollars do charge rates that are in excess of their reimbursement rate; however, as more providers enroll in QRIS, we anticipate the amount of centers charging in excess of the current reimbursement rate will significantly decrease.

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- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

As CCDP enrolls each of our licensed providers into Nevada's mandatory QRIS, we have determined that due to the significant increase in the reimbursement rate based on star levels, we will see a significant decrease in providers charging families an additional fee.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers of child care in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

- 5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

- a. Center-based child care.
 - i. Identify the providers subject to licensing: [NAC 432A.050 "Child care center" \(NRS 432A.077\)](#) means any facility in which the licensee regularly provides day or night care for more than 12 children and which is developmentally appropriate for those children. NRS 432A.024 "Child care facility" defined. 1. "Child care facility" means: (a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children; (b) An on-site child care facility; (c) A child care institution; or (d) An outdoor youth program. 2. "Child care facility" does not include: (a) The home of a natural parent or guardian, foster home as defined in NRS 424.014 or maternity home; (b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility; (c) A home in which a person provides care for the children of a friend or neighbor for not more than 4 weeks if the person who provides the care does not regularly engage in that activity; (d) A location at which an out-of-school-time program is operated; (e) A seasonal or temporary recreation program; or (f) An out-of-school recreation program.
 - ii. Describe the licensing requirements: [NAC 432A.200 License to operate facility: Application; investigation; issuance; return. \(NRS 432A.077, 432A.141, 432A.170, 432A.175\)](#) 1. An application for an initial license to operate a facility must be: (a) Submitted to the Division on a form supplied by the Division; and (b) Accompanied by appropriate fee; 2. After receiving a completed application and payment of the appropriate fee, the Division shall: (a) Conduct an investigation into the qualifications and background of: (1) Every applicant and his or her employees, other than an educational intern who provides direct care to children for a period of less than 6 months; (2) Every resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594; (3) Every participant in an outdoor youth program who is 18 years of age or older; and (4) Every volunteer of the facility who is 18 years of age or older, other than a parent of a child who attends the facility; (b) Inspect the buildings of the facility; and (c) Examine the plans for care of the children and management of the facility. 3. Documentation of completed and current investigations must be kept on file at the facility for all persons required to be investigated, for the period of their presence at the facility. 4. Fingerprints must be taken and applications for investigations must be made by: (a) Every employee or a resident of the facility who is 18 years of age or older, other than a

resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, and every volunteer of the facility who is 18 years of age or older, other than a parent of a child who attends the facility, within 24 hours after the date of hiring or his or her presence in the facility, and every 5 years thereafter. (b) Every participant in an outdoor youth program who is 18 years of age or older within 24 hours after the participant begins participating in the program and every 5 years thereafter. (c) An applicant at the time that his or her application is submitted for licensure, and then at least once every 5 years after the license is issued. (d) A licensee every 5 years after the date his or her license is originally issued. 5. The Division shall immediately notify the applicant or licensee if the investigation conducted pursuant to subsection 2 indicates that he or she or a person whose fingerprints were taken pursuant to subsection 4 has been convicted of any offense listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child abuse or neglect filed against him or her. 6. The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations. 7. With the exception of a facility that is licensed by a branch of the military or naval service of the United States, a licensee who has a license to operate a family home or a group home may not obtain a license to operate any other family home, group home or other child care facility. 8. An applicant must, before a license is issued to him or her, submit to the Division a certificate stating that he or she holds a policy of insurance for protection against liability to third persons which will meet the requirement set forth in subsection 2 of NAC 432A.290. Any government, governmental agency or political subdivision of a government which operates a child care facility and is self-insured is not required to furnish a certificate of insurance to the Division. 9. If the applicant and the proposed facility are in compliance with the provisions of this chapter, as shown by his or her application and related material and the investigation, a license will be issued to the applicant within 30 days after completion of the investigation. 10. A licensee shall return to the Division his or her license if he or she ceases to operate a facility, if the license has been suspended or revoked or if the license is placed on a provisional basis.

iii. Provide the citation: [NAC 432A.200](#)

- b. Family child care. Describe and provide the citation:
- i. Identify the providers subject to licensing: [NAC 432A.100 "Family home"](#) defined. (NRS 432A.077) "Family home" means any facility in which the licensee regularly provides care without the presence of parents, for at least five and not more than six children. Once subsidized, CCDP calls these **Family Child Care (FCC)** programs. [NAC 432A.110 "Group home"](#) defined. (NRS 432A.077) "Group home" means any facility in which the licensee regularly provides care for no less than seven and no more than twelve children. **teacher**
 - ii. Describe the licensing requirements: [NAC 432A.200 License to operate facility: Application; investigation; issuance; return. \(NRS 432A.077, 432A.141, 432A.170, 432A.175\)](#) 1. An application for an initial license to operate a facility must be: (a) Submitted to the Division on a form supplied by the Division; and (b) Accompanied by appropriate fee; 2. After receiving a completed application and payment of the appropriate fee, the Division shall: (a) Conduct an investigation into the qualifications and background of: (1) Every applicant and his or her employees, other than an educational intern who provides direct care to children for a period of less than 6 months; (2) Every resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594; (3) Every participant in an outdoor youth program who is 18 years of age or older; and (4) Every volunteer of the facility who is 18

years of age or older, other than a parent of a child who attends the facility; (b) Inspect the buildings of the facility; and (c) Examine the plans for care of the children and management of the facility. 3. Documentation of completed and current investigations must be kept on file at the facility for all persons required to be investigated, for the period of their presence at the facility. 4. Fingerprints must be taken and applications for investigations must be made by: (a) Every employee or a resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, and every volunteer of the facility who is 18 years of age or older, other than a parent of a child who attends the facility, within 24 hours after the date of hiring or his or her presence in the facility, and every 5 years thereafter. (b) Every participant in an outdoor youth program who is 18 years of age or older within 24 hours after the participant begins participating in the program and every 5 years thereafter. (c) An applicant at the time that his or her application is submitted for licensure, and then at least once every 5 years after the license is issued. (d) A licensee every 5 years after the date his or her license is originally issued. 5. The Division shall immediately notify the applicant or licensee if the investigation conducted pursuant to subsection 2 indicates that he or she or a person whose fingerprints were taken pursuant to subsection 4 has been convicted of any offense listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child abuse or neglect filed against him or her. 6. The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations. 7. With the exception of a facility that is licensed by a branch of the military or naval service of the United States, a licensee who has a license to operate a family home or a group home may not obtain a license to operate any other family home, group home or other child care facility. 8. An applicant must, before a license is issued to him or her, submit to the Division a certificate stating that he or she holds a policy of insurance for protection against liability to third persons which will meet the requirement set forth in subsection 2 of NAC 432A.290. Any government, governmental agency or political subdivision of a government which operates a child care facility and is self-insured is not required to furnish a certificate of insurance to the Division. 9. If the applicant and the proposed facility are in compliance with the provisions of this chapter, as shown by his or her application and related material and the investigation, a license will be issued to the applicant within 30 days after completion of the investigation. 10. A licensee shall return to the Division his or her license if he or she ceases to operate a facility, if the license has been suspended or revoked or if the license is placed on a provisional basis.

iii. Provide the citation: NAC 432A.200

- c. In-home care (care in the child's own) (if applicable): Please refer to NRS 432A.024 which defines child care within the State of Nevada.
- i. Identify the providers subject to licensing: Family, Friend and Neighbor (FFN) providers are non-licensed providers who can provide care in the child's or provider's home.
 - ii. Describe the licensing requirements: FFN providers can care for no more than 4 children (minimum of 2 when in child's home). To be an FFN provider, they must (MS 622): 1. Provide proof of age – must be over 18; 2. Be a US Citizen or Lawful Resident; 3. Provide picture ID; 4. Provide SSN; 5. Provide working phone number for emergencies; 6. Provide verification of home address (separate from child's household); 7. Complete background check (MS 622.1); 8. Must report any public assistance received from state or local entities; 9. Complete required forms for registration; 10. Complete required health and safety trainings (MS 622.3)-FFNs must

take 24 hours of preservice training within first 90-days of enrollment and annually thereafter;
11. Participate in a required Home Safety Visit within 45-days of enrollment, and at least annually thereafter (MS 622.2)

- iii. Provide the citation: Child Care Program Manual section 622-622.5 address FFN program requirements.

5.1.2 Identify the providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

- a. License-exempt center-based child care. Describe and provide the citation:

NRS 432A.0277 “Out-of-school recreation program” defined. 1. “Out-of-school recreation program” means a recreation program operated or sponsored by a local government in a facility which is owned, operated or leased by the local government and which provides enrichment activities to children of school age: (a) Before or after school; (b) During the summer or other seasonal breaks in the school calendar; or (c) Between sessions for children who attend a school which operates on a year-round calendar. 2. The term does not include a seasonal or temporary recreation program. (Added to NRS by 2011, 1993) NRS 432A.0278 “Out-of-school-time program” defined. “Out-of-school-time program” means a program, other than an out-of-school recreation program, that operates for 10 or more hours per week, is offered on a continuing basis, provides supervision of children who are of the age to attend school from kindergarten through 12th grade and provides regularly scheduled, structured and supervised activities where learning opportunities take place: 1. Before or after school; 2. On the weekend; 3. During the summer or other seasonal breaks in the school calendar; or 4. Between sessions for children who attend a school which operates on a year-round calendar. NRS 432A.029 “Seasonal or temporary recreation program” defined. “Seasonal or temporary recreation program” means a recreation program that is offered to children for a limited time or duration and may include, without limitation: 1. A special sports event, which may include, without limitation, a camp, clinic, demonstration or workshop which focuses on a particular sport; 2. A therapeutic program for children with disabilities, which may include, without limitation, social activities, outings and other inclusion activities; 3. An athletic training program, which may include, without limitation, a baseball or other sports league and exercise instruction; and 4. Other special interest programs, which may include, without limitation, an arts and crafts workshop, a theater camp and dance competition.

- i. Identify the center-based child care providers who are exempt from licensing requirements.
- ii. Of the programs listed above, identify which are CCDF-eligible providers
OST and OSR Providers are CCDF eligible. Seasonal Rec programs are temporarily eligible if they've set up a COVID emergency popup child care.
- iii. 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.:
Out of School Recreation (OSR) specifies the following parameters in NRS432A.0277: 1. School Age Children; 2. Before or After School ; 3. During summer or seasonal breaks in the school calendar; 4. Between sessions for children who attend a school year round. Out of School Time (OST) specifies the following parameters in NRS432A.0278: 1. 10 or more hours per week; 2. Age to attend is from kindergarten – 12th grade; 3. Before or after school; 4. On the weekend; 5. During summer or other seasonal breaks in the school calendar; 6. Between sessions for children who attend a school which operates year round. Seasonal/Temporary Programs specifies the following parameters in

NRS432A.029: 1. For children (under 18 years of age per NRS432A.024) in general; 2. Limited in time or duration for (a) special sports events (b) therapeutic program for children with disabilities (c) an athletic training program (d) other special interest programs. Seasonal/Temporary programs are also required to adhere to NRS432A.700 – 740 which state they must have requirements concerning first aid and an emergency exit plan; background checks and child abuse screenings of staff members; termination of staff requirements; program required to maintain specific records on staff; failure to the adhere to the aforementioned could result in a civil penalty. OST/OSR providers typically operate before and after school and on non-school days; Recreation providers may be limited in the ages of children they serve (i.e. school aged children), and are limited by group size and staff-to-child ratios;

- iv. Describe how the exemptions do not endanger the health, safety, and development of children. OST and OSR Programs are license-exempt; however, they are required to meet all CCDF health and safety requirements and a ratio of 1/20.
 - b. Family child care. Describe and provide the citation: 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. In addition to requirements in MS 611 - 614, all FFN providers must: • Provide proof that they are at least 18 years of age; and • Be a U.S. citizen or Lawful Permanent Residence; and • Provide a picture ID; and • Provide a Social Security Card; and • Have a working telephone for emergency situations at the location where care is being provided; and • Provide verification of home address (see MS 216.3 for acceptable verifications); and • Complete a Background Disclosure Form; and • Report any public assistance received from any state, city or county agency using the Notice to Report Form; and • Complete the Employers Responsibility Form; and • Complete the Parent/Provider Agreement; and • Complete Health & Safety training (see MS 622.3)
 - i. Identify the family child care providers who are exempt from licensing requirements. If a Family, Friend, or Neighbor (FFN) provider does not provide care for the number of children requiring a license, they are exempt from licensure: Washoe County requires that more than one child must be licensed. All counties outside of Washoe County require a license with more than 4 children in care.
 - ii. Of the programs listed above, identify which are CCDF-eligible providers. All FFN providers must: • Provide proof that they are at least 18 years of age; and • Be a U.S. citizen or Lawful Permanent Residence; and • Provide a picture ID; and • Provide a Social Security Card; and • Have a working telephone for emergency situations at the location where care is being provided; and • Provide verification of home address (see MS 216.3 for acceptable verifications); and • Complete a Background Disclosure Form; and • Report any public assistance received from any state, city or county agency using the Notice to Report Form; and • Complete the Employers Responsibility Form; and • Complete the Parent/Provider Agreement; and • Complete Health & Safety training (see MS 622.3)
 - iii. 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. If a Family, Friend, or Neighbor (FFN) provider does not provide care for the number of children requiring a license, they are exempt from licensure: Washoe County requires that more than one child must be licensed. All counties outside of Washoe County require a license with more than 4 children in care. There are no exemptions based on length of day. FFNs may have a maximum of 4 children in care (1 in Washoe County); FFNs must have a minimum of 2 children in care in the child's home;
 - iv. Describe how the exemptions do not endanger the health, safety, and development of children. FFN Providers are license-exempt; however, there are required to meet all CCDF health

and safety requirements (and will have 4 or less children in care in all counties outside of Washoe and 1 child in care in Washoe County). Annual monitoring of the care environment help ensure health and safety standards are implemented.

- c. In-home care (care in the child's own home). Describe and provide the citation (if applicable):
 - i. Identify the in-home care (care in the child's own home) providers who are exempt from licensing requirements. Family, Friend and Neighbor (FFN) providers are exempt from holding a license to care for up to 4 children in the child's (or provider's) home.
 - ii. Of the programs listed above, identify which are CCDF-eligible providers. FFN Providers are CCDF eligible.
 - iii. 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. FFNs can only have a maximum of 4 children (1 in Washoe County);
 - iv. Describe how the exemptions do not endanger the health, safety, and development of children. FFNs do have to meet basic health and safety standards; must pass a comprehensive background check and required training. Additionally, home safety visits are conducted within 45 days of enrollment and at least annually thereafter to monitor that health and safety standards are being maintained in the care environment.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications.

- a. Infant. Describe: 0 – 11 months
- b. Toddler. Describe: 12 months – 35 months
- c. Preschool. Describe: 3 years – 5 years & 11 months
- d. School-Age. Describe: 6 years to 12 years

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant
 - A. Ratio: 1:4 for children 0-8 months
 - B. Group size: 1:6 for children 9-11 months
 - ii. Toddler
 - A. Ratio: 1:6 for children 12 months – 23 months; 1:9 for children 24 months – 35 months

- B. Group size: [12 for children 12mos – 23 months; 18 for children 24 months – 35 months](#)
 - iii. Preschool
 - A. Ratio: [1:12 for children 35 months – 47 mos; 1:13 for children 48 months – 59 months; 1:18 for children 5 years – 5 years & 11 months](#)
 - B. Group size: [24; 26; 36](#)
 - iv. School-Age
 - A. Ratio: [1:18](#)
 - B. Group size: [36](#)
 - v. Mixed-Age Groups (if applicable) Click or tap here to enter text.
 - A. Ratio: [Click or tap here to enter text.](#)
 - B. Group size: [Click or tap here to enter text.](#)
 - vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.
[For our License-exempt OST and OSR Before and After School programs, the Ratio is 1:20 and the Group Size is 40.](#)
- b. Licensed CCDF family child care home providers:
- i. Mixed-Age Groups
 - A. Ratio:
 - B. Group size:
 - ii. Infant (if applicable)
 - A. Ratio: [1:4 for children 0-8 months; 1:6 for children 9-11 months](#)
 - B. Group size: [8 for children 0-8 months; 12 for children 9-11 months](#)
 - iii. Toddler (if applicable)
 - A. Ratio: [1:6 for children 12 months – 23 months; 1:9 for children 24 months – 35 months](#)
 - B. Group size: [8 for children 0-8 months; 12 for children 9-11 months](#)
 - iv. Preschool (if applicable)
 - A. Ratio: [1:12 for children 35 months – 47 months; 1:13 for children 48 months – 59 months; 1:18 for children 5 years – 5 years & 11 months](#)
 - B. Group size: [24; 26; 36](#)
 - v. School-Age (if applicable)
 - A. Ratio: [1:18](#)
 - B. Group size: [36](#)
 - vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.
[For our Exempt FFN population, the child threshold for licensure results in a 1:1 ratio in Washoe with a group size of 1 and other counties, the ratio is 1:4 and group size of 4.](#)
- c. Licensed in-home care (care in the child's own home):
- i. Mixed-Age Groups (if applicable)

- A. Ratio:
- B. Group size:
- ii. Infant (if applicable)
 - A. Ratio:
 - B. Group size:
- iii. Toddler (if applicable)
 - A. Ratio:
 - B. Group size:
- iv. Preschool (if applicable)
 - A. Ratio:
 - B. Group size:
- v. School-Age (if applicable)
 - A. Ratio:
 - B. Group size:
- vi. Describe the ratio and group size requirements for license-exempt in-home care.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care: Teacher/caregiver qualifications are based on Provider Type, not age, aside from some trainings (e.g. SIDS). The following are the requirements for Licensed providers (center based and family child care based): NRS 432A.1773 Licensee or person responsible for daily operation, administration or management of child care facility: Registration required; qualifications. 1. A licensee of a child care facility, or a person appointed by the licensee, who is responsible for the daily operation, administration or management of a child care facility must: (a) Be at least 21 years of age and: (1) Hold an associate's degree or a higher degree in early childhood education and have at least 1,000 hours of verifiable experience in a child care facility; (2) Hold an associate's degree or a higher degree in any field other than early childhood education, have completed at least 15 semester hours in early childhood education or related courses and have at least 2,000 hours of verifiable experience in a child care facility; (3) Hold a high school diploma or, if approved by the Administrator of the Division of Public and Behavioral Health, a general educational development certificate, have completed at least 15 semester hours in early childhood education or related courses and have at least 3,000 hours of experience in a child care facility; (4) Hold a current credential as a "Child Development Associate" with an endorsement for preschool age children or infants or toddlers, as appropriate, which has been issued by the Council for Professional Recognition, or its successor organization, and have at least 2,000 hours of verifiable experience in a child care facility; or (5) Have a combination of education and experience which, in the judgment of the Administrator of the Division of Public and Behavioral Health, is equivalent to that required by subparagraph (1), (2), (3) or (4); (b) Have at least 1,000 verifiable hours in an administrative position or have completed a course or other training in business administration; and (c) Within 90 days after the licensee or person appointed by the licensee commences service as the director of a child care facility, apply to the Nevada Registry or its successor organization, and annually renew his or her registration before the date on

which it expires. 2. As used in this section, "Nevada Registry" means the organization that operates the statewide system of career development and recognition created to: (a) Acknowledge and encourage professional achievement in the early childhood care and education workforce in this State; (b) Establish a professional development system in this State for the field of early childhood care and education; (c) Approve and track all informal training in the field of early childhood care and education in this State; and (d) Act as a statewide clearinghouse of information concerning the field of early childhood care and education. (Added to NRS by 2013, 736) **NAC 432A.326 Continuing training in child care.** (NRS 432A.077) 1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to NAC 432A.323 Initial trainings include: CPR/First Aid; Child Development or guidance and discipline; signs and symptoms of illness; recognize and reporting child abuse; SIDS; Shaken Baby Syndrome and abusive head trauma; administration of medication and response to food and other allergies; building and physical premises safety, storage of bio contaminants and other hazardous materials; emergency preparedness and response planning; transportation; and wellness, health and safety children. **NAC 432A.306 Requirements for caregivers.** (NRS 432A.077) 1. Every caregiver in a child care facility must: (a) Be at least 16 years of age; (b) Be able to summon help in an emergency; (c) Be emotionally and physically qualified to carry out a program which places emphasis on the development of children; and (d) Except as otherwise provided in subsection 5, within 90 days after the caregiver commences employment in the child care facility, apply with The Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires. 2. Not more than 50 percent of the caregivers in a child care center, a child care institution or an early care and education program may be under 18 years of age. Any caregiver who is under 18 years of age and is employed in such a facility must: (a) Have completed a course in the development of children which is approved by: (1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such courses; or (2) If the course has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency; or (b) Be currently enrolled in such a course. 3. A child care facility may not be operated unless a person who is 18 years of age or older is on the premises of the facility. 4. A volunteer for a child care facility, regardless of his or her age, and a member of the staff of the facility who is under 18 years of age may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee of the facility who is 18 years of age or older.5. A caregiver in a child care institution is not required to initially apply with or annually renew his or her registration with The Nevada Registry or its successor organization.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:
Teacher/caregiver qualifications are based on Provider Type, not age, aside from some trainings (e.g. SIDS). The following are the requirements for Licensed providers (center based and family child care based): **NRS 432A.1773 Licensee or person responsible for daily operation, administration or management of child care facility: Registration required; qualifications.** 1. A licensee of a child care facility, or a person appointed by the licensee, who is responsible for the daily operation, administration or management of a child care facility must: (a) Be at least 21 years of age and: (1) Hold an associate's degree or a higher degree in early childhood education and have at least 1,000 hours of verifiable experience in a child care facility; (2) Hold an associate's degree or a higher degree in any field other than early childhood education, have completed at least 15 semester hours in early childhood education or related courses and have at least 2,000 hours of verifiable experience in a child care facility; (3) Hold a high school diploma or, if approved by the Administrator of the Division of Public and Behavioral Health, a general educational development certificate, have completed at least 15 semester hours in early childhood education or related courses and have at least 3,000 hours of experience in a child care facility; (4) Hold a current credential as a "Child Development Associate" with an endorsement for preschool age children or

infants or toddlers, as appropriate, which has been issued by the Council for Professional Recognition, or its successor organization, and have at least 2,000 hours of verifiable experience in a child care facility; or (5) Have a combination of education and experience which, in the judgment of the Administrator of the Division of Public and Behavioral Health, is equivalent to that required by subparagraph (1), (2), (3) or (4); (b) Have at least 1,000 verifiable hours in an administrative position or have completed a course or other training in business administration; and (c) Within 90 days after the licensee or person appointed by the licensee commences service as the director of a child care facility, apply to the Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires. 2. As used in this section, "Nevada Registry" means the organization that operates the statewide system of career development and recognition created to: (a) Acknowledge and encourage professional achievement in the early childhood care and education workforce in this State; (b) Establish a professional development system in this State for the field of early childhood care and education; (c) Approve and track all informal training in the field of early childhood care and education in this State; and (d) Act as a statewide clearinghouse of information concerning the field of early childhood care and education. (Added to NRS by 2013, 736) **NAC 432A.326 Continuing training in child care. (NRS 432A.077) 1.** During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to NAC 432A.323 . Initial trainings include: CPR/First Aid; Child Development or guidance and discipline; signs and symptoms of illness; recognize and reporting child abuse; SIDS; Shaken Baby Syndrome and abusive head trauma; administration of medication and response to food and other allergies; building and physical premises safety, storage of biocontaminants and other hazardous materials; emergency preparedness and response planning; transportation; and wellness, health and safety children. **NAC 432A.306 Requirements for caregivers. (NRS 432A.077) 1.** Every caregiver in a child care facility must: (a) Be at least 16 years of age; (b) Be able to summon help in an emergency; (c) Be emotionally and physically qualified to carry out a program which places emphasis on the development of children; and (d) Except as otherwise provided in subsection 5, within 90 days after the caregiver commences employment in the child care facility, apply with The Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires. 2. Not more than 50 percent of the caregivers in a child care center, a child care institution or an early care and education program may be under 18 years of age. Any caregiver who is under 18 years of age and is employed in such a facility must: (a) Have completed a course in the development of children which is approved by: (1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such courses; or (2) If the course has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency; or (b) Be currently enrolled in such a course. 3. A child care facility may not be operated unless a person who is 18 years of age or older is on the premises of the facility. 4. A volunteer for a child care facility, regardless of his or her age, and a member of the staff of the facility who is under 18 years of age may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee of the facility who is 18 years of age or older.5. A caregiver in a child care institution is not required to initially apply with or annually renew his or her registration with The Nevada Registry or its successor organization.

- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:
 - iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.
- b. Family Child Care
- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: Teacher/caregiver qualifications are based on

Provider Type, not age, aside from some trainings (e.g. SIDS). The following are the requirements for Licensed providers (center based and family child care based): NRS 432A.1773 Licensee or person responsible for daily operation, administration or management of child care facility: Registration required; qualifications. 1. A licensee of a child care facility, or a person appointed by the licensee, who is responsible for the daily operation, administration or management of a child care facility must: (a) Be at least 21 years of age and: (1) Hold an associate's degree or a higher degree in early childhood education and have at least 1,000 hours of verifiable experience in a child care facility; (2) Hold an associate's degree or a higher degree in any field other than early childhood education, have completed at least 15 semester hours in early childhood education or related courses and have at least 2,000 hours of verifiable experience in a child care facility; (3) Hold a high school diploma or, if approved by the Administrator of the Division of Public and Behavioral Health, a general educational development certificate, have completed at least 15 semester hours in early childhood education or related courses and have at least 3,000 hours of experience in a child care facility; (4) Hold a current credential as a "Child Development Associate" with an endorsement for preschool age children or infants or toddlers, as appropriate, which has been issued by the Council for Professional Recognition, or its successor organization, and have at least 2,000 hours of verifiable experience in a child care facility; or (5) Have a combination of education and experience which, in the judgment of the Administrator of the Division of Public and Behavioral Health, is equivalent to that required by subparagraph (1), (2), (3) or (4); (b) Have at least 1,000 verifiable hours in an administrative position or have completed a course or other training in business administration; and (c) Within 90 days after the licensee or person appointed by the licensee commences service as the director of a child care facility, apply to the Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires. 2. As used in this section, "Nevada Registry" means the organization that operates the statewide system of career development and recognition created to: (a) Acknowledge and encourage professional achievement in the early childhood care and education workforce in this State; (b) Establish a professional development system in this State for the field of early childhood care and education; (c) Approve and track all informal training in the field of early childhood care and education in this State; and (d) Act as a statewide clearinghouse of information concerning the field of early childhood care and education. (Added to NRS by 2013, 736) **NAC 432A.326 Continuing training in child care.** (NRS 432A.077) 1. During each 12-month licensing period immediately succeeding the completion of the initial training required pursuant to NAC 432A.323 . Initial trainings include: CPR/First Aid; Child Development or guidance and discipline; signs and symptoms of illness; recognize and reporting child abuse; SIDS; Shaken Baby Syndrome and abusive head trauma; administration of medication and response to food and other allergies; building and physical premises safety, storage of biocontaminants and other hazardous materials; emergency preparedness and response planning; transportation; and wellness, health and safety children. **NAC 432A.306 Requirements for caregivers.** (NRS 432A.077) 1. Every caregiver in a child care facility must: (a) Be at least 16 years of age; (b) Be able to summon help in an emergency; (c) Be emotionally and physically qualified to carry out a program which places emphasis on the development of children; and (d) Except as otherwise provided in subsection 5, within 90 days after the caregiver commences employment in the child care facility, apply with The Nevada Registry or its successor organization, and annually renew his or her registration before the date on which it expires. 2. Not more than 50 percent of the caregivers in a child care center, a child care institution or an early care and education program may be under 18 years of age. Any caregiver who is under 18 years of age and is employed in such a facility must: (a) Have completed a course in the development of children which is approved by: (1) The Nevada Registry or its successor organization, or any other agency designated by the Director of the Department to approve such courses; or (2) If the course has not been approved by The Nevada Registry or its successor organization, and the Director of the Department has not designated another agency to approve such courses, the Division or the local licensing agency; or (b) Be currently enrolled in such a course. 3. A child care facility may not be operated unless a person who is 18 years of age or older is on the premises of the facility. 4. A volunteer for a child care facility, regardless of his or her age,

and a member of the staff of the facility who is under 18 years of age may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee of the facility who is 18 years of age or older.5. A caregiver in a child care institution is not required to initially apply with or annually renew his or her registration with The Nevada Registry or its successor organization.

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes: [Click or tap here to enter text](#).
 - iii. If applicable, provide the website link detailing the family child care home provider qualifications: <https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1773>
- c. In-Home Care (care in the child's own home)
- i. Describe the qualifications for in-home care providers (care in the child's own home) including any variations based on the ages of children in care:
 - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

5.3 Health and Safety Standards and Training for CCDF Providers

Lead Agencies must have ongoing training requirements for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are also required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

States and territories must have health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.2 – 5.3.13.

- 5.3.1 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):
- a. Licensed child care centers: [24](#)
 - b. Licensed family child care homes: [24](#)

- c. In-home care: [24](#)
 - d. Describe any variations for license-exempt provider settings: [OST, license-exempt programs for school-age children will not be held to an hourly training requirement due to the circumstances surrounding this provider type.](#)
- 5.3.2 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.
- a. Standard
 - i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. [NAC 432A.411 Sanitary measures for changing diapers. \(NRS 432A.077\)](#) 1. Each area in a facility that is used for changing diapers must: (a) Have a smooth, nonabrasive, impervious surface; (b) Be located within close proximity to a sink that is not used for the preparation of food; (c) Not be located in an area in which food is prepared; (d) Have a smooth, nonabsorbent floor covering; (e) Have nearby, for wet or soiled diapers, a washable receptacle that is lined with plastic and covered with a lid; (f) Be kept in good repair and in a safe condition; and (g) Be cleaned and disinfected after each use by removing any visible soil and applying an approved disinfectant. 2. Each soiled cloth diaper and any soiled clothing that may be contaminated with contagious matter must be stored in an individual plastic bag and be returned to the parents daily. The facility is not required to rinse or dump the contents of a diaper or the underwear of a child cared for in the facility. Each diaper used, including, without limitation, a commercial disposable diaper, must be able to contain urine and stool and minimize contamination. If cloth diapers are used on children, an absorbent inner liner and a waterproof outer covering must be provided with the diaper. 3. The staff of a facility: (a) Shall discourage children from coming near an area that is used for changing diapers; and (b) Shall not leave a child unattended in the diaper changing area. [NAC 432A.412 Written procedures for washing of hands. \(NRS 432A.077\)](#) 1. Each facility must have written procedures concerning the washing of hands. 2. The staff of a facility shall follow the procedures of the facility concerning the washing of hands and shall instruct, monitor and assist the children being cared for at the facility to ensure that the children follow the procedures. 3. The procedures concerning the washing of hands must require, without limitation, that: (a) The staff of the facility wash their hands with soap from a dispenser and warm water: (1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine; (2) Before preparing or handling food; (3) Before engaging in any activity related to serving food, including, without limitation, setting the table; (4) Before and after eating a meal or snack; (5) After using the toilet, helping a child use the toilet or changing a diaper with or without gloves; (6) After attending to an ill child; (7) After handling an animal; (8) Before and after giving medication to a child; and (9) After cleaning a container used to store garbage or handling garbage. (b) The children being cared for in the facility wash their hands with soap from a dispenser and warm water: (1) Any time that their hands come into contact with blood, mucus, vomit, feces or urine; (2) Before handling food; (3) Before and after eating a meal or snack; (4) After handling an animal; (5) After the diaper or underwear of the child is changed; (6) After playing in water; and (7) After playing in a sandbox. (c) The staff of the facility shall ensure that: (1) Each bathroom has running water, soap and single-use or disposable towels; and (2) Any common basin or sink which is filled with standing water is not used for the washing of hands. [NAC 432A.413 Written guidelines for toilet training. \(NRS 432A.077\)](#) 1. Each facility shall develop written guidelines concerning the methods used by the staff of the facility for toilet training and the use of appropriate equipment and clothing for such training. 2. The guidelines concerning toilet training must be distributed to each parent of each child being cared for at the facility who is not yet toilet trained. 3. The guidelines must require the staff of the facility: (a) Not to force a child to remain on the toilet for a prolonged period of time or punish a child for wetting or soiling

his or her clothing; (b) Not to leave a child unattended while the child is sitting on a potty-chair or on the toilet; (c) To instruct and assist the children in washing their hands after using the toilet; and (d) If a potty-chair is used to train a child to use the toilet, to: (1) Place the potty-chair on a washable, impervious floor; (2) Use the potty-chair in accordance with the instructions from the manufacturer; (3) Ensure that the potty-chair is stored and used in an area that is not in close proximity to an area used for the preparation of food; (4) Empty the potty-chair into a toilet immediately after each use; (5) Thoroughly clean and disinfect the potty-chair after each use; and (6) Disinfect the utility sink where the potty-chair was cleaned. **NAC 432A.414 Sanitary measures for floors, rugs, carpets and nonporous surfaces. (NRS 432A.077)** 1. A carpeted floor or rug on a floor that is too large to wash in a washing machine must be vacuumed not less than one time each day or more often if necessary and cleaned not less than one time every 3 months or more often if necessary. If the carpeted floor or rug is cleaned by a member of the staff of the facility using a carpet cleaning machine, the Division may require the carpeted floor or rug to be professionally cleaned if the carpeted floor or rug does not appear to be clean. 2. Each floor of a facility that is not carpeted must be swept and mopped not less than one time each day or more often if necessary. 3. When cleaning a nonporous surface in a facility, including, without limitation, cleaning toys, cribs, tables, high chairs and surfaces used to change diapers, the staff of the facility shall: (a) Clean the surface first with soap and water to remove any dirt or debris; and (b) Disinfect the surface with a disinfecting agent. 4. The disinfecting agent used pursuant to subsection 3 must consist of: (a) One-fourth of a cup of liquid chlorine bleach added to 1 gallon of water that is prepared fresh daily and kept in a closed container; (b) One tablespoon of liquid chlorine bleach added to 1 quart of water that is prepared fresh daily; or (c) A solution that is approved by the appropriate state or local agency and is at least as effective as the solutions described in paragraphs (a) and (b). **NAC 432A.415 Safety and sanitation of toys, equipment and other objects and material used for play. (NRS 432A.077)** 1. Equipment and any material other than a toy that is used for play in a facility must be durable and free from characteristics that may be hazardous or injurious to a child who is less than 2 years of age, including, without limitation, such characteristics as sharp or rough edges, toxic paint or objects that are small enough for a child of that age to swallow and choke on. 2. Any object, toy or component of a toy that is accessible by a child who is less than 3 years of age at a facility must meet the federal size requirements set forth in 16 C.F.R. § 1501.4. 3. Toys with sharp points or edges, plastic bags and objects made from Styrofoam must not be accessible to a child who is less than 3 years of age. 4. A toy or any other piece of equipment that is used for play must be made of a material that is capable of being disinfected and must be cleaned and disinfected promptly after the toy or other piece of equipment has been soiled or put into the mouth of a child, or not less than one time each day. 5. The staff of a facility shall not provide a stuffed animal to any child unless the stuffed animal is laundered or disinfected not less than one time each day or more often if necessary. 6. Toys must not be placed in a crib at any time. The staff of a facility shall adhere to any requirement set forth on the label of a toy regarding the safe use of the toy. 7. Each room at a facility that is used for play and other activities for children must have: (a) Low, open shelves to store toys; (b) An adequate supply of toys that are in good condition and appropriate for the age of the children; (c) Tables and chairs that are the appropriate size for the children; and (d) Any other equipment that is necessary to meet the needs of the children. 8. Any toy that is broken or has a missing part must be repaired or replaced before the toy may be used in the facility. 9. Walkers for children that are designed to be moved across the floor must not be used in a facility. **NRS 432A.230 Certificate of immunization prerequisite to admission to child care facility; conditional admission; report to Division.** Except as otherwise provided in NRS 432A.235 for accommodation facilities: 1. Except as otherwise provided in subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this State, including a facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the facility a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying

with the schedules established by regulation pursuant to NRS 439.550 for the following diseases: (a) Diphtheria; (b) Tetanus; (c) Pertussis if the child is under 6 years of age; (d) Poliomyelitis; (e) Rubella; (f) Rubeola; and (g) Such other diseases as the local board of health or the State Board of Health may determine.

2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or his or her designee or a registered nurse or his or her designee, attesting that the certificate accurately reflects the child's record of immunization.

3. A child whose parent or guardian has not established a permanent residence in the county in which a child care facility is located and whose history of immunization cannot be immediately confirmed by a physician in this State or a local health officer, may enter the child care facility conditionally if the parent or guardian:

(a) Agrees to submit within 15 days a certificate from a physician or local health officer that the child has received or is receiving the required immunizations; and

(b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.

4. If a certificate from the physician or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.

5. Before December 31 of each year, each child care facility shall report to the Division of the Department, on a form furnished by the Division, the exact number of children who have:

(a) Been admitted conditionally to the child care facility; and

(b) Completed the immunizations required by this section.

NRS 432A.235 Written documentation of immunization prerequisite to admission to accommodation facility; conditional admission; report to Division; maintenance of proof of immunization by business which operates more than one accommodation facility.

1. Except as otherwise provided in subsection 2 and unless excused because of religious belief or medical condition, a child may not be admitted to any accommodation facility within this State, including an accommodation facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the accommodation facility written documentation stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the diseases set forth in subsection 1 of NRS 432A.230. The written documentation required pursuant to this subsection must be:

(a) A letter signed by a licensed physician stating that the child has been immunized and received boosters or is complying with the schedules;

(b) A record from a public school or private school which establishes that a child is enrolled in the school and has satisfied the requirements for immunization for enrollment in the school pursuant to NRS 392.435 or 394.192; or

(c) Any other documentation from a local health officer which proves that the child has been immunized and received boosters or is complying with the schedules.

2. A child whose parent or guardian has not established a permanent residence in the county in which an accommodation facility is located and whose history of immunization cannot be immediately confirmed by the written documentation required pursuant to subsection 1 may enter the accommodation facility conditionally if the parent or guardian:

(a) Agrees to submit within 15 days the documentation required pursuant to subsection 1; and

(b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.

3. If the documentation required pursuant to subsection 1 is not submitted to the operator of the accommodation facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.

4. Before December 31 of each year, each accommodation facility shall report to the Division of the Department, on a form furnished by the Division, the exact number of children who have:

(a) Been admitted conditionally to the accommodation facility; and

(b) Completed the immunizations required by this section.

5. To the extent that the Board or an agency for the licensing of child care facilities established by a county or city requires a child care facility to maintain proof of immunization of a child admitted to the facility, the Board or agency shall authorize a business which operates more than one accommodation facility to maintain proof of immunization of a child admitted to any accommodation facility of the business at a single location of the business. The documentation must be accessible by each accommodation facility of the business.

NRS

432A.240 Exemption from immunization when contrary to religious belief. If the religious belief of a child's parents or guardian prohibits the immunization of the child as required by NRS 432A.230 or 432A.235, a written statement of this fact signed by the parents or guardian and presented to the operator of the facility exempts the child from the provisions of that section for purposes of admission. **NRS 432A.250 Exemption from immunization because of medical condition.** If the medical condition of a child will not permit the child to be immunized to the extent required by NRS 432A.230 or 432A.235, a written statement of this fact signed by a licensed physician or advanced practice registered nurse and presented to the operator of the facility by the parents or guardian of such child exempts such child from all or part of the provisions of NRS 432A.230 or 432A.235, as the case may be, for purposes of admission. **NRS 432A.260 Additional requirements for immunization imposed after admission; additional certificate or documentation required.** If, after a child has been admitted to a child care facility, including a facility licensed by a county or city, additional immunization requirements are provided by law, the child's parents or guardian shall submit an additional certificate or certificates or, if the facility is an accommodation facility, additional written documentation in a form authorized pursuant to NRS 432A.235 to the operator of the facility stating that such child has met the new immunization requirements. **NRS 432A.270 Protection of child exempt from immunization if dangerous disease exists in facility.** Whenever the State Board of Health or a local board of health determines that there is a dangerous contagious disease in a child care facility attended by a child for whom exemption from immunization is claimed pursuant to the provisions of NRS 432A.240 or 432A.250, the operator of the facility shall require either: 1. That the child be immunized; or 2. That the child remain outside the school environment and the local health officer be notified.

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[FFN, OST, and OSR standards within Caring for our Children Basics](#)
 - iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for the standard, including citations for both licensed and license-exempt providers. [Sanitation: NAC 432A.411 - 432A.415](#) [Immunization: NRS 432A.230 - 432A.270](#) [FFN, OST, OSR: http://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf](#)
- b. Pre-Service and Ongoing Training
- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(d\); CCDP Policy Manual Section 622.2 & 622.3](#)
 - ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
 - iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 Pre-Service
 Orientation within three (3) months of hire
 - iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.3 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

NAC 432A.416 Sleeping devices; napping. (NRS 432A.077)

1. Each member of the staff of a facility that is necessary to meet the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205 for napping or sleeping children must be on the same floor in the same building where the children are napping or sleeping. Members of the staff of each facility must be readily accessible and available to be summoned to ensure the safety of the children in the facility.
 2. Areas provided for napping or sleeping in a facility must be sufficiently lighted to provide for visual supervision of the children at all times.
 3. The staff of each facility shall:
 - (a) Ensure that each infant under 12 months of age is placed on his or her back on a firm mattress, mat or pad manufactured for use by an infant when the infant is napping or sleeping;
 - (b) Use a safe, sturdy, well-constructed, single-level, free-standing crib, portable crib or playpen for children to nap or sleep in;
 - (c) Equip any such sleeping device with a waterproof, firm-fitting mattress;
 - (d) Ensure that each crib to be used by a child who is 6 months of age or younger is constructed with vertical slats that are not more than 2 3/8 inches apart;

(e) Ensure that a child who is 18 months of age or younger naps or sleeps in a crib which is appropriate for his or her age or in another sleeping device which has been approved by the Division;

(f) Ensure that a child who is older than 18 months of age naps or sleeps in an appropriate crib or on a cot or mat;

(g) Ensure that each sleeping device has appropriate bedding and a waterproof and washable covering;

(h) Wipe clean each sleeping device with a disinfectant not less than one time each week or more often if necessary;

(i) Ensure that the bedding that each child uses is used only for that particular child;

(j) Replace the bedding each time it is wet or soiled by a child or when the sleeping device is to be used by another child;

(k) Within 15 minutes after a child in a crib has awakened from a nap or from sleeping, take the child out of the crib and engage him or her in an appropriate activity;

(l) Ensure that each child takes a nap as needed;

(m) Ensure that each napping or sleeping child is in an area from which the staff can readily hear and see the child; and

(n) Ensure that each napping or sleeping child is checked by a caregiver not less than one time every 15 minutes.

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

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

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. [FFN standards within Caring for our Children Basics](#)
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(f\)\(1\); CCDP Policy Manual Section 622.3](#)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(f\)\(1\); CCDP Policy Manual Section 622.3 3](#)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [OST and OSR not required due to working with school age children.](#)
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

[Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process \(online and available day or night at will\); New Facility Training/Director Orientation Training \(required for all new facilities and recommended/required for open/operating facilities when needed\) and Backgrounds Training \(required for all new facilities and recommended/required for open/operating facilities when needed\). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN Providers are required to attend 24 hours of approved Initial Health & Safety Training within the first 90 days of registration which includes Sudden Infant Death Syndrome \(SIDS\) & Prevention of Shaken Baby Syndrome \(SBS\). FFN Providers are required to take 24 hours of approved training annually while they are active Providers. ECC Staff keep track of completed trainings and provide ongoing technical assistance. Additionally, ECC Staff conduct Home Safety Visits within the first 45 days of registration and annually as long as the Provider is an active FFN.](#)

5.3.4 Administration of medication, consistent with standards for parental consent.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. [NAC 432A.376 Medication. \(NRS 432A.077\)](#) Except as otherwise provided in NAC 432A.585:
 1. Each prescribed medication must:
 - (a) Be kept in the original container which must have a child-proof lid;
 - (b) Be plainly labeled;
 - (c) Contain the name of the child or adult for whom it is prescribed; and
 - (d) Be stored in a locked cabinet or be made inaccessible to children.
 2. Medications for external use must be kept in a separate section of the locked cabinet. Medications stored in a refrigerator must be made inaccessible to children.
 3. Nonprescription medications must be kept in a container with a child-proof lid.
 4. 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.
 5. 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.
 6. A prescribed medication must, upon discontinuance of use, be promptly destroyed or returned to the child's parent.
- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(g\); CCDP Policy Manual Section 622.3](#)
- iv. Pre-Service and Ongoing Training
 - i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(g\); CCDP Policy Manual Section 622.3](#)
 - ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
 - iv. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service
 Orientation within three (3) months of hire
- vii. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes
 No
- viii. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.5 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard

Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. NAC432A.385 Snacks and meals. (NRS 432A.077)

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

- (2) Any special dietary restrictions, including, without limitation, any allergies to food;
- (3) A schedule of times for feeding;
- (4) Whether the child will be fed breast milk, formula or solid food;
- (5) If the child will be fed breast milk or formula, when to begin feeding solid food; and
- (6) Likes and dislikes of certain foods.
2. A child who is fed with a bottle and does not hold his or her own bottle must be held by a caregiver while being fed with a bottle. The bottle must not be propped for feeding. A child who demonstrates a preference for holding a bottle during feeding may hold his or her own bottle and need not be held by a caregiver if the caregiver is directly observing the child.
3. The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used.
- i. [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.
- ix. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[FFN, OST, and OSR standards within Caring for our Children Basics](#)
- x. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(g\); CCDP Policy Manual Section 622.3](#)
- iii. Pre-Service and Ongoing Training
- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(g\); CCDP Policy Manual Section 622.3](#)
- iv. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- v. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

xiii. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

xiv. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.6 Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.

a. Standard

Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

NAC 432A.200.6

The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations.

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

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

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

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

2. Each facility shall:

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

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

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

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

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

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

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

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

4. The play area of each facility must:

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

(b) Have an adequate drainage system;

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

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

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

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

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

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

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

(1) In good repair;

(2) Designed and constructed to minimize injury;

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

(4) Spaced to reduce accidents; and

(5) Securely anchored.

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

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

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

(c) Meet the requirements of subsection 4.

Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. FFN, OST, and OSR standards within Caring for our Children Basics

xv. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(h\); CCDP Policy Manual Section 622.3](#)

iv. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(h\); CCDP Policy Manual Section 622.3](#)
- xvi. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- xvii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 Pre-Service
 Orientation within three (3) months of hire
- xviii. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No
- xix. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
[Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process \(online and available day or night at will\); New Facility Training/Director Orientation Training \(required for all new facilities and recommended/required for open/operating facilities when needed\) and Backgrounds Training \(required for all new facilities and recommended/required for open/operating facilities when needed\). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies \(for FFNs/OSTs\) ensure staff have met the required training elements each year.](#)

5.3.7 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. [NAC 432A.400 Discipline. \(NRS 432A.077\)](#) 1. A licensee of a facility shall enhance a child's behavior through positive guidance, redirection of the child's behavior and the setting of clear-cut limits on behavior. 2. A member, employee or other person associated with a facility shall not, for any reason: (a) Inflict physical punishment, in any manner or form, upon any child; (b) Verbally abuse or threaten a child; (c) Make derogatory remarks about the child or the child's family; (d) Threaten a child

with the loss of love of any person; (e) Threaten a child with punishment by a deity; (f) Subject a child to any form of punishment which pertains to food or rest or restricts the use of a toilet or other bathroom fixture; (g) Withhold or use physical activity as a form of punishment; (h) Confine a child as a form of punishment by any means, including, without limitation, in a car seat, high chair, infant carrier or jump seat; or (i) Subject a child to any form of punishment by other children. Parental consent to allow any person within the facility to punish a child contrary to the provisions of this section is void. 3. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include: (a) Holding a child's arm to prevent hitting; (b) Bodily picking up the child and removing him or her from the group, and: (1) Sitting with the child until he or she is ready to play without hitting; or (2) Isolating the child under observation for no more than 10 minutes; (c) Informing the child in a simple, positive manner what conduct is expected while the child is in the facility; (d) Praising and recognizing a child who behaves in the expected manner; and (e) Directing a child who is in a situation that is creating problems to a new activity.

- xx. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

FFN, OST, and OSR standards within Caring for our Children Basics

- xxi. The Lead Agency must certify that the identified health and safety standard is in effect. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. NAC 432A.323 (1)(f)(2)

v. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. NAC 432A.323 (1)(f)(2)

- xxii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? OST and OSR providers are not required due to working with school age children.

- xxiii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
 Orientation within three (3) months of hire

- xxiv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
 No, not an easy answer because caregivers are held to this code upon hire and facilities are required to orient staff to these standards within 2 weeks of hire per NAC432A.320

- xxv. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

NAC 432A.320 Orientation program and basic training. (NRS 432A.077, 432A.177) 1. Except as otherwise provided in NRS 432A.177, within the first 2 weeks after commencing employment, newly employed members of the staff of a facility must be given a written and oral orientation program and be trained in the policies, procedures and programs of the facility by the director or a designee trained by the director. The orientation must address, at a minimum: (a) Any regulatory requirements that govern

the facility; (b) The goals and philosophy and the policies and procedures of the facility; (c) Any planned programs or activities of the facility; (d) The policies and practices of the facility for relating to parents; (e) Meal patterns and food-handling policies and practices of the facility; (f) Dealing with occupational health hazards for caregivers, including, without limitation, paying attention to the physical health and emotional demands of the job and being aware of any special considerations required by a caregiver who is pregnant; (g) The emergency health and safety procedures of the facility; and (h) The general health and safety policies and procedures of the facility, including, without limitation, policies and procedures concerning: (1) Hand-washing techniques and requirements; (2) Techniques for diapering and for assisting in the use of a toilet if care is provided to children in diapers or children needing help with using a toilet, including, without limitation, techniques for the disposal of diapers and for changing diapers; (3) Identifying hazards and methods for preventing injuries; (4) Techniques for preparing, serving and storing food for employees who are involved in any of the activities concerning food for children at the facility; (5) Excluding a child from the facility because the child has an illness, and the manner in which illnesses are transmitted between persons; (6) Methods for preparing formula if formula is prepared at the facility; (7) Any precautions and other measures that should be taken to prevent exposure to blood and other bodily fluids, and policies and procedures to follow in the event of exposure to blood or other bodily fluids; and (8) The administration of medication.

2. If required by the director or owner of the facility, a member of the staff of a facility shall participate in any specialized training related to child care which is offered in the community where the facility is located.

3. A volunteer who works at least 15 hours per week in a facility and participates in specialized child care training, as defined by the director:

(a) Is a member of the staff of the facility for the purposes of this section; and

(b) Must satisfy the training and certification requirements set forth in NAC 432A.323 and 432A.326.

4. Any training received by an employee of a facility or a volunteer who works in a facility as part of the orientation required by this section may not be applied toward meeting the training requirements set forth in NAC 432A.323 and 432A.326.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers.

- 5.3.8 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- a. Standard

Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. NAC 432A.280 Plan for emergencies; drills; posting of plans; daily sign-in sheets; fire safety; maintenance and availability of reports. (NRS 432A.077, 432A.180)

1. Each licensee shall develop an appropriate plan to ensure that the staff of his or her facility is prepared to respond in an emergency, including, without limitation, a fire or natural disaster. The plan must, at a minimum, be reviewed on a quarterly basis during a meeting of the staff of the facility. Each licensee shall ensure that the plan is, at a minimum, evaluated annually and is changed as necessary.

2. Each plan developed pursuant to subsection 1 must include, without limitation:

(a) The duties of the director and staff;

(b) A procedure for removing staff and children to a shelter within a building of the facility if the staff and children are instructed to do so by emergency personnel;

(c) A procedure for evacuating the facility;

(d) A plan for transportation;

(e) A list of sites that may be used for relocation;

(f) A plan for the supervision of the children of the facility during the emergency;

(g) The manner in which children and staff from the facility will be accounted for during the emergency; and

(h) The method for contacting emergency personnel, including, without limitation, the fire department, a law enforcement agency or any other appropriate authority.

3. The licensee of a facility shall hold:

(a) A fire drill at least once every month; and

(b) A drill for natural disasters at least once every 3 months.

4. Appropriate plans for removing the staff and children of a facility to a shelter within a building of the facility and for the evacuation of the facility in case of emergency must be conspicuously posted in a public place in the facility.

5. The director of the facility shall maintain a daily sign-in sheet that includes:

(a) The first and last names of staff and children; and

(b) The times of arrival and departure for staff and children.

6. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for fire safety which are established by the State Fire Marshal.

7. The State Fire Marshal or a designee thereof shall, at least annually:

(a) Enter and inspect every building or the premises of each facility; and

(b) Observe and make recommendations regarding the drills conducted pursuant to subsection 3.

8. Reports of the drills conducted pursuant to subsection 3 and the inspections concerning the fire safety of a facility conducted pursuant to subsection 7 must be maintained in a physical file at the facility and be available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling his or her child at the facility for at least 2 years after the date of inspection.

i.

xxvi. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

FFN, OST, and OSR standards within Caring for our Children Basics

xxvii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. NAC 432A.323(1)(i); CCDP Policy Manual Section 622.3

vi. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323\(1\)\(i\); CCDP Policy Manual Section 622.3](#)
- xxviii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- xxix. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
 Orientation within three (3) months of hire

xxx. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
 No

xxxi. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

5.3.9 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. . [NAC 432A.190.2 Inspections; investigations. \(NRS 432A.077, 432A.170, 432A.180, 439.150\)](#) In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license. [NAC 432A.200.6](#) The license must not be issued until the Administrator of the Division is satisfied that the proposed facility will be in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may be accepted by the Administrator as proof of compliance with the applicable regulations. [NAC 432A.260 Health standards; inspection reports. \(NRS 432A.077\)](#) 1. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for environmental health which are established by the Division. 2. Reports of inspections concerning the sanitation of a facility must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling a child at the facility for at least 2 years after the date of the inspection.

xxxii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[FFN, OST, and OSR standards within Caring for our Children Basics](#)

xxxiii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(h\); CCDP Policy Manual Section 622.3](#)

vii. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(h\); CCDP Policy Manual Section 622.3](#)
- viii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- ix. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
 Orientation within three (3) months of hire

xxxvi. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
 No

xxxvii. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.10 Precautions in transporting children (if applicable).

- a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. [NAC 432A.290 Telephones; insurance for protection against liability to third persons; transportation. \(NRS 432A.077\)](#) 3. If transportation is provided by the licensee of a facility, all children must be protected by adequate supervision by the staff, safety precautions and adequate insurance which covers liability for health or injury, medical expenses and damages caused by uninsured motorists. The licensee of a facility shall require that each child is instructed in the conduct required for safe transportation. A driver of a vehicle used by the licensee of a facility shall:
 - (a) Possess an appropriate driver's license and adequate insurance;
 - (b) Not leave an unattended child in the vehicle at any time;
 - (c) Ensure that a parent, or a person designated in writing by the parent, is present to take charge of a child upon delivery of the child to his or her home or the facility;
 - (d) Ensure that each child boards or departs the vehicle on the side of the vehicle adjacent to a curb and that the child is safely conducted across any street encountered immediately before boarding or after departing; and
 - (e) Ensure that the doors and windows of the vehicle are secure before proceeding.4. Except as otherwise provided in this section, when transporting children, the licensee of a facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205. When transporting children who are 2 years of age or older, a licensee of a special needs facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in NAC 432A.5205. 5. If, during the time school is in operation, the licensee of a facility provides transportation for children of school age to and from a public or private school, the ratio of staff to children in the vehicle must be not less than one member of the staff for every 15 children. 6. The licensee of a facility shall maintain a log for transportation provided by the licensee of the facility. The log must be maintained at the facility for at least 4 months after the transportation is provided. The log must include:
 - (a) The name of each child who was transported;
 - (b) The date the transportation was provided by the licensee of the facility;
 - (c) The time of departure of the vehicle and the time the vehicle arrived at its destination;
 - (d) The signature of the driver of the vehicle;
 - (e) The name of each adult who was transported in the vehicle, including, without limitation, the driver of the vehicle; and
 - (f) The signed verification required by subsection 7.7. Upon arrival at the destination, one member of the staff of the facility shall mark each child off the log as the child departs the vehicle, conduct a physical inspection and visually and physically sweep the vehicle to ensure a child is not left behind in the vehicle, and include in the log signed verification that each child who was transported in the vehicle is accounted for and that the visual and physical sweeps were conducted. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[FFN, OST, and OSR standards within Caring for our Children Basics](#)

xxxviii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(j\); CCDP Policy Manual Section 622.3](#)

viii. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.323 \(1\)\(j\); CCDP Policy Manual Section 622.3](#)

ix. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

xl. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

xli. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

xlii. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN and OST providers receive all training requirement information upon registration and annual training. Any change in requirements is mailed and emailed directly to the providers. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year

5.3.11 Pediatric first aid and cardiopulmonary resuscitation (CPR).

a. Standard

Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

NAC 432A.322 Certification in administration of cardiopulmonary resuscitation. (NRS 432A.077)

1. Each person who is employed in a child care facility shall:
 - (a) Except as otherwise provided in subsection 2 and NAC 432A.560 and 432A.570, obtain certification in the administration of cardiopulmonary resuscitation within 90 days after the person commences employment in the facility; and
 - (b) Maintain current certification in the administration of cardiopulmonary resuscitation.
 2. A person is not required to obtain the certification required pursuant to subsection 1 if, on the date that he or she commences employment in the facility, the person is certified in the administration of cardiopulmonary resuscitation and that certification satisfies the requirements set forth in this section.

3. The certification required pursuant to subsection 1 must include certification in administering cardiopulmonary resuscitation to children and:

- (a) To infants, if care is provided to infants at the facility; and
- (b) To adults, if necessary to ensure that the person is certified to administer cardiopulmonary resuscitation to children of all ages for which care is provided at the facility.

4. Each course completed to obtain and maintain the certification required pursuant to subsection 1 must be taught by a certified instructor who meets the standards of a nationally or internationally recognized provider of training in cardiopulmonary resuscitation, including, without limitation, the American Heart Association, the American National Red Cross, MEDIC FIRST AID International, EMS Safety Services, or the American Safety and Health Institute.

5. Evidence that an employee has obtained and maintained current certification in the administration of cardiopulmonary resuscitation as required pursuant to this section must be included in his or her personnel file and must be kept at the facility.

i.

xliii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

[FFN, OST, and OSR standards within Caring for our Children Basics](#)

xliv. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [NAC 432A.322; CCDP Policy Manual 622.3](#)

ix. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [NAC 432A.322 and 432A.323c; CCDP Policy Manual 622.3](#)

x. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

xi. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

xlvii. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

xlviii. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

[Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help](#)

ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year

- 5.3.12 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. NAC 432A.410 Reports of child abuse or neglect. (NRS 432A.077) If any person suspects that child abuse or neglect is occurring in a facility, the person may immediately report such suspicions to the Division. Every licensee or employee of a facility who has reason to believe child abuse or neglect is occurring in the facility, in the child's home or elsewhere shall report such beliefs to the appropriate authority as required in NRS 432B.220.

xlix. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

FFN, OST, and OSR standards within Caring for our Children Basics

- I. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. For licensed centers: Each person who is employed at a child care facility shall complete 2 or more hours of training in the recognition and reporting of child abuse and neglect; FFN providers must complete 24 hours of annual training including, recognizing and reporting suspected child abuse, neglect, and exploitation.

x. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. NAC 432A.323 (1)(e); CCDP Policy Manual 622.2 & 622.3

xi. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

xii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

lili. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

liv. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.13 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. Nutrition and Physical Activity: NAC 432A.323 (1)(k); CCDP Policy Manual 622.2 & 622.3
- iv. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- lvi. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

Ivii. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

Iviii. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child Care Licensing provides are required to orient their staff within 2 weeks of hire with regulations set forth in the Regulating licensing chapters of 432A. Child Care Licensing helps to ensure a base for knowledge by providing on-going trainings to help ensure prospective and current providers are updated regarding daily operations of process and procedures for licensing which would include required trainings. Initial trainings for caregivers are required within 90 days of hire, so it is imperative that facilities understand this requirement and plan accordingly. The trainings offered by Child Care licensing help ensure facilities facilitate this by requiring the Licensed Application Process (online and available day or night at will); New Facility Training/Director Orientation Training (required for all new facilities and recommended/required for open/operating facilities when needed) and Backgrounds Training (required for all new facilities and recommended/required for open/operating facilities when needed). These trainings are updated whenever there is a change to process, procedure, or legislation. Further, to help get information out to the industry, Child Care Licensing uses email blasts, listserv announcements and social media to help keep the industry abreast of the happenings within licensing which would include training requirements along with other operational requirements. FFN providers are informed of training requirements at the time of enrollment. Licensed providers are required to participate in introductory training to the licensing regulations prior to licensure, which includes the mandatory training requirements. Licensing updates are sent out through the licensing listserv. FFN staff are informed of training updates by their CCRR specialist. Monitoring visits by Child Care Licensing and the CCRR Agencies (for FFNs/OSTs) ensure staff have met the required training elements each year.

5.3.14 In addition to the required standards, does the Lead Agency include any of the following optional standards? If checked, describe the requirements, how often the training is required and include the citation. (Please check all that apply)

- a. Nutrition: For licensed centers: Each person who is employed at a child care facility shall complete 2 or more hours of training in life long wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition, and moderate or vigorous physical activity; FFN providers must complete 24 hours of annual training, which can include nutrition and physical activity (optional).
- b. Access to physical activity: For licensed centers: Each person who is employed at a child care facility shall complete 2 or more hours of training in life long wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition, and moderate or vigorous physical activity; FFN providers must complete 24 hours of annual training, which can include nutrition and physical activity.
- c. Caring for children with special needs:
- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3. Monitoring of Health and Safety requirements is broken into four pieces. The State of Nevada has two child care licensing entities. The Division of Public and Behavioral Health (DPBH) administers State Child Care Licensing which oversees providers in all counties aside from Washoe County, while Washoe County administers their Child Care Licensing within Washoe. Washoe County Child Care Licensing must follow the same rules and regulations as State Licensing unless they choose to be more restrictive. State Licensing, DPBH, oversees Washoe in terms of State and Federal regulations; however, CCDP is responsible for overseeing both in terms of CCDF rules. Subsidy and CCR&R are split with the Children's Cabinet being responsible for the North and the Urban League being responsible for the South. For monitoring purposes: State Licensing, DPBH, monitors licensed providers in all counties aside from Washoe County and also monitors all Out of School Recreation programs (city or county run before and after school programs such as Latchkey) that serve CCDF families, Statewide. Washoe County Licensing monitors licensed providers in Washoe County. Washoe County is not responsible for monitoring and OST or OSR programs. Children's Cabinet monitors FFN providers and Out of School Time programs (private before and after school programs such as Boys and Girls Club) that serve CCDF families in the North. Urban League monitors FFN providers and Out of School Time programs (private before and after school programs such as Boys and Girls Club) that serve CCDF families in the South. State of Nevada Licensed facilities are subject to unannounced visits to ensure maintenance of compliance throughout a licensing year. License-exempt OST, OSR, and FFNs are monitored annually. Each monitor for both licensed and licensed-exempt providers is completed with a checklist of all of the required standards, trainings, and background checks to be reviewed for compliance.

- xi. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3. Each monitor for both licensed and licensed-exempt providers is completed with a checklist of all of the required standards, trainings, and background checks to be reviewed for compliance.
- xii. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards. Each monitor for both licensed and licensed-exempt providers is completed with a checklist of all of the required standards, trainings, and background checks to be reviewed for compliance.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards. All prospective providers are subject to an initial on-site inspection once they have completed the required Licensed Application Process (LAP) training, New Facility Training (NFT), Backgrounds training. Prospective providers must also have a completed background check, health inspection, fire inspection, liability insurance and early childhood education initial trainings.
- ix. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers. 1. State of Nevada Licensed facilities are subject to unannounced visits to ensure maintenance of compliance throughout a licensing year. Inspections of any building or premises of a facility pursuant to NRS 432A.180 maybe unannounced and must be made at least two times during the 12-month licensing period or once every 6 months. Any authorized member or employee of the Division may enter and inspect any building or premises of a facility at any time pursuant to NRS 432A.180 to secure compliance with or prevent a violation of any provision of this chapter or chapter 432A of NRS. 2. In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is aground for revocation of a license or denial of an application for a license. 3. The Division may charge any licensee subject to a substantiated complaint for the reasonable cost of the investigation conducted as a result of the complaint. As used in this subsection, "substantiated complaint" means a complaint that results in the finding of a violation of any provision of this chapter or chapter 432A of NRS by an authorized member or employee of the Division. COVID-19 Update: Per Waiver approved on June 8th, 2020, with an effective date of March 16th, 2020 Nevada has suspended annual, unannounced inspections for licensed and registered centers and homes due to the COVID-19 public health pandemic emergency as Nevada has implemented social-distancing measures and reduction of face-to-face contact with public, clients, and

child care providers wherever possible by State employees to reduce the opportunities for community spread of COVID-19 in Nevada and to support the efforts to not overwhelm Nevada's healthcare system.

Ix. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year. Describe: Facilities are subject a minimum of 2 unannounced visits a year: a semi-annual and an annual, within a facilities licensing year.

Ixi. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Ixii. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers. NAC 432A.190, NAC 432A.260

xiii. Licensed CCDF family child care home

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards. All prospective providers are subject to an initial on-site inspection once they have completed the required Licensed Application Process (LAP) training, New Facility Training (NFT), Backgrounds training. Prospective providers must also have a completed background check, health inspection, fire inspection, liability insurance and early childhood education initial trainings.

Ixiii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers. 1. Inspections of any building or premises of a facility pursuant to NRS 432A.180 maybe unannounced and must be made at least two times during the 12-month licensing period or once every 6 months. Any authorized member or employee of the Division may enter and inspect any building or premises of a facility at any time pursuant to NRS 432A.180 to secure compliance with or prevent a violation of any provision of this chapter or chapter 432A of NRS. 2. In conducting inspections and investigations, the Division may call upon political subdivisions and governmental agencies for assistance. The licensee or applicant shall cooperate with the person conducting the investigation by providing access to the buildings, records required to be maintained pursuant to this chapter and staff of the facility. Failure to provide such access is a ground for revocation of a license or denial of an application for a license. 3. The Division may charge any licensee subject to a substantiated complaint for the reasonable cost of the investigation conducted as a result of the complaint. As used in this subsection, "substantiated complaint" means a complaint that results in the finding of a violation of any provision of this chapter or chapter 432A of NRS by an authorized member or employee of the Division. COVID-19 Update: Per Waiver approved on June 8th, 2020, with an effective date of March 16th, 2020 Nevada has suspended annual, unannounced inspections for licensed and registered centers and homes due to the COVID-19 public health pandemic emergency as Nevada has implemented social-distancing measures and reduction of face-to-face contact with public, clients, and child care providers wherever possible by State employees to reduce the opportunities for community spread of COVID-19 in Nevada and to support the efforts to not overwhelm Nevada's healthcare system.

Ixiv. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year. Describe: Facilities are subject a minimum of 2 unannounced visits a year: a semi-annual and an annual, within a facilities licensing year.

Ixv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Ixvi. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers. [NAC 432A.190, NAC 432A.260](#)

xiv. Licensed in-home CCDF child care

- i. Does your state/territory license in-home child care (care in the child's own home)?
 No (Skip to 5.4.3 (a)).
 Yes. If yes, answer A – D below:
 - A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.
 - B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.
 - C. Identify the frequency of unannounced inspections:
 1. Once a year
 2. More than once a year. Describe:
 - D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
 - E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

xv. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

[DPBH-HCQC-Child Care Licensing and Washoe County](#)

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [Monitoring is announced is conducted annually for licensed-exempt OST and OSR providers. COVID-19 Update: Per Waiver approved on June 8th, 2020, with an effective date of March 16th, 2020 Nevada has suspended annual, unannounced inspections for licensed and registered centers and homes due to the COVID-19 public health pandemic emergency as Nevada has implemented social-distancing measures and reduction of face-to-face contact with public, clients, and child care providers wherever possible by State employees to reduce the opportunities for community spread of COVID-19 in Nevada and to support the efforts to not overwhelm Nevada's healthcare system.](#)

- i. Provide the citation(s) for this policy or procedure. [CCDP Manual Section 623.4](#)
 - xvi. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [Monitoring is announced and conducted annually for licensed-exempt FFN, OST, providers.](#)
 - i. Provide the citation(s) for this policy or procedure. [CCDP Manual Section 622.2](#)
- 5.4.4 Inspections for license-exempt in-home care (care in the child's own home).
- Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).
- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.
 - .
 - xvii. Provide the citation(s) for this policy or procedure.
 - xviii. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:
- 5.4.5 Licensing inspectors.
- Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(l); 98.42(b)(1-2)).
- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)). [State licensed inspectors are hired based on experience and qualifications as specified within the Division of Human Resources job classification. The procedure to evaluate inspector qualifications can be found within the State of Nevada, Department of Administration, Division of Human Resource Management states: "Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience providing developmental or educational services to children in an early childhood program which must have included program administration responsibilities; OR Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and one year of professional experience evaluating child development or](#)

early childhood education programs; OR an equivalent combination of education and experience; OR one year of experience as a Child Care Facilities Surveyor Trainee in Nevada State service."

- xix. Provide the citation(s) for this policy or procedure. [http://hr.nv.gov/uploadedFiles/hrnvgov/Content/Resources/ClassSpecs/10/10-520spc\(1\).pdf](http://hr.nv.gov/uploadedFiles/hrnvgov/Content/Resources/ClassSpecs/10/10-520spc(1).pdf)

- 5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).
- To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. The inspector to provider ratio is 1:80. This ratio is sufficient to keep inspectors timely in their procedures for monitoring.
- xx. Provide the policy citation and state/territory ratio of licensing inspectors.
[CCPT](#)

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

- 5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies regarding the required background check components, demonstrating that these requirements apply to all licensed, regulated, or registered child care providers and to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o).

- a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. Criminal registry or repository using fingerprints in the current state of residency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775	Citation:	
ii. Sex offender registry or repository check in the current state of residency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775	Citation:	
iii. Child abuse and neglect registry and database check in the current state of residency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775	Citation:	

xxi. Components of National Background Check

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. FBI Fingerprint Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation: https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec170 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec175 ; https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1775	Citation:	
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Citation:	Citation:	

xxii.Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional. Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
lxvii. Sex offender registry or repository in any other state where	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
<p>the individual has resided in the past 5 years.</p> <p>Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.</p>	Citation:	Citation:	
<p>lxviii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years</p> <p>Note: This is a name-based search</p>	<input type="checkbox"/> Citation:	<input checked="" type="checkbox"/> Citation:	

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description. [STEP 1: Complete Consent and Release Form. Applicant and Owner/Director must sign third page of document. Incomplete forms will not be accepted and will be returned.](#) [STEP 2: Obtain the appropriate fingerprint referral from your employer where applicable.](#) [STEP 3: Take your Consent and Release and Fingerprint card to your Local Law Enforcement agency: CLARK COUNTY \(please call as cost and procedures varies\)](#) BOULDER CITY POLICE DEPARTMENT 1005 Arizona St Boulder City, NV 89005 Phone: 702-293-9224 Tuesday & Thursday ONLY: 8:00A-4:00P HENDERSON POLICE DEPARTMENT 223 Lead St Henderson, NV 89015 Phone: 702-267-4720 Monday-Thursday: 7:30A-5:00P LAUGHLIN POLICE DEPARTMENT 101 Civic Way., Ste 3 Laughlin, NV 89029 Phone: 702-298-4282 Monday – Friday: 8:00A-3:30P LAS VEGAS METROPOLITAN POLICE DEPARTMENT 400 S. Martin Luther King Blvd 1st Floor Bldg C Las Vegas, NV 89106 Phone: 702-828-3271 Monday – Friday: 8:00A-5:00P [CLARK COUNTY CONTINUED \(please call as cost and procedures varies\)](#) MESQUITE POLICE DEPARTMENT 695 Mayan Circle Mesquite, NV 89027 Phone: 702-346-5262 Monday – Friday: 7:00A-5:00P NORTH LAS VEGAS POLICE DEPARTMENT 2266 Civic Center Blvd North Las Vegas, NV 89030 Phone: 702-633-1807 or 633-1728 Monday – Thursday: 8:30A – 4:00P [LINCOLN COUNTY \(please call as cost and procedures varies\)](#) LINCOLN COUNTY SHERIFF DEPARTMENT 225

Justice Way Pioche, NV 89043 Phone: 775-962-5151 Open 24 Hours NYE COUNTY (please call as cost and procedures varies) NYE COUNTY SHERIFF OFFICE 426 C. Avenue South Beatty, NV 89003 Phone: 775-553-2345 Hours: Monday – Thursday: 8:00A-4:00 NYE COUNTY SHERIFF OFFICE 1520 E. Basin Ave Pahrump, NV 89060 Phone: 775-751-7011 Hours: Monday – Thursday: 8:00A-4:00P STEP 4: Contact Nevada Department of Public Safety at 775-684-6262 for payment and submission information. Mail the money order and the fingerprint card to: NEVADA DEPARTMENT OF PUBLIC SAFETY CRIMINAL HISTORY REPOSITORY 333 West Nye Lane, Suite 100 Carson City, NV 89706 STEP 5: Upon completion of fingerprinting a copy of the Consent and Release form and applicable work card(s) must be sent to Child Care Licensing for audit purposes. STATE OF NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH CHILD CARE LICENSING PROGRAM ATTN: BACKGROUND INVESTIGATIONS 3811 W. Charleston Blvd., Ste 210 Las Vegas, NV 89102 FAX: 702-486-6660 STEP 6: Once appropriate card(s) and/or reports are received, Child Care Licensing will notify the facility of the applicant's background clearance status.

- xxiii. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)). NRS432A.170.4 states the Division may charge each person investigated pursuant to this section for the reasonable cost of that investigation.
- xxiv. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:
NRS432A.170.5 states the information required to be obtained pursuant to subsections 2 and 3 must be requested concerning an: (a) Employee of an applicant, licensee or small child care establishment, resident of a child care facility or small child care establishment who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or participant in an outdoor youth program who is 18 years of age or older for an initial background check not later than 3 days after the employee is hired, the residency begins or the participant begins participating in the program and before the employee, resident or participant has direct contact with any child at the child care facility, and then at least once every 5 years thereafter.
- xxv. Describe the procedure for providers to request background checks from other states where they have resided within the previous 5 years. All background applicants are required to completely fill out and sign a consent and release form as a part of the background check process. This consent and release asks each individual to answer if they have been a resident of Nevada for the last 5 years and if they have not then the applicant is instructed to provide the criminal background and CANS check from the State they are coming from to child care licensing within 90 days of hire.
- xxvi. Describe the procedure to ensure each provider completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service. State of Nevada has its own database called NABS (Nevada Automated Background System) which tracks each background applicant to ensure each component is complied with, checked

and updated accordingly as specified within our NRS432A.170.5. NRS432A.170.5 states the information required to be obtained pursuant to subsections 2 and 3 must be requested concerning an: (a) Employee of an applicant, licensee or small child care establishment, resident of a child care facility or small child care establishment who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or participant in an outdoor youth program who is 18 years of age or older for an initial background check not later than 3 days after the employee is hired, the residency begins or the participant begins participating in the program and before the employee, resident or participant has direct contact with any child at the child care facility, and then at least once every 5 years thereafter.

xxvii. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check. State of Nevada has its own database called NABS (Nevada Automated Background System) which tracks each background applicant to ensure each component is complied with, checked and updated accordingly, so if an individual is separated from their employer and then returns to the industry, they are subjected to a newly initiated background check as promoted by the system.

xxviii. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_Open_and_Operate/

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
 - How the Lead Agency is informed of the results of each background check component
 - Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.4.
- a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.
- xxix. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.
- xxx. Describe the procedure for responding to interstate background check requests from other states:
 - i. Interstate Criminal History Registry Check Procedures

- A. Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).
- B. “Compact States” are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Please indicate whether your state or territory is a Compact State.
- C. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Please indicate whether your state or territory is an NFF State.

Ixix. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Ixx. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

5.5.4 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

- a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes. If yes, describe other disqualifying crimes and provide the citation:

xxxi. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

xxxii. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

5.5.5 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional

appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
- a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

<https://www.leg.state.nv.us/NRS/NRS-432A.html#NRS432ASec1755> : Termination of employee or removal of resident of facility or establishment or participant in program upon receipt of certain information; opportunity for employee, resident or participant to correct information; applicability to small child care establishment; civil penalties. 1. Subject to the provisions of subsection 2: (a) Except as otherwise provided in paragraph (c), upon receiving information pursuant to NRS 432A.175 from the Central Repository for Nevada Records of Criminal History or the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child established pursuant to NRS 432.100 or from an employee of an applicant for a license to operate a child care facility, a licensee or a small child care establishment, a resident of a child care facility or small child care establishment who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or participant in an outdoor youth program who is 18 years of age or older or from any other source that such an employee, resident or participant has been convicted of a crime listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child abuse or neglect made against him or her, the applicant, licensee or operator of the small child care establishment shall terminate the employment of the employee or remove the resident from the facility or establishment or participant from the outdoor youth program after allowing the employee, resident or participant time to correct the information as required pursuant to paragraph (b). (b) If an employee, resident or participant believes that the information provided to the applicant, licensee or operator pursuant to paragraph (a) is incorrect, the employee, resident or participant must inform the applicant, licensee or operator immediately. The applicant, licensee or operator shall give any such employee, resident or participant 30 days to correct the information. (c) The Division may establish by regulation a process by which it may review evidence upon request to determine whether an employee of an applicant for a license to operate a child care facility, a licensee or operator of a small child care establishment, a resident of a child care facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or a participant in an outdoor youth program who is 18 years of age or older has been convicted of a crime listed in subsection 2 of NRS 432A.170 or has had a substantiated report of child abuse or neglect made against him or her may remain employed or continue to reside in the facility or establishment, as applicable, despite the conviction. Any such review must be conducted in a manner which does not discriminate against a person in violation of 42 U.S.C. § 2000e et seq. (d) If a process for review is established pursuant to paragraph (c), an employee, resident or participant, as applicable, may request such a review in the manner established by the Division. Any determination made by the Division is final for purposes of judicial review. (e) During any period in which an employee, resident or participant seeks to correct information pursuant to paragraph (b) or requests a review of information pursuant to paragraph (d), it is within the discretion of the applicant, licensee or operator whether to allow the employee, resident or participant to continue to work for or reside at the child care facility or small child care establishment or participate in the outdoor youth program, as applicable, except that the employee, resident or participant shall not have contact with a child

without supervision during such a period. 2. The provisions of this section apply to a small child care establishment and an operator of a small child care establishment if the operator of such an establishment has applied or registered with the Division of Welfare and Supportive Services of the Department pursuant to NRS 432A.1756. 3. The Division shall adopt regulations to establish civil penalties to be imposed against any person, state or local government unit or agency thereof that fails to comply with the requirements of this section.

- xxxiii. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

5.5.6 Website Links to Interstate Background Check Processes

Provide the website link providing the detailed information required on the state or territory's consumer education website related to the following interstate background check provisions.

Note: The links below should be a part of your consumer education website identified in 2.3.11.

A Backgrounds training was created and implemented for providers and prospective providers to help educate individuals on the process and be transparent on what is looked for when they fill out the consent and release that lists out all the checks that will be conducted and through who. This training is offered online every month and is facilitated by surveyors.

- a. Interstate Criminal Background Check:

http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_Forms/

- xxxiv. Interstate Sex Offender Registry (SOR) Check:

http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_Forms/

- xxxv. Interstate Child Abuse and Neglect (CAN) Registry Check:

http://dpbh.nv.gov/Reg/ChildCare/Child_Care_Licensing_Forms/

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements. Describe.

Per the Nevada Revised Statute (NRS): NRS 432A.024 "Child care facility" defined. 1. "Childcare facility" means: (a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children; (b) An on-site child care facility; (c) A child care institution; or (d) An outdoor youth program. 2. "Child care facility" does not include: (a) The home of a natural parent or guardian, foster home as defined in NRS 424.014 or maternity home; (b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility; (c) A home in which a person provides care for the children of a friend or neighbor for not more than 4 weeks if the person who provides the care does not regularly engage in that activity; (d) A location at which an out-of-school-time program is operated; (e) A seasonal or temporary recreation program; or (f) An out-of-school recreation program.
- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements. If the relative is not a care giver, then they would be exempt from this licensing requirement.
- b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.
- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements. If the relative is not a care giver, then they would be exempt from this licensing requirement.
- b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.
- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements. If the relative is not a care giver, then they would be exempt from this licensing requirement.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. Describe.
- c. Relative providers must fully comply with all background check requirements. If the relative is a caregiver and/or is living in the home where licensed care is being provided, then a background check is required.

DRAFT

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

[The Nevada Registry published Nevada's Core Knowledge Areas \(CKA\) and Core Competencies for Early Care and Education Professionals in 2007. The CKA are a set of content areas that define what caregivers should know and understand in order to provide quality experiences for children while the Core Competencies are a set of observable skills that reflect a caregiver's knowledge of the Core Knowledge Areas. All community-based training approved by The Nevada Registry is linked to](#)

specific CKA. The CKA support the framework of the Nevada Early Care and Education Career Ladder and provide the foundation for the professional development system. They CKA are also aligned with Nevada's Pre-K Standards. In 2020, the Nevada Department of Education partnered with SRI Education to facilitate the Nevada Ready B5! Alignment Project. Though this work, Nevada's Core Competencies were reviewed, and it was ultimately determined that rather than revising Nevada's existing competencies, our state will adopt the standards and competencies created through the National Association for the Education of Young Children's (NAEYC) Power to the Profession initiative. NAEYC's Standards and Competencies are slated to be formally adopted in FY22.

Ixxi. **Career pathways.** Describe: The Nevada Early Care and Education Professional Career Ladder is tailored specifically to the field of Early Care and Education (ECE) with 7 levels representing various combinations of formal education, training and direct experience (up to 4000 hours). Through the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, early childhood professionals pursue Early Childhood Education (ECE) Certificates, Associate, and Bachelor Degrees at participating Institutes of Higher Education within Nevada. The following pathways are available: Early Childhood Education Certificate; Associate of Applied Science: ECE, ECE Director/Administration, Infant/Toddler, Preschool; Associate of Arts: ECE; Bachelor of Science: ECE Administration/Non-License, ECE Pre-K-2nd Grade/License, Human Development and Family Studies.

Ixxii. **Advisory structure.** Describe: In addition to the State Early Childhood Advisory Council, each quality initiative in the State of Nevada has developed an advisory board or committee that serves as a sounding board and helps to guide the development of the various projects (i.e. TEACH, QRIS, The Nevada Registry, and State and County Child Care Licensing).

Ixxiii. **Articulation.** Describe: Course titles and number are consistent between the Institutes of Higher Education. Articulation exists between ECE Associate of Arts degree pathways at community colleges and Bachelor of Science degree pathways at the universities. T.E.A.C.H. Early Childhood® Nevada facilitates a workgroup of ECE Higher Education professionals to discuss topics related to the ECE higher education pathways.

Ixxiv. **Workforce information.** Describe: The Nevada Registry publishes a biennial membership and training approval system report highlighting the demographics of the Registry membership. This report includes general demographics, wage information, educational attainment, career ladder information as well as training and trainer statistics. With over 7000 active members, this is currently the primary source of data specific to the ECE workforce. The Registry's data is also referenced in The Children's Cabinet's biennial fact sheets that provide county-level data on the supply, demand, quality and availability of child care in Nevada.

Ixxv. **Financing.** Describe: The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides financial assistance for ECE professionals to attain ECE credentials and degrees. Eighty percent (80%) of the cost of tuition and books are supported by the scholarship. The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides the following financial incentives for educational attainment and retention: 1) \$50 incentive per semester to assist with costs related to tuition, travel and Internet; 2) a bonus for successfully completing a minimum of nine credits per year while receiving the college scholarship: \$300 bonus for Associate degree scholarships and \$400 bonus for Bachelor degree scholarships. Additionally, employers, sponsoring staff on the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, provide \$300 bonuses or 2% raises per year for successfully completed scholarships.

xxxvi. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:
- ii. Engagement of training and professional development providers, including

higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

- iii. Other. Describe: [The Child Care and Development Program has partnered with the TEACH program to pilot an expansion of program services for participants of the Nevada Youth First Program. The Pilot provides scholarships for higher learning in partnership with the Workforce Innovation and Opportunity Act \(WIOA\) Administration in Nevada to implement statewide efforts to recruit, mentor, and place staff into the field of early childhood.](#)

- 6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

[The Nevada Registry's training approval system launched in 2004 prior to the establishment of the SAC. As a result, the training and professional development requirements were not initially developed in direct consultation with the SAC. However, since that time, both the Registry Advisory Committee and the newly established Training Approval System Advisory Workgroup include representation from the SAC. Both committees help to guide, advise and support the ongoing development of the training and professional development system in Nevada.](#)

- 6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). [The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides financial assistance for ECE professionals to attain ECE credentials and degrees. Eighty percent \(80%\) of the cost of tuition and books are supported by the scholarship.](#)

[The T.E.A.C.H. Early Childhood® Nevada Scholarship Program provides the following financial incentives for educational attainment and retention: 1\) \\$50 incentive per semester to assist with costs related to tuition, travel and Internet; 2\) a bonus for successfully completing a minimum of nine credits per year while receiving the college scholarship: \\$300 bonus for Associate degree scholarships and \\$400 bonus for Bachelor degree scholarships. Additionally, employers, sponsoring staff on the T.E.A.C.H. Early Childhood® Nevada Scholarship Program, provide \\$300 bonuses or 2% raises per year for successfully completed scholarships.](#)

[T.E.A.C.H. Early Childhood® Nevada conducts outreach at high schools with ECE programs to inform high school students of the scholarship program and its eligibility criteria.](#)

[At the annual Nevada Association for the Education of Young Children \(NevAEYC\) Early Childhood Conference sessions are offered that address providers' mental health including yoga and relaxation techniques to reduce stress, self-regulation and calming, and to improve sleep.](#)

[To assist with retention, recipients of T.E.A.C.H. Early Childhood® Nevada scholarships remain employed with their sponsoring child care programs while receiving the scholarships; as well as commit to remaining employed for one year after the conclusion of the scholarships.](#)

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12

(658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates into training and professional development opportunities the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

- Health and Safety standards are at the core of training requirements for Family Friend and Neighbor providers. FFN providers must complete 30 hours of training within the first 90 days after registration on the Subsidy program. Training must include:

- Administration of Medication
- Building and physical premises safety
- Emergency preparedness and response planning
- Precautions in transporting children Prevention/response to food allergies
- Handling & storage of biocontaminants Identification of child abuse & neglect
- Nutrition and physical activity
- First-aid and CPR Prevention and control of infectious diseases
- Prevention of shaken baby syndrome
- SIDS and use of safe sleep practices

The same initial training requirements must be met by all providers working in Licensed child care facilities within 120 days of employment, with the exception of Child Abuse and Neglect which must be taken within 90 days.

- 6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). All trainings are open to any provider in Nevada. There is tribal representation on The Nevada Registry Advisory Committee to help guide, advise and make recommendations concerning issues related to Nevada's professional development and training approval system. T.E.A.C.H. Early Childhood® Nevada scholarships are accessible to early childhood professionals associated with Indian tribes and tribal organizations with state licensed or tribally regulated child care programs. Currently, T.E.A.C.H. Early Childhood® Nevada collaborates with the Inter-Tribal Council of Nevada and a representative from the Inter-Tribal Council participates on the T.E.A.C.H. Early Childhood® Nevada Advisory Committee With the exception of CPR and First Aid, all of the currently required initial health & safety trainings are available online at no cost through two online training organizations: ProSolutions Training and the University of Nevada Reno – Extension Office. These online trainings are available to all providers in Nevada, regardless of setting.

- 6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

- a. with limited English proficiency. FFN registration and training materials are available in Spanish. R&R staff have Spanish-speaking staff members to register FFN providers who speak Spanish. All registration materials are available in Spanish. All information on training requirements is available in Spanish including the R&R FFN training catalog which has trainings offered in Spanish. Caring for Our Children Basics was also translated in Spanish and given to providers to prepare to their health & safety visit which is conducted by a Spanish-speaking staff member. For languages other than Spanish, Telelanguage service can be used to communicate with providers. This service is offered 24/7/365 and provides professional translation services for over 200 languages.

xxxvii. who have disabilities. All R&R offices are ADA compliant, and staff have training on the use of Relay Nevada (7-1-1) which is a free service that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind and speech disabled. This service allows relay users to communicate with standard telephone users through specially trained relay operators. The call can be made to anywhere in Nevada 24/7/365 with no restrictions on the number, length, or type of calls. All calls are strictly confidential, and no records of any conversations are maintained.

- 6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iv)). With the exception of requiring specific training for caregivers working with infants under one year of age (Sudden Infant Death Syndrome and Shaken Baby Syndrome), Nevada's Child Care Licensing training regulations apply to all licensed facilities, regardless of the type of setting (Child Care, Family Child Care, etc.) or the ages served. Family, Friend, and Neighbor (FFN) provider training options are available in Spanish and support is given to Spanish-speaking providers to access and complete web-based trainings. Additionally, if training requirement are specifically for infants and toddlers (i.e., SIDS and Shaken Baby Syndrome), these requirements are not enforced if the provider does not care for children in this care level. Caring for Children with Disabilities would count toward the mandatory initial training hours for FFN providers. We do not have training options specifically for Native Americans or Native Hawaiians.
- 6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).
- a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).
The CCDP subgrants CCDF funds to the Nevada Department of Education, who developed a survey to evaluate providers' understanding of the McKinney-Vento Homeless Assistance Act's definition of homeless, the effects of homelessness on children and families, the effects of homelessness on child behavior and learning, identifying the barriers of providing service to homeless children, as well as ascertain information on what additional resources would be helpful for them to better serve this population. The Las Vegas Urban League partners with Homeless Youth Alliance and participates in their Project Homeless Connect and other events in order to find and assist homeless families. Information, training and webinars are shared with staff. CCR&R staff attended Child Care for Families Experiencing Homelessness: Lessons Learned and the Road Ahead on May 2, 2018 and Serving Young Children Experiencing Homelessness: Practical Strategies for McKinney-Vento Liaisons and School-based Staff on May 8, 2018. Both webinars are from School House Connection.
- xxxviii. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6). Information, training and webinars are shared with staff. R&R staff attended Child Care for Families Experiencing Homelessness: Lessons Learned and the Road Ahead on May 2, 2018 and Serving Young Children Experiencing Homelessness: Practical Strategies for McKinney-Vento Liaisons and School-based Staff on May 8, 2018. Both webinars are from School House Connection. A survey was distributed at the 2018 Nevada Association for the Education of Young Children Early Childhood Conference to understand the topics of training and support is needed by child care providers. In addition, meetings have been held with the Nevada Department of Education McKinney-Vento liaison to discuss possible shared resources and training opportunities. We

are in the process to determine if Initial online trainings offered by the Office of Head Start and Child Care can be approved by The Nevada Registry for child care training hours.

- 6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.
- a. Describe the strategies that the state/territory is developing and implementing for training and TA. There are two business series trainings available through a blended online training and cohort meetings training format. A Basic Center Management Certificate and a Budgeting and Risk Management Certificate are available. Providers who complete the series are reimbursed the cost of the training (\$69). The Child Care and Development Program intends to use COVID Response and Relief funding (CRRSA) to strengthen business practices of child care providers and to improve the quality of child care services through Staffed Family Child Care Networks, including training and technical assistance on fiscal management, budgeting, recordkeeping, community relationships, marketing and public relations, and parent-provider communication.

- xxxix. Check the topics addressed in the state/territory's strategies. Check all that apply.
- i. Fiscal management
 - ii. Budgeting
 - iii. Recordkeeping
 - iv. Hiring, developing, and retaining qualified staff
 - v. Risk management
 - vi. Community relationships
 - vii. Marketing and public relations
 - viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
 - ix. Other. Describe: Time management, developing a philosophy & mission, developing organizational structure and organizational culture, achieving a culture of improvement, assessment tools, civil right & labor laws, developing a fee structure, conducting cost-benefit analysis.

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

- a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(i)(A)). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(iii)). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(iv)). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>

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What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(ii)). Describe: CRRSA and ARP funding are earmarked to support these trainings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(i)(B). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Supporting the positive development of school-age children (98.53(a)(iii)). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- xl. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

		<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<input type="checkbox"/>	i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iv. Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 6.3.2 Describe the measurable indicators of progress relevant to this use of funds that state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

6.4 Early Learning and Developmental Guidelines

- 6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.
- a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:
 - i. Are research-based.
 - lxxvi. Developmentally appropriate.
 - lxxvii. Culturally and linguistically appropriate.
 - lxxviii. Aligned with kindergarten entry.
 - lxxix. Appropriate for all children from birth to kindergarten entry.
 - lxxx. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.
 - xli. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Describe how other optional domains are included, if any:
 - xlii. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.
The Nevada Pre-K Content Standards were originally established in 2004 and updated in 2010. The companion crosswalk to the Nevada Academic Content Standards was completed in 2014 and provides guidance for aligning Math and Language and Literacy standards. The Early Learning Guidelines were established in 2013 and revised in 2014. Work groups are currently being developed to review and align the B-third grade standards to better support the State of Nevada's B-3 plan. We may want to add that we are looking to use the Head start learning outcomes as a guide in this work.
 - xliii. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards. The State has adopted OST health and safety standards but has not implemented or revised the standards to include the CCDF reauthorization requirements. In addition, Nevada has developed a OST Self-Assessment tool.

xliv. Provide the Web link to the state/territory's early learning and developmental guidelines.

http://www.nevadaregistry.org/fb_files/PreKStandards-FINAL.pdf and

http://www.nevadaregistry.org/fb_files/InfantToddlerGuidelines.pdf

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

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- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

[The Early Learning Guidelines and Pre-K Standards provide the guidance for the ECE workforce to establish appropriate outcomes for the children that they serve. The QRIS and licensing provide guidance to programs regarding the implementation of the guidelines and standards. Early Learning Guidelines were used as the basis for Nevada's I'm Ready for K! What I know about Nevada's Pre-K Standards and more: A booklet for my parents and teachers. This booklet contains all Nevada's early learning and developmental guidelines written from a child's voice. The booklet contains very specific skills that children will exhibit when they have mastered the standard area. This booklet is shared with all families on the Subsidy program, all early learning providers \(including FFN providers\), school district Pre-k programs, and all libraries across Nevada.](#)

- 6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). A needs assessment was completed in order to develop the Nevada Early Childhood Advisory Council's (NECAC) strategic plan. As part of the assessment the following steps were completed: extensive interviewing of public and private leaders throughout Nevada, formation and facilitation of strategic planning working groups, and discussions with potential partners for each area of focus to determine interest and opportunities of involvement. The assessment established three overarching goals to strengthen Nevada's early childhood system. Next steps include the formation of work groups who are determining action steps for each goal. In addition, quality activities will be reviewed to ensure alignment with these goals. A needs assessment will be completed every four years to inform the revision of the strategic plan.
- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a weblink for any available evaluation or research related to the findings. The goals identified: 1. Strengthen the complex system of early learning to provide every child and family with high quality education and development, 2) Ensure families have the support they want and need to nurture their children's early learning and development, and 3) Promote and support increased access to and the delivery of high quality, evidence-based health services for families with young children.

7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
a. Supporting the training and professional development of the child care workforce as discussed in 6.2.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	<u>(Centers for Disease Control; Part B; Part C; Maternal and Child Health; Newmont Foundation (Elko only); Provider revenue generated from training classes is reinvested in training and professional development opportunities). COVID (CRRSA and ARP funds)</u>	6.3
b. Developing, maintaining, or implementing early learning and developmental guidelines.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		6.4

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
c. Developing, implementing, or enhancing a tiered quality rating and improvement system.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.3
d. Improving the supply and quality of child care services for infants and toddlers.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	(W.K. Kellogg Foundation) and COVID funds (CRRSA and ARP) for contracted slots for infants and toddlers and capacity building.	7.4
e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	(W.K. Kellogg Foundation; BUILD Initiative - Project HOPE)	7.5
f. Facilitating Compliance with State Standards	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds	(Washoe County funds their own)	7.6
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.7
h. Accreditation Support	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.8

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.9
j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input checked="" type="checkbox"/> iii. "CARES Act" funds	<u>(Department of Defense via Child Care Aware of America – dollars support the training of providers to care for children with special needs) CRRSA and ARP will be used to grants toward operating costs of child care providers. The CRRSA grants will be earmarked for all licensed FCCs and Centers in the State and to subsidized Out of School Time license exempt centers. ARP grant plan is still being developed.</u>	7.10

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available. [http://www.nvsilverstatestars.org/-Nevada's QRIS is administered through the Nevada Department of Education, Office of Early Learning and Development. Nevada's QRIS works with multiple partners, including: Statewide CCR&R for coaching, University of Nevada, Cooperative Extension for Assessments, and Nevada Institute for Children's Research & Policy for evaluation.](http://www.nvsilverstatestars.org/-Nevada's%20QRIS%20is%20administered%20through%20the%20Nevada%20Department%20of%20Education,%20Office%20of%20Early%20Learning%20and%20Development.%20Nevada's%20QRIS%20works%20with%20multiple%20partners,%20including:%20Statewide%20CCR&R%20for%20coaching,%20University%20of%20Nevada,%20Cooperative%20Extension%20for%20Assessments,%20and%20Nevada%20Institute%20for%20Children's%20Research%20&%20Policy%20for%20evaluation.)
- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
- e. Yes, the state/territory has another system of quality improvement. [Two assessment tools are used to determine a program's QRIS rating – the Environment Rating Scales \(center and family home provider model\) and the CLASS \(district pre-k QRIS model.\) An outside evaluator, UNLV Nevada Institute for Children's Research and Policy \(NICRP\), has been contracted to evaluate the impact of the star ratings on outcomes for children. We no longer use the CLASS tool on the LEA \(District\) model or any of the QRIS models as an evaluation tool, it is used strictly as a coaching tool on all three models.](#)

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

- a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.
- i. Participation is voluntary.
 - ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy or participation is mandatory for all licensed providers. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). [Participation in Nevada QRIS is mandatory for all licensed providers – centers, family, and group facilities receiving subsidy. Mandatory participation began in 2016 and the full roll out /onboarding of all subsidy programs is ongoing in Nevada. It became mandatory for group and family childcare programs began in 2019. Nevada's QRIS is a 5-level \(stars\) rating system. Providers on subsidy with one star receive the state rate for reimbursement. Providers at 5-stars receive the 75th percentile rate. Providers at 2-stars receive the state rate plus an additional 25% of the difference between the state rate and the 75th percentile rate. Providers at 3-stars receive the state rate plus an additional 50% of the difference between the state rate and the 75th percentile rate. Providers at 4-stars receive the state rate plus an additional 75% of the difference between the state rate and the 75th percentile rate. All tiered reimbursements are then rounded up to the nearest dollar. Nevada is phasing in mandatory participation for providers serving children receiving subsidy. Priority has been given to programs with the highest number of children receiving subsidy. We have currently enrolled the top 79 subsidy providers. There are currently no minimum rating requirements for programs, however if they are not meeting QRIS goals they will no longer be allowed to provide services to children receiving subsidy. All participating QRIS programs are required to sign an MOA with](#)

required timelines and participation requirements. The requirements include a coaching cycle of 2 years and an updated star rating every 2 years.

- iii. Participation is required for all providers.
- xlv. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs If district programs are Nevada Ready! State funded, or co-located with a state Pre-K, they do participate. If they are Title I or otherwise funded by the district, without being co located with a state funded Pre K program, they usually do not participate in QRIS.
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other. Describe:

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.3.3 through 7.3.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is

the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other. Describe:

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

- a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
- b. Embeds licensing into the QRIS.
- c. State/territory license is a "rated" license.
- d. Other. Describe:

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	Legally exempt center-based	Licensed family child care Home	Legally exempt care in the provider's home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

vi. Scholarships, bonuses, or increased compensation for degrees/certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Materials and supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Priority access for other grants or programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Tax credits (providers or parents)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Tax credits (providers or parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other:

- 7.3.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Subsidy reimbursement rates are dependent upon star rating live. Grant amounts for materials and equipment are determined by license capacity. All other credits/benefits are available to all QRIS participating programs. There are also star rating advancement bonus grants available to programs that increase their star ratings. These grant amounts are based on capacity.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

- 7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
<input type="checkbox"/>	<p>a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.</p> <p>Describe:</p> <p><i>Click or tap here to enter text.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<p>b. Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe:</p> <p><u>CCDP intends to use COVID CRRSA/ARP to establish FCC networks including training and TA on fiscal management, budgeting, recordkeeping, community relationships, marketing and public relations, parent-provider communication.</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<p>c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.</p> <p>Describe:</p> <p><u>Nevada is currently working with ZERO TO THREE to build a cadre of</u></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	<p><u>certified infant toddler trainers with intensive training in critical competencies in caring for infants and toddlers. Additionally in fiscal year 18, these certified trainers will train 165 early childhood professionals in the critical competencies for infant and toddlers. In fiscal year 19, ZERO TO THREE will provide two critical competencies trainings (one in Reno and one in Las Vegas) for early childhood educators. Again in fiscal year 2020, ZERO TO THREE will provide 2 more trainings (one in Reno and one in Las Vegas) for early childhood educators. Through T.E.A.C.H. Early Childhood® Nevada, ECE professionals providing services to infants and toddlers can pursue Associate of Applied Science degrees in Early Childhood Education with an emphasis on Infants and Toddlers. Coursework includes, but is not limited to: Role Play for Infants and Toddlers; Infancy; Understanding Human Growth and Development; Guiding Infants and Toddlers; Literacy and the Young Child; Teaching the Two-Year Old; Principles of Child Guidance; Social/Emotional Development for Infants and Toddlers; Diversity in Children; Self Help Skills for Infants and Toddlers; and Infant and Toddler Curriculum. A training program has been implemented statewide for participants to earn an Infant Toddler CDA. The coursework is offered online or in-person and</u></p>					

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	<u>the program pays for all materials and fees for the participants. This is offered at no cost to the providers.</u>					
<input checked="" type="checkbox"/>	d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Describe: <u>As part of the statewide CDA program offered through the University of Nevada Reno Cooperative Extension, infant toddler specialist work with CDA participants and provide focused classroom observations and coaching.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: <u>Through Nevada Early Intervention Services a Partners Program has been implemented statewide. Through this program child care providers increase their competencies to include children with disabilities in child care programs and collaborate with other early interventions staff to provide opportunities during daily routines to support the child in achieving the outcomes on their Individualized Family Service Plan. Our contract with NEIS contract will end in July and we are currently looking to find additional Early intervention providers who may be interested in partnering on a similar project to support the needs of children with disabilities.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	f. Developing infant and toddler components within the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	state/territory's QRIS, including classroom inventories and assessments. Describe: Infant toddler environment rating scale is used in all infant/toddler classrooms.					
<input type="checkbox"/>	g. Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	h. Developing infant and toddler components within the early learning and developmental guidelines. Describe: Nevada's early learning guidelines are for infants and toddlers and are aligned to Nevada's PreK Standards for children ages 3 through kindergarten entry. The infant toddler guidelines are available for parents as a frame of reference for their child's development. Supportive activities are included so parents can foster learning at home.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.					
<input type="checkbox"/>	k. Coordinating with child care health consultants. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	l. Coordinating with mental health consultants. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	m. Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7.4.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. [Allotment of funds for fingerprint reimbursement is based on SFY 2017 expenditures and approximate provider count. Measurement of progress: % of FFN providers who successfully pass the background check and are reimbursed for fingerprinting costs.](#)

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?
- 7.5.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [Accreditation support is offered to child care centers and family home providers who have achieved a four-star QRIS rating. Measurement of progress: # of centers and family home providers who achieve national accreditation \(new\) and # of centers and family home providers maintain national accreditation \(renewal. The latest numbers are that there are 40 childcare centers and 2 family childcare centers for a total of 42 programs nationally accredited. It is the belief that all of these have been renewals in this past year.](#)
- 7.6 Facilitating Compliance with State Standards
- 7.6.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety, and with state/territory licensing standards? Describe:
- 7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?
- No
- Yes. If yes, which types of providers can access this financial assistance?
- a. Licensed CCDF providers
- b. Licensed non-CCDF providers
- c. License-exempt CCDF providers
- d. Other. Describe: [Family, friend, and neighbor providers are reimbursed for the cost of fingerprinting with CCDF direct service dollars.](#)

- 7.6.3 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [TACSEI - reduce number of challenging behaviors, # of providers who have improved their program policies that address childhood obesity, physical activity, nutrition, and breastfeeding, number of providers who enroll in CACFP training and technical assistance](#)
- 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services
- 7.7.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children. [The Nevada Institute for Children's Research and Policy has been contracted to evaluate Nevada's QRIS. This includes interviews of coaches, assessors, online participant survey, analysis of ERS scores and ratings, and child outcomes. Tools used include Peabody Picture Vocabulary Test-IV, Woodcock Johnson Applied Problems subtest, Woodcock Johnson Letter Identification subtest, Woodcock Johnson Passage Comprehension subtest, and Devereux Early Childhood Assessment.](#)
- 7.7.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.
[Nevada is working to align all outcomes as part of program evaluation and moving towards evidence-based planning. Outcomes will be aligned with the Department of Education's goals and CCDF state plan.](#)
- 7.8 Accreditation Support
- 7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?
- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. [CCDF funds are used to support programs pursuing national accreditation including payment of application and annual report fees, providing technical assistance, and grants for materials. Specifically, it is a reimbursement \(not a payment\) for application fees.](#)
 - b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:
 - c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:
 - d. Yes, the state/territory has supports operating as a pilot-test or in a few localities

but not statewide or territory-wide.

- i. Focused on child care centers. Describe:
- ii. Focused on family child care homes. Describe:
- e. No, but the state/territory is in the accreditation development phase.
- i. Focused on child care centers. Describe:
- ii. Focused on family child care homes. Describe:
- f. No, the state/territory has no plans for accreditation development.

- 7.8.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [Accreditation support is offered to child care centers and family home providers who have achieved a four-star QRIS rating. Measurement of progress: # of centers and family home providers who achieve national accreditation \(new\) and # of centers and family home providers maintain national accreditation \(renewal\)](#)
- 7.9 Program Standards
- 7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children. [Mental Health: Nevada uses the Pyramid Model through Nevada TACSEI to set standards for social emotional practices. CCDF funds are used to support TACSEI activities. Nutrition: Nevada has nutrition standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd Edition and CACFP standards. Physical Activity: Nevada has physical activity standards that are taught through the Chronic Disease Prevention grant and is leveraged with CCDF funding. Standards used are based in Caring for Our Children 3rd Edition.](#)
- 7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [TACSEI - reduce number of challenging behaviors, # of providers who have improved their program policies that address childhood obesity, physical activity, nutrition, and breastfeeding, number of providers who enroll in CACFP training and technical assistance.](#)
- 7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe: [Nevada has implemented statewide use of the Brigance Early Childhood Screen III as the Kindergarten Entry Assessment \(KEA\). To align with the KEA, the Brigance is also required for children receiving subsidy services in family, friend, and neighbor care as well as a requirement of the QRIS. Results of the Brigance are being collected in the Curriculum Associates Online Management System. In addition, children receiving subsidy will be entered into Infinite Campus which is Nevada's student information system. They will be receiving their student unique identifier that will be used through grade 12.](#) [COVID-19 Activities:](#) - Quality funds were used to establish an emergency stipend for COVID related supplies for child care providers. - CARES Act funds were used to establish a competitive grant program to cover operating costs of child care providers. The grant application requires the submission of an annual budget, a "steps-to-sustainability" plan, and a marketing plan to be evaluated by a Grant Evaluation Committee established from a pool of subject matter experts. Also, CRRSA and ARP funds will be used to provide grants to child care providers to assist with operation costs. The CRRSA funds are earmarked for all licensed FCCs and Centers in Nevada aside from Head Start as well as earmarked for subsidized Out of School Time programs. The grants cover 2 months of operating costs at 75% capacity based on the Simon Workman calculator. The application consists of questions to gather data; the grant is not competitive. Any eligible providers that do not complete an application will be contacted and provided TA. The ARP grant process is still being developed.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers.
Describe: [<>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 process billing in date stamp order and must be reimbursed within the 30-business day deadline.](#)
- b. Fiscal oversight of grants and contracts. Describe: [Grants are reviewed by fiscal to be sure they are within the boundaries. Weekly RFR's are reviewed by fiscal.](#)
- c. Tracking systems to ensure reasonable and allowable costs. Describe:
- d. Other. Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

- a. Conduct a risk assessment of policies and procedures. Describe:
- b. Establish checks and balances to ensure program integrity. Describe: [Weekly RFR's are sent weekly and reviewed by fiscal. Contracts and grants are also all reviewed by fiscal. <>](#)
- c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe: [In addition to supervisory case reviews of eligibility determinations, CCDP conduct on site reviews of contractors through programmatic review processes, internal audits, Management Evaluation Processes and Quality Control processes. These reviews are based on scopes of work outlined in contracts/subgrants, and the Child Care Policy Manual.](#)
- d. Other. Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

- a. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:
 - i. Issue policy change notices. Describe: [Any policy changes received from State are discuss and distributed to staff. We maintain a policy change spreadsheet in our QA department that is shared with staff and other lead agencies that administer the CCDF program.](#)
 - ii. Train on policy changes notices. Describe: [Any policy change received from the State](#)

are discussed in meetings with staff. Any training needed for the policy change, is administered in the meeting.

- iii. Issue new policy manual. Describe: Staff are given the policy manual at the time of hire. Any policy changes received from the State are given to staff to update their manual and placed in a local drive.
- iv. Train on policy change manual. Describe: Any policy change received from State are discussed with staff and they receive training on how to implement the changes.
- v. Ongoing monitoring and assessment of policy implementation. Describe: Auditing is conducted by Supervisors, Managers and QA department on an ongoing basis.
- vi. Regular implementation meetings. Describe: All staff meetings are conducted quarterly, and managers meet with their teams on a monthly basis.
- vii. Other. Describe:

xlvi. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- i. Issue policy change notices. Describe: Any policy changes received from State are discuss and distributed to staff. Providers are notified through email of all policy updates.
- ii. Issue new policy manual. Describe: Updated policy manuals are placed on the DWSS website all new PT's are shared with staff and providers to keep them informed.
- iii. Orientations. New providers set an appointment with the Specialist. At this time all expectations and process for billing are explained, required documents are completed.
- iv. Training. Describe: All providers are required to complete a mandated number of childcare and health and safety related training. The mandated hours are varied according to type of provider.
- v. Ongoing monitoring and assessment of policy implementation. Describe: Licensed providers are monitored by the State Childcare Licensing Agency. OST, OSR, FFN and Delegate providers are monitored by the LVUL and the Children's Cabinet. A health and safety checklist is used when monitoring, violations are addressed during the visit and recommendations for compliance are discussed at this time.
- vi. Regular implementation meetings. Describe: Regular visits are set to review policy. FFN providers are set within 45 days of registration and then annually. OST and OSR are done annually.
- vii. Other. Describe:

- 8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe: [Managers, Supervisors and Quality Assurance department conduct ongoing audits to evaluate internal control activities.](#)
- 8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.
- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. [The I&R Unit is principally responsible for activities associated with Child Care and Development Program penalties of an accused individual suspected of program rule violations. However, any employee of the Division or the Child Care Staff may initiate penalty/disqualification action against an accused individual by completing Form 6021-AF, Administrative Disqualification/ Penalty Waiver. Staff initiating a penalty action must complete all required administrative penalty paperwork and be prepared to act in the capacity of a witness in front of the hearings officer. The Division's Central Office Investigations & Recovery \(I&R\) Unit maintains a central repository for all Nevada Child Care and Development Program IPVs. Before completion or submittal of Form 6021-AF, the worker must check for prior disqualifications by sending an email to welfinvest@dwss.nv.gov \(Welfare Investigations\) to ensure the appropriate penalty period is requested. The email must specify the program type \(e.g., Child Care\), last name, first name, date of birth, Social Security Number, and any alias of the accused individual. If past IPV penalties are identified, the I&R worker shall obtain a copy of the previous IPV waiver, hearing decision or criminal court disposition. These documents must be attached to the new IPV paperwork \(Form 6021-AF\) to substantiate pursuit of enhanced penalties. The IPV waiver may be used to address an accused individual's program violations without prior submittal of the 6021-AF to the Hearing Unit. This permits accused individual acceptance of IPV penalty without the formality of the actual hearing. If this method is used, the accused individual must also sign the "Rights of the Accused and Waiver of Right to Administrative Disqualification Hearing/Acceptance of Penalty" section of Form 6021-AF acknowledging their understanding of their rights under program laws, regulation and rules. Note: If a signed IPV waiver is obtained, penalties must not be imposed until the case manager has forwarded the signed waiver, via referral to IRIS, and received notification from I&R staff. No further administrative appeal procedure exists after an accused individual waives his/her right to an administrative disqualification hearing and a disqualification penalty has been imposed. The accused individual, however, is entitled to seek relief in a court having appropriate jurisdiction. To eliminate confusion and duplication of effort, all administrative penalty/disqualification requests and signed IPV waivers must be sent to the I&R Unit assigned responsibility for the submitting office. The approval of the I&R supervisor or their designee is mandatory to ensure prior penalty occurrences have been checked and case manager actions are not duplicating the actions of I&R staff. If a signed IPV Waiver or judgment of conviction is obtained, penalties shall not be imposed until the case manager has received notification from I&R staff. For open cases, penalties are imposed against current benefits as soon as administratively possible after the signed Waiver is approved by the designated I&R staff or receipt of the hearing officer's penalty order or criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered or applicable period of time. Worker inability to affect benefits because of computer programming restriction does not negate the case manager's ability to impose the full penalty period. For closed cases, the penalties will be imposed immediately after the](#)

signed waiver is approved by the designated I&R staff or, receipt of the hearing officer's penalty order or a criminal court JOC and notification is received from I&R staff. Penalties will continue for the ordered period of time.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Nomads, Amps, Ledgers and Prism help identify information/countable income that was not reported at the time of applying for services. <>/>
- ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:
- iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Provider files and timesheets are audited by staff on a regular basis. Making sure all documents are current. Billing is double checked by matching entered time and dates against system generated queue reports. Signatures are verified when needed by matching to client files. <>/>
- iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Managers, Supervisors and QA staff do ongoing audits to ensure that all information in files are accurate and that all systems were checked for correct information. <>/>

- v. Audit provider records. Describe the activities and the results of these activities:
Ongoing reviews of provider and client files and documents are done. Licensed providers must keep licenses current and submit copies to the program. Provider billing documents are reviewed upon receipt and when being processed. This ensures documents are completed accurately and signatures are valid. <>/>
- vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: All staff are trained on policy when they are hired on. Ongoing training is conducted based off audit findings from Supervisors, Managers and QA department. <>/>
- vii. Other. Describe the activities and the results of these activities:

xlvii. Check and describe all activities the Lead Agency conducts, including the results of these activities, to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Data from Nomads, Amps, Ledgers and Prism is used to ensure that the client is reporting accurate information. This data also is used to verify benefits that the client is receiving at the time of applying for services and used to ensure the client is approved at the correct subsidy percentage. <>/>
- ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:
- iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Provider files and timesheets are audited by staff on a regular basis. Making sure all documents are current. Billing is double checked by matching entered time and dates against system generated queue reports. Signatures are verified when needed by matching to client. <>/>
- iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Managers, Supervisors and QA staff do ongoing audits to ensure that all information in files are accurate and that all systems were checked for correct information. <>/>
- v. Audit provider records. Describe the activities and the results of these activities:
Ongoing reviews of provider files and documents are done. Licensed providers must keep licenses current and submit copies to the program. Provider billing documents are reviewed upon receipt and when being processed. This ensures documents are completed accurately and signatures are valid. <>/>
- vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: All staff are trained on policy when they are hired on. Ongoing training is conducted based off audit findings from Supervisors, Managers and QA department. <>/>
- vii. Other. Describe the activities and the results of these activities:

xlviii. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Data from Nomads, Amps, Ledgers and Prism is used to ensure that the client is reporting accurate information. This data also is used to verify benefits that the client is receiving at the time of applying for services and used to ensure the client is approved at the correct subsidy percentage. <>/>
- ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:
- iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Provider files and timesheets are audited by staff on a regular basis. Making sure all documents are current. Billing is double checked by matching entered time and dates against system generated queue reports. Signatures are verified when needed by matching to client files.<>/>
- iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Supervisors, Managers and QA staff members will conduct file audits and reviews on an ongoing basis, the findings are utilized to identify the areas that training is needed. <>/>
- v. Audit provider records. Describe the activities and the results of these activities: Ongoing reviews of provider files and documents are done. Licensed providers must keep licenses current and submit copies to the program. Provider billing documents are reviewed upon receipt and when being processed. This ensures documents are completed accurately and signatures are valid. <>/>
- vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: Staff members are trained when they are first hired and as needed, based on audit finding to prevent ongoing errors <>/>
- vii. Other. Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). The DWSS Investigations and Recovery unit is responsible for pursuing fraud and overpayments for clients and providers. The CCRR entities are responsible for calculating overpayments associated with the Child Care Subsidy program.
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities: 0.00

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities: [The Children's Cabinet does an internal review and then refers the case to state I&R. The CCRR agency collects provider overpayments through the retention of future payments for active providers. The DWSS I&R unit will pursue collection from clients and termed providers either directly \(if client makes and keeps a payment arrangement\) and/or may take other actions, such as obtaining a court summary judgement \(< \\$5000 from small claims court; > \\$5000 through the Deputy AG's office\) to garnish wages and/or may use an outside collections agency to recoup debts if no payment is made within 180 days of a judgement \(I&R manual section 403.4\).](#)
- iii. Recover through repayment plans. Describe the activities and the results of these activities: [The Children's Cabinet creates a repayment plan with the provider and withholds a portion of the child care reimbursement on each payment until the payment is received in full. Clients receive a Notification of Debt and Debt Repayment Plan notice when an overpayment is calculated. This document allows them to request repayment over a period of time \(up to 36 months, I&R manual 405\), rather than through a lump sum payment.](#)
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [The Children's Cabinet reduces payment if the provider desires as part of the payment plan. Active Child Care providers with an overpayment may have payments reduced in future months to repay the debt. Providers are notified of the debt and may have debt collected over more than one payment if taking the lump sum would create a hardship for the provider. If collection can not be made through the reduction in payment, the debt is set to DWSS I&R for collection through other methods.](#)
- v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: [\(I&R manual section 415\). The Treasury Offset Program \(TOP\) allows money to be intercepted from federal sources \(e.g., IRS tax refund and Social Security benefits, etc.\) and applied against delinquent SNAP claims. Claims eligible for TOP collection include:](#)
 - [• Inadvertent household errors;](#)
 - [• Intentional Program Violation errors;](#)
 - [and • Agency errors DIVISION OF WELFARE AND SUPPORTIVE SERVICES INVESTIGATIONS AND RECOVERY POLICY MANUAL Section 415 MTL 1/11 1 Jan 11 Eligible claims must be referred to TOP when they are at least 180 days delinquent and meet the following criteria:](#)
 - [• at least the minimum amount prescribed by TOP, which is currently \\$25.00;](#)
 - [• not included under an automatic stay due to bankruptcy;](#)
 - [• not currently under litigation or review;](#)
 - [• not currently being collected through allotment reduction;](#)
 - [• not currently under a repayment plan approved by the agency;](#)
 - [and • at least one responsible person has a valid SSN \(pseudo numbers may not be submitted to TOP\) When claims meet the criteria as outlined above, the I&R worker must designate the case for TOP intercept by marking the "TREASURY INTRCPT" flag and inputting the social security number of the responsible persons in the "TRS UNT RESP PRSN" field on the DEBT details screen in NOMADS.](#)
 - [60-Day Notice – Due Process: y informs the debtor their claim is being referred to TOP unless action is taken;](#)
 - [• allows the debtor the opportunity to inspect and receive copies of the Division's records with respect to the claim;](#)
 - [• allows the debtor the opportunity to review the Division's determination of the claim and the opportunity to present evidence that all or part of the claim is not past-due or legally enforceable;](#)
 - [• allows the debtor an opportunity to enter into an acceptable repayment agreement. If the debtor signs and returns the agreement within the due process timeframe, the claim will not be submitted to TOP. However, failure to abide by the terms of the agreement may result in the claim being referred to TOP;](#)
 - [and • informs the debtor that fees may be added to the claim amount. The request for review must be made in writing within the 60-](#)

day notification period to avoid the claim from being sent to TOP. The agency has thirty (30) days to review the case and inform the debtor of the decision in writing. The agency must also inform the debtor of the intent to refer to TOP if the decision is not in favor of the debtor and the debtor's right for an FNS review. When TOP notices are sent to the I&R offices, a copy of the notice is to be placed in the claim file and may be used to update the debtor's mailing address in NOMADS.

- vi. Recover through other means. Describe the activities and the results of these activities: (I&R Manual 418) – Compromising claims – I&R may negotiate a reduced payoff amount if debtor is paying the compromised claim in a lump sum. I&R staff may compromise up to 10% of the claim balance; I&R Supervisors up to 20%, all other requests must be sent to the I&R Chief for consideration. Clients can also make a voluntary reimbursement of their benefits by check, cashier's check or money order payable to the NV State Treasurer (I&R Manual 423).
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: The Las Vegas Urban League and The Children's Cabinet work directly with the Lead Agency and the DWSS internal Investigations and Recovery Unit to establish debts and repayment of incorrect payments. Investigations & Recovery staff (I&R) use collateral sources to secure factual information and/or evidence to determine violator intent and program consequence.
- viii. Other. Describe the activities and the results of these activities:

xlix. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. 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: All overpayments are recovered. The dollar amount is irrelevant.
- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities: The Children's Cabinet does an internal review and then refers the case to state I&R. The CCRR agency collects provider overpayments through the retention of future payments for active providers. The DWSS I&R unit will pursue collection from clients and termed providers either directly (if client makes and keeps a payment arrangement) and/or may take other actions, such as obtaining a court summary judgement (< \$5000 from small claims court; > \$5000 through the Deputy AG's office) to garnish wages and/or may use an outside collections agency to recoup debts if no payment is made within 180 days of a judgement (I&R manual section 403.4).
- iii. Recover through repayment plans. Describe the activities and the results of these activities: The Children's Cabinet creates a repayment plan with the provider and withholds a portion of the child care reimbursement on each payment until the payment is received in full. Clients receive a Notification of Debt and Debt Repayment Plan notice when an overpayment is calculated. This document allows them to request repayment over a period of time (up to 36 months, I&R manual 405), rather than through a lump sum payment.

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: The Children's Cabinet creates a repayment plan with the provider and withholds a portion of the child care reimbursement on each payment until the payment is received in full. Active Child Care providers with an overpayment may have payments reduced in future months to repay the debt. Providers are notified of the debt and may have debt collected over more than one payment if taking the lump sum would create a hardship for the provider. If collection can not be made through the reduction in payment, the debt is set to DWSS I&R for collection through other methods.
- v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: (I&R manual section 415). The Treasury Offset Program (TOP) allows money to be intercepted from federal sources (e.g., IRS tax refund and Social Security benefits, etc.) and applied against delinquent SNAP claims. Claims eligible for TOP collection include: ● Inadvertent household errors; ● Intentional Program Violation errors; and ● Agency errors DIVISION OF WELFARE AND SUPPORTIVE SERVICES INVESTIGATIONS AND RECOVERY POLICY MANUAL Section 415 MTL 1/11 1 Jan 11 Eligible claims must be referred to TOP when they are at least 180 days delinquent and meet the following criteria: ● at least the minimum amount prescribed by TOP, which is currently \$25.00; ● not included under an automatic stay due to bankruptcy; ● not currently under litigation or review; ● not currently being collected through allotment reduction; ● not currently under a repayment plan approved by the agency; and ● at least one responsible person has a valid SSN (pseudo numbers may not be submitted to TOP) When claims meet the criteria as outlined above, the I&R worker must designate the case for TOP intercept by marking the "TREASURY INTRCPT" flag and inputting the social security number of the responsible persons in the "TRS UNT RESP PRSN" field on the DEBT details screen in NOMADS. 60-Day Notice – Due Process: y informs the debtor their claim is being referred to TOP unless action is taken; ● allows the debtor the opportunity to inspect and receive copies of the Division's records with respect to the claim; ● allows the debtor the opportunity to review the Division's determination of the claim and the opportunity to present evidence that all or part of the claim is not past-due or legally enforceable; ● allows the debtor an opportunity to enter into an acceptable repayment agreement. If the debtor signs and returns the agreement within the due process timeframe, the claim will not be submitted to TOP. However, failure to abide by the terms of the agreement may result in the claim being referred to TOP; and ● informs the debtor that fees may be added to the claim amount. The request for review must be made in writing within the 60-day notification period to avoid the claim from being sent to TOP. The agency has thirty (30) days to review the case and inform the debtor of the decision in writing. The agency must also inform the debtor of the intent to refer to TOP if the decision is not in favor of the debtor and the debtor's right for an FNS review. When TOP notices are sent to the I&R offices, a copy of the notice is to be placed in the claim file and may be used to update the debtor's mailing address in NOMADS.
- vi. Recover through other means. Describe the activities and the results of these activities: (I&R Manual 418) – Compromising claims – I&R may negotiate a reduced payoff amount if debtor is paying the compromised claim in a lump sum. I&R staff may compromise up to 10% of the claim balance; I&R Supervisors up to 20%, all other requests must be sent to the I&R Chief for consideration. Clients can also make a voluntary reimbursement of their benefits by check, cashier's check or money order payable to the NV State Treasurer (I&R Manual 423).
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: The Las Vegas Urban League and The Children's Cabinet work directly with the Lead Agency and the DWSS internal Investigations and Recovery Unit to establish debts

and repayment of incorrect payments. Investigations & Recovery staff (I&R) use collateral sources to secure factual information and/or evidence to determine violator intent and program consequence.

- viii. Other. Describe the activities and the results of these activities:
- I. 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: [<>/>](#)
- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities: [<>/>](#)
- iii. Recover through repayment plans. Describe the activities and the results of these activities: [<>/>](#)
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [<>/>](#)
- v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:
- vi. Recover through other means. Describe the activities and the results of these activities:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities: [The Las Vegas Urban League and The Children's Cabinet work directly with the Lead Agency and the DWSS internal Investigations and Recovery Unit to establish debts and repayment of incorrect payments, both intentional and unintentionally, by recipients and Investigations & Recovery staff \(I&R\) use collateral sources to secure factual information and/or evidence to determine violator intent and program consequence. The DWSS Quality Control department conducts monthly audits of program records to determine if contractors correctly apply policies in determining eligibility and issuing provider payments. When errors are identified which are classified as a contractor error, the total error amount is calculated, and if it is an underpayment, the contractor must adjust the calculation of benefits. If it is an overpayment, the agency must identify corrective actions that will be put into place to prevent future errors. Contractors are required to maintain a 95% policy adherence rate through annual reviews or further corrective actions will be taken by the Lead Agency to address the errors \(e.g. providing formal training in targeted policy areas\).](#)
- viii. Other. Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities: Individuals found to have committed an intentional program violation are penalized as follows: NEON TANF clients are ineligible for benefits for a period of twelve months for the first violation, twenty four months for the second violation, and permanently for the third violation. During the ineligible period, the individual is required to participate in NEON work activities unless otherwise exempt; therefore, the individual is entitled to NEON support services, such as child care benefits. Non-TANF clients are decreased by two subsidy percentage steps for a period of six months for the first occurrence, three subsidy percentage steps for twelve months for the second occurrence.
- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities: If an intentional program violation has been validated by DWSS Investigations and Recovery Unit, the Chief of the Child Care and Development Program will render a decision on the appropriate action to be taken against the provider. The penalty can be either suspension for an appropriate amount of time, or termination from the program.
- c. Prosecute criminally. Describe the activities and the results of these activities:
<>/>
- d. Other. Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey and/or ACF pre-approved alternative methodology and/or the narrow cost analysis. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS and/or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology and/or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

- Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.) – **REQUESTING WAIVER**
 1. Describe the provision (MRS or ACF Pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision.
 2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
- Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.) – **REQUESTING WAIVER**
 1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision.
 2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.