Child Care and Development Fund (CCDF) Plan

for

State/Territory **Nevada**

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. 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 them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_markup.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families' access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality 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 Accountability

These organizational categories reflect key functions of an integrated system of high quality 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 need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

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 State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current overall status for ~~any requirement in~~ this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. ~~As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site.~~ Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02 and corresponding timeline of effective dates https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: https://childcareta.acf.hhs.gov/ccdf-reauthorization In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

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 in the ACF-118 site may 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). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or 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 CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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))

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

Identify the Lead Agency or joint inter-agency office designated by the State/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))

Name of Lead Agency Department of Health and Human Services

Address of Lead Agency 4126 Technology Way, Suite 100, Carson City, Nevada 89706-2009

Name and Title of the Lead Agency Official Richard Whitley, Director

Phone Number 775-684-4000

E-Mail Address nvdhhhs@dhhs.nv.gov

Web Address for Lead Agency (if any) http://www.dhhs.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/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 entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Jack Zenteno

Title of CCDF Administrator Chief, Child Care and Development Program

Address of CCDF Administrator 1470 College Parkway, Carson City, Nevada 89706

Phone Number 775-684-0630

E-Mail Address jzenteno@dwss.nv.gov

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

Name of CCDF Co-Administrator _____

Title of CCDF Co-Administrator _____

Phone Number _____

E-Mail Address _____

Description of the role of the Co-Administrator _____

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) 775-684-0500

Web Address for CCDF program (for the public) (if any) dwss.nv.gov

Web Address for CCDF program policy manual (if any)
https://dwss.nv.gov/pdf/ChildCareManual.pdf

Web Address for CCDF program administrative rules (if any) _____

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- ☐ Outreach and Consumer Education (section 2):
  - Agency/Department/Entity Department of Health and Human Services, Division of Welfare and Supportive Services, Child Care and Development Program
  - Name of Lead Contact Jack Zenteno
- ☐ Subsidy/Financial Assistance (section 3 and section 4)
  - Agency/Department/Entity Department of Health and Human Services, Division of Welfare and Supportive Services, Child Care and Development Program
  - Name of Lead Contact Jack Zenteno
- ☐ Licensing/Monitoring (section 5):
  - Agency/Department/Entity Department of Health and Human Services, Division of Public and Behavioral Health, Child Care Licensing
  - Name of Lead Contact Latisha Brown
- ☐ Child Care Workforce (section 6):
  - Agency/Department/Entity Department of Education
  - Name of Lead Contact Patti Oya
- ☐ Quality Improvement (section 7):
  - Agency/Department/Entity Department of Education
  - Name of Lead Contact Patti Oya
- ☐ Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity Department of Health and Human Services, Division of Welfare and Supportive Services
  - Name of Lead Contact Jack Zenteno

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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

☒ All program rules and policies are set or established at the State/Territory level.

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

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

☐ State/Territory

☐ County. If checked, describe the type of eligibility policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Sliding fee scale is set by the:

☐ State/Territory

☐ County. If checked, describe the type of sliding fee scale policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Payment rates are set by the:

☐ State/Territory

☐ County. If checked, describe the type of payment rate policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Other. List and describe (e.g., quality improvement systems, payment practices) _____

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

☐ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☒ Community-based organizations. Describe***. Eligibility rules are set by the lead agency and eligibility determination and case management is provided by the Children's Cabinet in northern and rural Nevada and the Las Vegas Urban League in southern Nevada.***

☐ Other. Describe. _____

b) Who assists parents in locating child care (consumer education)?

☐ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☒ Community-based organizations. Describe***. The Lead Agency contracts these services In northern and rural Nevada the Lead Agecy subgrants these activities to the Children's Cabinet and in southern Nevada they are subgranted to the Las Vegas Urban Leage.***

☐ Other. Describe. _____

c) Who issues payments?

☐ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☒ Community-based organizations. Describe***. In northern and rural Nevada, these processes are subgranted to Children's Cabinet and in southern Nevada they are subgranted to the Las Vegas Urban League.***

☐ Other. Describe. _____

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 three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- ☐ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe
- ☐ [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe _____
    - If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
        - ☐ ***X*** Yes
        - ☐ No.
    - If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body

such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____

- ☐ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with _____. Check N/A if no Indian Tribes and/or Tribal organizations in the State ☐
- ☐ State/Territory agency responsible for public education. Describe _____
- ☐ State/Territory agency/agencies 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 Section 619 for preschool). Describe _____
- ☐ State/Territory institutions for higher education, including community colleges. Describe _____
- ☐ State/Territory agency responsible for child care licensing. Describe _____
- ☐ State/Territory office/director for Head Start State collaboration. Describe _____
- ☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe _____
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _____
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- ☐ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe _____
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- ☐ McKinney-Vento State coordinators for Homeless Education. Describe _____
- ☐ State/Territory agency responsible for public health. Describe _____
- ☐ State/Territory agency responsible for mental health. Describe _____
- ☐ State/Territory agency responsible for child welfare. Describe _____
- ☐ State/Territory liaison for military child care programs. Describe _____
- ☐ State/Territory agency responsible for employment services/workforce development. Describe _____
- ☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe _____
- ☐ State/community agencies serving refugee or immigrant families. Describe _____
- ☐ Child care resource and referral agencies. Describe _____
- ☐ Provider groups or associations. Describe _____
- ☐ ~~Labor~~ Worker organizations. Describe _____
- ☐ Parent groups or organizations. Describe _____
- ☐ Other. Describe _____

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date(s) of notice of public hearing _____ **Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. ***Public notice is posted at various locations statewide and mailed to those on the mailing list purruant to Nevada Revised Statute (NRS) 241.020***

c) Date(s) of public hearing(s) _____ **Reminder** - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed _____

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) _____

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? _____

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

☐ Working with advisory committees. Describe _____

☐ Working with child care resource and referral agencies. Describe _____

☐ Providing translation in other languages. Describe _____

☐ Making available on the Lead Agency website. List the website _____

☐ Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe _____

☐ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe _____

☐ Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- ☐ [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe ***Acelero, Sunrise, Community Services Agency, Little Peoples, Washoe County Pre-k Program, Head Start of Northeastern Nevada –Agreements with these agencies provides wraparound services to allow full day, full year care. These organizations help children transition between programs, and work to link children and families with other needed services.***
- ☐ [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with _____
  - ☐ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.
- ☐ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe ***Nevada Early Intervention Services -The Early Intervention Partners Program was developed to train child care providers about including children with disabilities in their child care settings. Child care providers can receive this training through Nevada Early intervention Services. The Nevada Interagency Coordinating Council (ICC) -The State Child Care Administrator sits on the ICC as a way to enhance and align services between Child Care and Nevada Early Intervention Services.***
- ☐ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe ***In southern Nevada the Las Vegas Urban League has begun coordinating efforts with the Nevada Homeless Alliance and the Clark County School District Title 1 Homeless Outreach program to ensure homeless children have access to child care services. In northern Nevada, the Children's Cabinet works with the following agencies: Homes for Homeless, Committee to Aid Abused Women (CAAW), Community Assistance Center, Washoe County School District Children in Transition, and other community organizations. The Nevada Child Care and Development Program has has revised policies to temporarily waive verification requirements and purpose of care for families that have been identified as homeless.***

- ☐ [REQUIRED] Early childhood programs serving children in foster care. Describe ***The Las Vegas Urban Leage houses subsidy case managers at the Division of Family Services office to train foster parents on subsidy activities and ongoing case management and provide on-site eligibility services. In northern Nevada, the Children's Cabinet receives foster referrals, and contacts families to initiate services.***
- ☐ State/Territory agency responsible for child care licensing. Describe _____
- ☐ State/Territory agency with Head Start State collaboration grant. Describe _____
- ☐ State Advisory Council authorized by the Head Start Act. Describe _____
- ☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe ***Nevada has two agencies that received Early Head Start-Child Care Partnership grants. The Nevada CCDP has provided funding for 40% of these children to expand accessibility to high quality services, improve continuity of care, and expand to full-day services.***
- ☐ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe _____
- ☐ Child care resource and referral agencies. Describe ***CCRR services are provided through our subisidy providers Statewide. CCRR is integral to all CCDP program development activites***.
- ☐ State/Territory agency responsible for public education. Describe ***The Nevada Department of Education provides a number of quality improvement activities for child care services in Nevada. This includes the Nevada TEACH program, which works to improve the education and compensation level of the early childhood workforce, the Nevada Registry, which serves as a clearinghouse of information for the field of early childhood education, offers career ladder placement for individuals working in the field of child care, provides online professional development plans for providers, and an online calendar of training.***
- ☐ State/Territory institutions for higher education, including community colleges. Describe _____
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _____
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- ☐ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe ***The Nevada CCDP is currently working to with the MCH Home Visitation program and other public health programs to link comprehensive services to children and parents receiving child care subsidies.***
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- ☐ State/Territory agency responsible for public health. Describe ***The Nevada CCDP is currently working to with the MCH Home Visitation program and other public health programs to link comprehensive services to children and parents receiving child care subsidies***

- ☐ State/Territory agency responsible for mental health. Describe ***The Nevada CCDP has an interlocal agreement with the Nevada Division of Child and Family Services to provide early childhood mental health services for the children receiving child care subsidies.***
- ☐ State/Territory agency responsible for child welfare. Describe _____
- ☐ State/Territory liaison for military child care programs. Describe _____
- ☐ State/Territory agency responsible for employment services/workforce development. Describe ***CCDP TANF recipients involved in training, educational, and work activities receive services through the Department of Education, Training and Rehabilitation (DETR).***
- ☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe ***The Nevada CCDP is housed within the agency that provides TANF services. These programs work together to provide comprehensive services to families.***
- ☐ State/Territory community agencies serving refugee or immigrant families. Describe _____
- ☐ Provider groups or associations. Describe _____
- ☐ ~~Labor~~ Worker organizations. Describe _____
- ☐ Parent groups or organizations. Describe _____
- ☐ Other. Describe _____

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs 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, homeless children, 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 in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) 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 the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative

programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

☐ Yes. If yes, describe at a minimum:

- How do you define "combine" ***Funds are provided through contracts to Head Start/Early Head Start agencies to extend services to a full day for CCDP children***
- Which funds will you combine? ***CCDF and Head Start funds***.
- Goal(s) of combining funds (why?) and expected outcomes, 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 ***Extending services to full day.***
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) ***Program level***
- How are the funds tracked and method of oversight ***Funds are provided through contracts, subgrants, Memorandums of Understanding, etc. Contract and eligibility and service provisions are reviewed through State audit processes.***

☐ No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (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 reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

The Division of Child and Family Services -works with licensed child care facilities to provide trainining 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 -provides child care licensing to ensure basic health and safety of licensed child care providers. In addition, Nevada Early Intervention Services provides training and technical assistance 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 gaols 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 absenses. 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.

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 Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) 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 (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

☐ ***X*** Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. ***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; referring parents to child care services; updating child care provider information on a regular basis; developing and maintain referral guides for families; providinge assistance to child***

care providers including training and counseling, outreach to providers, improving the quality of child care centers, assisting providers in developing and/or revising business plans, and recruiting providers to become subsidy providers; 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.

☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan _____

☐ ***X*** Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) ***September 30, 2016***
- ~~Current~~ Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~ this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) ***substantially implemented***
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) ~~not fully~~ to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ***Statewide disaster planning for child care services began in October 2013. Nevada received technical assistance from ACF Region IX staff and activities and tasks were identified to further the process. This activity was delayed awaiting statewide processes to be developed that would allow the child care services disaster plan to be integrated into a larger State disaster plan. Because of the deadline, CCDP staff and stakeholders are developing a standalone plan that will be integrated into the statewide plan in the future.***
        - Projected start date for each activity ***Currently in process***
        - Projected end date for each activity ***09/30/2016***
        - Agency – Who is responsible for complete implementation of this activity ***Nevada Department of Education***
        - Partners – Who is the responsible agency partnering with ~~the State/Territory lead agency~~ to complete implementation of this activity ***Child Care Licensing, the Nevada Public Health Prepareddness program, the Early Childhood Advisory Council***

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
    a) the availability of child care assistance,
    b) the quality of child care providers (if available),
    c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
    d) Individuals with Disabilities Education Act (IDEA) programs and services,
    e) Research and best practices in child development, and
    f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
    a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
    b) ~~Aggregate annual information~~ Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
    c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services. (658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations***. Information and applications for subsidy assistance is available at all Division of Welfare and Supportive Services offices, which serve individuals and families seeking Medicaid, Temporary Assistance for Needy Families, and Suplemental Nutrition Assistance Program benefits. DWSS offices are strategically located in areas with low-income populations or in proximity to these areas with public transportation available. Information is also made available through partner agencies such as the Division of Child and Family Serivces and Nevada Early Intervention Services. The Division of Welfare and Supportive Services offers information to the general public regarding applying for services and benefits offered. The Children's Cabinet and the Las Vegas Urban League also offer general information about child care subsidies through billboards, radio, newsletters, social media, community outreach events, and other public service announcement opportunities. The application for child care subsidy is also available in all Children's Cabinet and Las Vegas Urban League offices, as well as their websites.***

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach? ***Outreach is done through a variety of activities within communities including radio and television slots, website information, and information brochures that are provided to families.***

2.1.2 How can parents apply for services? Check all that apply.

- ☐ Electronically via online application, mobile app or email. Provide link ***application can be downloaded in PDF from the DWSS website https://dwss.nv.gov/ or the Children's Cabinet http://www.childrenscabinet.org/child-care-resources/for-parents/help-paying-for-child-care/ or Las Vegas Urban League http://lvul.org/early-childhood-connection/ Websites***
- ☐ In-person interview or orientation. Describe agencies where these may occur ***DWSS district offices Statewide, Children's Cabinet and Las Vegas Urban Leage Offices***
- ☐ Phone
- ☐ Mail
- ☐ At the child care site
- ☐ At a child care resource and referral agency

- ☐ Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____
- ☐ Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe _____
- ☐ Other strategies. Describe _____

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

☐ ***X*** Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.~~8~~7 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date

(no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~ Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~ this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

  _____

  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____

  - Unmet requirement - Identify the requirement(s) ~~not fully~~ to be implemented _____

    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

      _____

      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public
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) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) ***Written materials, phone consultation, public service announcements, direct interaction with families***

c) Describe who you partner with to make information about the full diversity of child care choices available ***Information is provided through agencies including the Division of Welfare and Supportive Services, State Licensing, and Washoe County Licensing, Child Care Resource and Referral Agencies, Child and Family Services, and Nevada Early Intervention Services.***

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public ***Quality Rating and Improvement System star ratings are included on all child care resource and referral provider listings. The State's Quality Rating and Improvement System website offers lists of licensed 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) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) ***Information is provided in written materials, on website, through direct interaction with the public, as well as outreach through social medial, and public service announcements.***

c) Describe who you partner with to make information about child care quality available ***Agencies including the Nevada Department of Education, Nevada Association for the Education of Young Children, State and local advisory Committees, Nevada Early Intervention Services, Children's Cabinet, Las Vegas Urban League.***

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF) ***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 Vega Urban Leage 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 the State. Each of these agencies has an understanding 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 Programs (SNAP- formerly known as Food Stamps) ***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) ***In southern Nevada CCDP activities are contracted through the Las Vegas Urbgan League, which also provides WIC services. These agencies work together to provide necessary information and referrals.***

f) Child and Adult Care Food Program(CACFP) _____

g) Medicaid ***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) Children's Health Insurance Program (CHIP) _____

i) Individuals with Disabilities Education Act (IDEA) ***Child Care staff provide information and referrals to parents***

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) _____

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) _____

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

a) Temporary Assistance for Needy Families (TANF) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites***.

b) Head Start and Early Head Start Programs ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

c) Low Income Home Energy Assistance Program (LIHEAP) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

e) Women, Infants, and Children Program (WIC) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

f) Child and Adult Care Food Program(CACFP) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

g) Medicaid ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

h) Children's Health Insurance Program (CHIP) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

i) Individuals with Disabilities Education Act (IDEA) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

j) Other State/Federally Funded Child Care Programs (example-State Pre-K) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) ***Information materials are provided upon enrollment and through phone consultation with providers. Information is available on the Children's Cabinet and Las Vegas Urban League websites.***

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public ***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.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) ***Written materials, direct communication with families, website based resources***

c) Describe who you partner with to make information about research and best practices in child development available ***Nevada Department of Education, licensed, non-licensed, licensed exempt child care providers, Nevada Early Intervention Services, Nevada Home Visitation program,***

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:
   i. Parents Ages and Stages Social Emotional questionnaire
   ii. Providers_____
   iii. General public_____

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available _____

c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?
  - ☐ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____
  - ☐ No.
- School-age children from programs receiving child care assistance?
  - ☐ Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public

(what you provide, how you provide and any partners used) and provide a link _____

☐ No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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 section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State**/**Territory's procedures for providing information on and referring families to existing developmental screening services.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) ~~and:~~ _____and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened _____

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays _____

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward ~~completion~~complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - Projected start date for each activity _____
        - Projected end date for each activity _____
        - Agency – Who is responsible for complete implementation of this activity _____
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint ***Currently, the State of Nevada Child Care Licensing maintains records for all Nevada counties excluding Washoe. Wacshoe County Child Care Licensing maintains county records. The Children's Cabinet and Las Vegas Urban League maintain records for family, friend, and neighbor providers.***

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) _____

c) How does the State/Territory make substantiated parental complaints available to the public on request _____

d) Describe how the State/Territory defines and maintains complaints from others about providers _____

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

☒ Application in other languages (application document, brochures, provider notices)

☒ Informational materials in non-English languages

☐ Training and technical assistance in non-English languages

☐ Website in non-English languages

☒ Lead Agency accepts applications at local community-based locations

☒ Bilingual caseworkers or translators available

☐ Bilingual outreach workers

☒ Partnerships with community-based organizations

☐ Other _____

☐ None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages ***Most materials are provided in English and spanish, which covers 93% of families in Nevada. Interpreter services are available as needed to families through the Children's Cabinet and the Las Vegas Urban League***

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities _____

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website _____ and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe _____

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe _____

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe _____

d) Provide ~~annual aggregate~~ information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe _____

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe _____

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, in progress, partially completed, substantially completed, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
    - Unmet Requirement(s) – Identify the requirement(s) ~~that is not fully~~to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed $1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 0 (weeks/months/years) to ***13*** years.

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

☒ Yes, and the upper age is ***19*** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity ***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***

☐ No.

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

☒ Yes, and the upper age is ***19*** (may not equal or exceed age 19)

☐ No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with – ***Living with a custodial parent or guardian in the domicile of the custodial parent or guardian who provide primary care and support of the child***

b) 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.***

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working ***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.***
- attending job training ***Parent(s) attending vocational school, GED preparation, or an employment preparation program***
- attending education ***Parent(s) attending an accredited community college, college, or university program. Enrollment and attendance of six or more credit semester hours is required***

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)?

☒ Yes.

☐ No. If no, describe additional requirements _____

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

☒ Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – ***services for children who have been abused or neglected or who are at risk of abuse or neglect as determinded by a professional in the field, or by a court. There may be circumstances where it is in the best interest of the child as well as the family the child care placed with another family to provide short term respite services.***

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☒ Yes.

☐ No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

☐ No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

- Definition of income – ***Any type of payment which is a gain or benefit to a household***.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here ☐. Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) $/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) $/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1						
2						
3						
4						
5						

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at http://aspe.hhs.gov/poverty/index.cfm .

c) SMI Source and year _____

d) These eligibility limits in column (c) became or will become effective on _____

e) Provide the link to the income eligibility limits _____

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out ***Clients are made eligible based on household size and countable income. As household income increases families can continue receiving assistance with a higher co-payment until they reach 85% of the State Median Income.***

- ☐ Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date

(no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

  _____

  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____

  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____

    - Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity

        _____

3.1.6 **Fluctuation in Earnings**

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State**/**Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular

fluctuations of earnings pursuant to this requirement ***Case managers process income based on the best available information. In instances when a monthly history does not provide a clear representation of the household's income a history of up to 365 days can be evaluated.***

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

☐ Applicant identity. Describe ***Verification of identification is required. Once identification has been verified, it no longer needs to be requested with subsequent applicatons. Pollible sources of verification are (not all inclusive) birth certificate, driver's license, state ID card, Military ID, etc.***

☐ 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. Verification of relationship of required household members is***

required. Once relationship has been verified, it no longer needs to be requested with subsequent applications, unless a change in relationship has been reported/discovered (i.e. marriage, divorce, adoption, etc.). Possible sources of verification are (not all inclusive) birth certificates, legal court documents, adoption records, hospital records, share/match data from other programs (e.g. TANF, SNAP, Medicaid), etc.

- ☐ Child's information for determining eligibility (e.g., identity, age, etc.). Describe ***Verification of child's age, citizenship, and immunizations is required. For age and citizenship, possible sources of verification are (not all inclusive) birth certificates, hospital or public heath birth record, adoption papers, school records, share/match data from other programs (e.g. TANF, SNAP, Medicaid),etc***
- ☐ Work. Describe ***Current verification of purpose of care is required at application, reapplication and any time a change in purpose of care occurs. Possible sources of verification are as follows (not all inclusive): letter from employer, NEON Child Care Referral, etc.***
- ☐ Job training or Educational program. Describe ***Current verification of purpose of care is required at application, reapplication and any time a change in purpose of care occurs. Possible sources of verification are as follows (not all inclusive): letter from employer, NEON Child Care Referral, etc.***
- ☐ Family income. Describe ***Current verification of countable income is required at initial application and reapplication.***
- ☐ Household composition. Describe ***The applicant's statement of household composition is accepted unless the case manager has reason to question it, in which case verification would be requested. Possible sources of verification are (not all inclusive); copy of lease with all household members listed, statement from non-relative listing all household members, share/match data from other program (e.g. TANF, Medicaid, SNAP), etc.***

☐ Applicant residence. Describe ***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.***

- ☐ Other. Describe _____

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s),

legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

☒ Time limit for making eligibility determinations. Describe length of time ***Policy requires an eligibility decision must 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.***

☒ Track and monitor the eligibility determination process

☒ 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.***

☐ None

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

Per CCDF regulations, 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 under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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:

State/Territory TANF Agency ***Division of Welfare and Supportive Services***

b) Provide the following definitions established by the TANF agency.

- "appropriate child care" ***Child care chosen by the parent that offers developmentally appropriate practices that meet the needs of that parent and child.***

- "reasonable distance" ***A parent should not have to travel more than 30 minutes to drop-off or pickup their child from the child care provider's location.***
- "unsuitability of informal child care" ***Informal child care is unsuitable if it is not provided legally, or does not meet basic health and safety standards as outlined in the State Child Care Plan; if circumstances exist that may cause possible abuse, neglect or harm to children as outlined in county ordinances and/or state statutes; and/or 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.***
- "affordable child care arrangements" ***Affordable child care is child care that does not exceed 10% to 15% of the parent's gross income.***

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

☒ In writing

☒ Verbally

☐ Other. Describe _____

☐ List the citation to this TANF policy _____

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed $1,000,000. A check-off on the application is sufficient.

☒ Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed $1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs" ***A special need is defined as a physical or mental condition, which severly limits the child's ability to care for himself/herself, or an emotional condition that places the children or others at risk*** and describe how services are prioritized ***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.

b. Provide definition of "Families with very low incomes" ***One hundered percent of federal poverty level and below.*** and describe how services are prioritized ***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.***

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) ***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.***

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements ***Homeless families receive presumptive eligibility for the first 90 day period in order to aquire any missing adult and child required documentation. Outreach is provided by CCDP contractors statewide. Families can receive services under a self sufficiency purpose of care.***

b. Procedures to conduct outreach to homeless families to improve access to child care services ***Outreach is provided by CCDP contractors statewide. This includes meeting with staff at homeless shelter to educate them on the CCDP and provide referral information and direct intervention with clients.***

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care ***Services Immunization requirements for CCDP can be waived for 90 days and additionally through special consideration to the Child Care Chief.***

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State**/**Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory 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% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination ***MS 166. Parents are not required to report any temporary changes until eligibility redetermination, unless the change makes them ineligible.***
- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
    - Overall Target Completion Date (no later than September 30, 2016) _____
    - ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
        - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date _____

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - Projected start date for each activity _____
        - Projected end date for each activity _____
        - Agency – Who is responsible for complete implementation of this activity _____
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

- ☐ Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs _____
- ☐ ***X*** No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment ***MS 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.***

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - Projected start date for each activity _____
        - Projected end date for each activity _____
        - Agency – Who is responsible for complete implementation of this activity _____
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here ☐ and describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) ~~Minimum~~Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) ~~Maximum~~Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1						
2						
3						
4						
5						

a) What is the effective date of the sliding fee scale(s)? ***10/01/15***

b) Provide the link to the sliding fee scale ***https://dwss.nv.gov/pdf/ChildCareManual.pdf***

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

- ☒ Fee is a dollar amount and
  - ☒ Fee is per child with the same fee for each child
  - ☐ Fee is per child and discounted fee for two or more children
  - ☐ Fee is per child up to a maximum per family
  - ☐ No additional fee charged after certain number of children
  - ☐ Fee is per family
- ☐ Fee is a percent of income and
  - ☐ Fee is per child with the same percentage applied for each child
  - ☐ Fee is per child and discounted percentage applied for two or more children
  - ☐ Fee is per child up to a maximum per family
  - ☐ No additional percentage applied charged after certain number of children
  - ☐ Fee is per family
  - ☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____
  - ☐ Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- ☐ Yes, and describe those additional factors using the checkboxes below.
  - ☐ Number of hours the child is in care
  - ☐ Lower copayments for higher quality of care as defined by the State/Territory
  - ☐ Other. Describe other factors _____
- ☒ No.

3.4.4 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 (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

- ☐ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is $_____. ***Copayments are waived for foster families, TANF/NEON clients, children in protective services and homeless families.***

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

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

☒ Limits the maximum co-payment per family. Describe ***Copay is based on family size and income and is a percentage of the State's maximum reimbursement rate.***

☐ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe _____

☒ Minimizes 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 3.1.5. Describe ***The Nevada CCDP has reimplemented a sliding fee scale up to 85% of the SMI***

☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe _____

☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe _____

☐ Other. Describe ***Registration and annual fees are covered up to $40 per child per year.***

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1)

children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) _____

Child Care and Development Program contractors provide fact sheets regarding choosing a child care provider with each Program application that includes information related the different provider types. In addition, all parents are encouraged to participate in child care consultation through CCR&R agencies. Parents are informed that they have several options, all of which can be supported in various ways. This information is also shared verbally by the client's case manager, and again by an R&R specialist during the child care consultation.

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

- ☐ Certificate form provides information about the choice of providers, including high quality providers
- ☐ Certificate is not linked to a specific provider so parents can choose provider of choice
- ☐ ***X*** Consumer education materials on choosing child care
- ☐ ***X*** Referral to child care resource and referral agencies
- ☐ ***X*** Co-located resource and referral in eligibility offices
- ☐ ***X*** Verbal communication at the time of application
- ☐ ***X*** Community outreach, workshops or other in-person activities
- ☐ Other. Describe _____

4.1.3 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 in order to be paid in the certificate program.

☐ ***X*** Yes. If yes, **describe:**

- the type(s) of child care services available through grants or contracts _____
- ***School-age care before and after school and during school breaks. Wraparound services to provide full-day care to children attending Head Start and Early Head Start.***
- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
  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.
- the process for accessing grants or contracts _____
  Families apply for subsidy directly through the contracting agency. For Head Start, the subsidy program accepts the Head Start application.
- the range of providers available through grants or contracts _____
  - ***Boys & Girls Club***
  - ***Head Start and Early Head Start Agencies***
  - ***City and county parks and recreation programs that provide before & after school programs on school grounds and programming during school breaks***
- how rates for contracted slots are set through grants and contracts _____
  when initially developed, the rates were set through a funding formula that included for each delegate agency in a 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. 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 multipled by the number of children to be served and then multipled 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.
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
  New contracts are currently evaluated on a case-by-case basis. Current contracts are based on the needs of individual communities. For example, the vast majority of school-age care in Nevada is offered by license exempt before and after school programs. These are recreational or non-

recreational, operate more than 10 hours per week, are offered on a continuous basis, provide supervision of children who are school age, and provide regularly scheduled, structured and supervised activities (i.e, Boys & Girls Clubs, City/County Parks and Recreation Safe Key and Latch Key programs). These programs may be offered before and after school, on the weekend, during summer, holiday, and track breaks in the school calendar. Supporting these programs to maintain and build the supply of school-age care is critical in Nevada.

- if contracts are offered statewide and/or locally _____
  Contracts are offered statewide.

☐ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

☐ ***X*** Increase the supply of specific types of care with grants or contracts for:

- ☐ Programs to serve children with disabilities
- ☐ ***X*** Programs to serve infants and toddlers
- ☐ ***X*** Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☐ Programs to serve homeless children
- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
  - ☐ Urban
  - ☐ ***X*** Rural
- ☐ Other. Describe _____

☐ ***X*** Improve the quality of child care programs with grants or contracts for:

- ☐ ***X*** Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
- ☐ ***X*** Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
- ☐ Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation

☐ ***X*** Programs to serve children with disabilities or special needs

☐ ***X*** Programs to serve infants and toddlers

☐ ***X*** Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

☐ Programs to serve homeless children

☐ Programs to serve children in underserved areas

☐ Programs that serve children with diverse linguistic or cultural backgrounds

☐ Programs that serve specific geographic areas

☐ Urban

☐ ***X*** Rural

☐ Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access _____

This requirement is 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. Will the Lead Agency limit the use of in-home care in any way?

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

☐ ***X*** Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. 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.

☐ ***X*** Restricted based on 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.

☐ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _____

☐ ***X*** Restricted to care by relatives. 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)).

☐ ***X*** Restricted to care for children with special needs or medical condition. Describe _____

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

☐ Restricted to in-home providers that meet some basic health and safety requirements. 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:

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

☐ Other. Describe _____

☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by

geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State 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 Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- ☐ MRS
- ☐ Alternative Methodology. Describe _____
- ☐ ***X*** Both. Describe _____

An MRS was a conducted between 9/1/2015 through 12/18/2015, with all rates reported as of 11/1/2015. An Alternative Methodology was also conducted to assess the true cost of quality using the Quality Cost Calculator available on the Administration of Children and Families website. The Alternative Methodology was used to determine the difference between the market and the true cost of

quality and whether or not the State can reimburse at the true cost of quality as an incentive to provide higher quality care (3-, 4-, and 5-stars on Nevada's QRIS), care to infants and toddlers, and/or care for children with special needs.

☐ Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

_____

The State child care resource and referral 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. The same survey instrument has been used for the last three surveys. The survey was designed and conducted with guidance from the Study of Market Prices: Validating Child Care Market Rate Surveys (2008). The 2015 instrument was modified to include questions to gather data to input into the Quality Cost Calculator. The instrument was updated by the CCR&R agencies and shared with Children's Advocacy Alliance prior to mailing to all licensed child care providers. Children's Advocacy Alliance conducted the analysis for the Alternative Methodology. The Nevada Early Childhood Advisory Council received an update regarding CCDBG reauthorization, the state plan, and market rate at the April 7, 2015; June 2, 2015; August, 4, 2015; and December 2, 2015 meetings.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. _____

100% of the licensed provider market was sent the rate survey on 9/1/2015. Providers were asked to report their rates as of 11/1/2015 to caputure any rates changes to take place during the months of September and October.

A multi-point method of contact is utilized to obtain a 65% response rate by provider type (center, family child care, and group family child care) and by county. A minimum 65% response rate of the total population ensures that non-responses are randomly distributed.

The following data collection procedures were used by the CCR&R agencies:

- ***8/14/2015 - A post card was mailed as well as an announcement in the CCR&R e-newsletter one month prior to the survey release. Providers were informed that they will be entered in a raffle for a chance to win a $100 gift certificate***

from an early learning vendor (Discount, Lakeshore, Kaplan, etc.) for completing the survey.

- ***9/1/2015-Initial survey was mailed with postage-paid, self-addressed, return envelope to all licensed child care providers in Nevada***
- ***9/9/2015-Follow-up postcard was sent to thank the provider if they have already responded to the survey or encourage them to complete the survey.***
- ***9/22/2015-Reminder post card sent with contact to obtain an additional survey if needed.***
- ***9/22/2015-Telephone calls were made using the phone survey narrative and instrument. Providers were encouraged to complete the survey over the phone or return the survey that was mailed to them.***
- ***10/6/2015-a second survey sent to all non-respondents.***
- ***10/13/2015-Six weeks after survey calls resumed - An attempt to gather at least the market rates was made over the phone.***
- ***10/23/2015-A third mailing using Priority Mail as the response ratr was below 65% in a few rural counties for a family child care.***
- ***Calls continued until 12/18/2015 until a 65% return rate was achieved in each county for each provider type (center, family child care, group family child care).***
- ***Thank you cards are mailed after surveys are returned.***
- ***Raffle is conducted.***

All rate data are captured by using NACCRRAware and then exported into MySQL to run rate analysis by county, care level (age of child), and provider type. All data are shared with the state agency to determine the market rate by geographical area (see below 4.2.4). Analysis was also performed to assess the rates by QRIS star-level.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets) _____

Nevada's 17 counties are separated into local markets to control for geographical differences in rates: Washoe County (Urban); Clark County (Urban); Carson and Douglas Counties (Rural); Churchill, Elko, Esmeralda, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine (Rural/Frontier)

b) Type of provider _____

Provider types are separated into Licensed Center (Over 13 Children), Licensed Family Group Home (7-12 Children), and Liensed Family Child Care (1-6 Children).

d) Age of child _____

Rates are separated by Infants (0 up to 1 year); Toddlers (1 year up to 3 years); Preschool (3 years up to 6 years); and School Age (6 years up to 13 years).

e) Describe any other key variations examined by the market rate survey, such as quality level _____

Rate differences were also assessed by QRIS star level: 1 – Participating/Not Rated (in coaching); 2-Stars; 3-Stars; 4-Stars; and 5-Stars.

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) _____

All rates were reported as of 11/1/2015.

b) Date report containing results was made widely available, no later than 30 days after the completion of the report _____

65% response rate was achieved and data entered on 12/18/2015.

c) How the report containing results was made widely available and provide the link where the report is posted if available _____

Survey results were shared in the statewide CCR&R e-newsletter that is sent to all licensed providers in the state and other key stakeholders (members of the Nevada Association for the Education of Young Children; Nevada Early Childhood Advisory Council; Child Care Licensing; representatives from other state and local agencies; Elected Officials; parents with children on the subsidy program and those who have received R&R consultation).

The R&R Consumer Education packets are updated to include the new rate information. This information is shared with all parents in Nevada who receive a child care consultation through the CCR&R agencies.

Additionally, the rates are available on Nevada Division of Welfare and Supportive Services website: https://dwss.nv.gov/pdf/CC_FactSheets.pdf (old 2008 study was here. Need to update with new market rate and possibly update link).
And the CCR&R Agencies Websites:

The Children's Cabinet - http://www.childrenscabinet.org/child-care-resources/for-parents/help-paying-for-child-care/
http://www.childrenscabinet.org/child-care-resources/for-providers/starting-a-license-child-care/

Las Vegas Urban League – need URL if rates are posted on site.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms

that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here ☐. Describe how many jurisdictions set their own payment rates_____.

a) Infant (6 months), full-time licensed center care in most populous geographic region
   - Rate $ **$31.00** per ***day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile ***8.3%***

b) Infant (6 months), full-time licensed FCC care in most populous geographic region
   - Rate **$30** per ***Day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile ***17.65%***

c) Toddler (18 months), full-time licensed center care in most populous geographic region
   - Rate $**28** per ***Day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile ***5.17%***

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
   - Rate **$27** per ***Day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile ***9.65%***

e) Preschooler (4 years), full-time licensed center care in most populous geographic region
   - Rate **$23** per ***Day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile ***3.01%***

f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
   - Rate **$26** per ***Day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile **13.93%**

g) School-age child (6 years), full-time licensed center care in most populous geographic region
   - Rate **$19** per ***Day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile **4.48%**

h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
   - Rate **$23** per ***Day*** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile **13.93%**

i) Describe the calculation/definition of full-time care _____

j) Provide the effective date of the payment rates 2004

k) Provide the link to the payment rates_____

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other

words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., 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).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- ☐ Tiered rate/rate add-on for non-traditional hours. Describe _____
- ☐ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe_____
- ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____
- ☐ ***X*** Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe _____

Programs achieving a 3-, 4-, or 5-star level on Nevada's QRIS are reimbursed at 6%, 9% and 12% (respectively) increase over the state's reimbursement rate.

- ☐ Tiered rate/rate add-on for programs serving homeless children. Describe _____
- ☐ Other tiered rate/rate add-on beyond the base rate. Describe _____
- ☐ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology _____

Increases in child care payments have not occurred in Nevada since 2004. These changes require approval at multiple levels including administrative, executive, and legislative. Due to a number of factors, Nevada has not been able to make these changes.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. _____***Nevada has implemented tiered reimbursement rates for***

providers participating in QRIS. CCDP program staff are working to continue the expansion of QRIS statewide and, ultimately, plan to require CCDP subsidy providers to participate in QRIS. As of January of 2016 CCDP have submitted agency budget requests that would increase reimbursements to the current market rate without decreasing the number of subsidy clients, for providers participating in QRIS. In addition, staff are working to expand QRIS staff and infrastructure that will allow Nevada to link quality services to reimbursement rates.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- ☐ Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____
- ☐ ***X*** Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- ☐ Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____
- ☐ Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- ☐ Data on the proportion of children receiving subsidy being served by high-quality providers. Describe _____
- ☐ Data on where children are being served showing access to the full range of providers. Describe _____
- ☐ Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe _____
- ☐ Feedback from parents, including parent survey or parent complaints. Describe _____
- ☐ Other. Describe_____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

☐ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access _____

☐ ***X*** No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
  September 30, 2016
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)
  Not yet started
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
      CCDP staff have met with DWSS Administration to outline the requirements of the Reauthorization. Once a final rule is provided to Nevada, the implementation process will begin. This will likely include mandatory participation in QRIS for subsidy providers in order to link quality improvement to reimbursement, expanding QRIS infrastructure, and setting five star rated centers at the cost of quality rate. Additional activities will include agency budget requests for additional funding in order to prevent a cliff effect for subsidy children in Nevada,
      - Projected start date for each activity ***Upon receipt of Final Rule.***
      - Projected end date for each activity ***September 30, 2016.***

- Agency – Who is responsible for complete implementation of this activity ***DWSS for subsidy activities, the Nevada Deparment of Education for QRIS activities.***
- Partners – Who is the responsible agency partnering with to complete implementation of this activity ***The Children's Cabinet, Las Vegas Urban League.***

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

☐ ***X*** Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

  _____

  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency …

☐ Pays prospectively prior to the delivery of services. Describe _____

☐ ***X*** Pays within no more than 21 days of billing for services. Describe _____
IUB Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences _____ ***Child care payments are made based on the parents approved schedule for licensed and non-licensed (FFN) providers when the parent uses only one provider; or the parent uses multiple providers with set schedules (example: uses a licensed center on weekdays and a FFN provider on weekends). The program will pay the provider regardless if the child was absent on a day that their certificate indicates that they are authorized for care. Additionally, for children who receive wraparound services (i.e., Head Start) or attend a School-Age Delegate Agency Program, their "slot" is paid for each month regardless of the number of absences and as long as the child is still enrolled in the program.***

☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____

☐ ***X*** Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe _____
Child care payments are made based on full-time or part time attendance (see definitions below) when the child attends a Before and After School program as these providers charge the program based on actual attendance. This is the

generally accepted payment practice of Before and After School Programs and in some cases cannot take payment for days the child was not in attendance. Additionally, child care payments are made based on full-time or part time attendance if the parent uses multiple providers with varying schedules (example: uses a licensed center on some days and a FFN provider on others but the days can't be determined in advance).

When a household's child care subsidy payment is based on actual attendance, each eligible child is allowed 21 discretionary days per calendar year to be absent from care for any reason and the provider can be reimbursed for these days as long as the provider has obtained the parent/caretaker written authorization prior to the reimbursement request.

The client and provider are to be notified in writing by the child care contractor when all 21 days have been used. Anything claimed over the 21 day limitation is the responsibility of the client. Exception: Clients using multiple providers may not claim discretionary days for days that care was provided by another provider.

☐ ***X*** Pays on a full-time or part-time basis (rather than smaller increments such as hourly) _____

Rates are paid on a Full-time and 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 Pre-School 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

☐ ***X*** Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) ***$40 annual fee is paid for by the program.***

☐ ***X*** Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment _____

The Child Care Policy Manual gives the child care contractors 10 days to update the case 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. Terminations may not be backdated.

☐ ***X*** Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe _____

Providers have 60 calendar days from the issuance of payment to appeal their reimbursement in writing to the Child Care Contractor. All appeals must be

resolved and responded to in writing by the Child Care Contractor within 30 calendar days after receipt of the written appeal.

<u>Underpayments</u>: 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 or Quality Control 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 validation.

<u>Overpayments:</u> If an overpayment is found by Child Care contractor or through a Management Evaluation or Quality Control review, the overpayment must be validated by the Child Care contracto 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. I&R referrals must be made using the Child Care Overpayment Referral and must include all information and evidence used to substantiate/calculate the debt.

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 aforementioned process. If a hardship is granted, 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.

☐ Other. Describe _____

☐ ***<u>X</u>*** For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory _____ ***<u>Historically, the Nevada CCDP paid providers prospectively. In 2012 Agency Administration determined that this practice violated standard accounting practices and, because of this, the CCDP moved to a reimbursement based payment process.</u>***

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

☐ ***X*** Policy on length of time for making payments. Describe length of time _____

Payment for the service period must be sent to the provider within 30 business days. This is 30 business days from the receipt of the reimbursement record.

☐ ***X*** Track and monitor the payment process _____

Contractors process timeheets within 30 days of receipt. Contractors submit weekly draw requests to the State for all timesheets processed within the week. The State provides payment to the contractors within 7 days of receiving the weekly draw requests. Once payment is received by the contractors, provider payments are released.

☐ ***X*** Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe _____

Providers approved to submit reimbursement records via Web Attendance may submit the reimbursement records weekly, bi-weekly or monthly. All providers can request direct deposit through the child care contractors.

☐ Other. Describe_____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

☐ ***X*** Yes. Describe data sources _____

http://www.childrenscabinet.org/wp-content/uploads/2014-Demographics-Report.pdf

☐ No. If no, how does the State/Territory determine most critical supply needs? _____

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

☐ ***X*** Grants and contracts (as discussed in 4.1.3)

☐ Family child care networks

☐ Start-up funding

☐ Technical assistance support

☐ ***X*** Recruitment of providers

- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

b) Children with disabilities (check all that apply)

- ☐ ***X*** Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ ***X*** Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

c) Children who receive care during non-traditional hours (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

d) Homeless children (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ ***X*** Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and

procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe _____

- ☐ ***X*** Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

  - Overall Target Completion Date (no later than September 30, 2016) _____***September 30, 2016.***
  - ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s)~~ not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____***Partially implemented***
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____***The Nevada CCDP has begun implementing a pilot project in northern Nevada that will focus on wrapping services around areas of high poverty. Activities will include linking education, public health, social services, public safety, transportation, job development, job training, housing, food security, and other services to families with young children. This will occur through schools, community centers, or other community based programs. This is expected to expand to southern and rural Nevada over a two year period.***
    - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
      - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
        - Projected start date for each activity _____***In process.***
        - Projected end date for each activity _____
        - Agency – Who is responsible for complete implementation of this activity _____***DWSS***

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care _____

Family Child Care -facilities within an individual's residential home. They are allowed to care for up to 6 children within their home with a license and a curriculum.

Group Home Child Care -facilities within an individual's residential home. They are allowed to care for up to 12 children within their home and require one additional caregiver and a curriculum.

Accommodation Child Care -facilities that have a primary business open to public that provides child care to customers, where customers are required to remain on the premises of the business, for up to 3 hours.

Child Care Centers -facilities that stand alone and provide all day curriculum child care to children.

Institutional Child Care -facilities that care and house at risk youth. They provide education, daily sustenance, shelter, medical, and dental care to the children under their supervision.

On-site Child Care -facilities that provide care to children of employed individuals of the business only.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- ☐ Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers ***The Nevada CCDP utilizes Family, Friend, and Neighbor providers for individuals care ing for less than 5 children, as well as a variety of before and after school programs. Though not licensed by the State of Nevada, these providers are montiored through a variety of agencies to help ensure the safety and well being of the children served under these program.***
- ☐ No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.
- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) ***September 30, 2016***
  - ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) ***Partially implemented.***

- ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable ***Currently, the State of Nevada has ratio requirements for all licensed facilities.***

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented ***The State of Nevada currently has no requirements for group size.***

  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ***Child Care Licensing staff are currently working to implement a group size requirement and clarify other licensing requirements.***
    - Projected start date for each activity ***Currently in process.***
    - Projected end date for each activity ***September 30, 2016.***
    - Agency – Who is responsible for complete implementation of this activity ***Nevada Division of Public and Behavioral Health, Child Care Licensing.***
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity ***Licensed child care providers, subject matter experts***

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
   - State/Territory age definition ***NAC 432A.145 "Nursery for infants and toddlers" (NRS 432A.077) "nursery for infants and toddlers" means a child care facility: in which the licensee provides an early care and education program for five or more children who are under 2 years of age; and that has established specific goals to enhave the cognitive, social, emotional, physical and creative development of each child at the facility.***
   - Ratio
   - ***NAC 432A.522 Nurseries for infants and toddlers. (NRS 432A.077)***
     1. A licensee of a nursery for infants and toddlers shall have on duty at least the following number of caregivers:

(a) If all children in the nursery are under 9 months old, one caregiver for every four children;
(b) If all children in the nursery are between 9 months and 18 months old, one caregiver for every six children; or
(c) If all children in the nursery are between 18 months and 3 years old, one caregiver for every eight children,
except that if there are more than six children in the facility, there must be at least two caregivers on duty in the facility.

- Group size _____
  4:1 (infants under 9months); 6:1 (infants aged 9months to 18months); 8:1 (infants aged 18months to 3 years)

2. Toddler
   - State/Territory age ***definition NAC 432A.145 "Nursery for infants and toddlers" defined. (NRS 432A.077) "Nursery for infants and toddlers" means a child care facility: in which the licensee provides and early care and education program for five or more children who are under 2 years of age; and that has established specific goals to enhance the cognitive, social, emotional, physical, and creative development of each child at the facility.***
   - Ratio***6:1; 7-20:2; 21-35:3; 36-50:4; 51-65:5; 66-80:6; 81-93:7***
   - Group size _____
3. Preschool
   - State/Territory age definition ***Children aged two and up***
   - Ratio ***6:1; 7-20:2; 21-35:3; 36-50:4; 51-65:5; 66-80:6; 81-93:7***
   - Group size _____
4. School-Age
   - State/Territory age definition children aged two and up
   - Ratio ***6:1; 7-20:2; 21-35:3; 36-50:4; 51-65:5; 66-80:6; 81-93:7***
   - Group size _____
5. If any of the responses above are different for exempt child care centers, describe _____
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups ***If the nursery contains children from more than one of these age groups, the required number of staff members is determined by computing the average of the ages of all children attending the nursery and using the averagy age to determine the applicable ratio.***

b) Licensed Group Child Care Homes:

1. Infant
   - State/Territory age definition ***NAC 432A.145 "Nursery for infants and toddlers" (NRS 432A.077) "nursery for infants and toddlers" means a child***

care facility: in which the licensee provides an early care and education program for five or more children who are under 2 years of age; and that has established specific goals to enhave the cognitive, social, emotional, physical and creative development of each child at the facility.

- Ratio ***not more than eight of the children may be less than 3 years of age, and not more than four of the children may be less than 1 year of age. a group home must have one caregiver on duty at all times. An additional caregiver for more than 4 children.***
- Group size ***More than six children; more than four of the children are less than 2 years of age; or more than two children are less than 1 year of age.***

2. Toddler
   - State/Territory age definition ***NAC 432A.145 "Nursery for infants and toddlers" (NRS 432A.077) "nursery for infants and toddlers" means a child care facility: in which the licensee provides an early care and education program for five or more children who are under 2 years of age; and that has established specific goals to enhave the cognitive, social, emotional, physical and creative development of each child at the facility***
   - Ratio ***not more than eight of the children may be less than 3 years of age, and not more than four of the children may be less than 1 year of age. a group home must have one caregiver on duty at all times. An additional caregiver for more than 4 children.***
   - Group size ***More than six children; more than four of the children are less than 2 years of age; or more than two children are less than 1 year of age.***
3. Preschool
   - State/Territory age definition ***Children aged two and up***
   - Ratio ***6:1; 7-20:2; 21-35:3; 36-50:4; 51-65:5; 66-80:6; 81-93:7***
   - Group size _____
4. School-Age
   - State/Territory age definition ***Children aged two and up***
   - Ratio ***6:1; 7-20:2; 21-35:3; 36-50:4; 51-65:5; 66-80:6; 81-93:7***
   - Group size _____

Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

Child Care Licensing has two facility types: Family Care Homes and Group Care Homes. Each have a different maximum child allotment. Family Care Homes can have up to 6 children at any one time. Group Care Homes can have up to 12 children at any on time. In a Family Care Home and a Group Care Home:

(a) Not more than four of the children may be less than 2 years of age, and not more than two of the children may be less than 1 year of age; and

(b) Any children of the person who is required to reside in the facility pursuant to subsection 3 who are less than 3 years of age will be counted for the purpose of the ratios set forth in this section.

*Except as otherwise provided in NAC 432A.546, a licensee of a **family home** shall:*

(a) Have one caregiver on duty at all times;

(b) Have a second caregiver on duty whenever four or more of the children in the facility are children with special needs; and

(c) Provide an alternate caregiver in case of an emergency.

In a group home, not more than eight of the children may be less than 3 years of age, and not more than four of the children may be less than 1 year of age.

*Except as otherwise provided in NAC 432A.546, **a group home** must have one caregiver on duty at all times. An additional caregiver must be on duty whenever one or more of the following conditions exist:*

(a) More than six children are in the facility;

(b) More than four of the children are less than 2 years of age; or

(c) More than two of the children are less than 1 year of age.

Three caregivers must be on duty whenever eight or more of the children in the facility are children with special needs.

***Additional school age children**: A licensee of a family home or group home may, after obtaining the written permission of the Administrator of the Division, provide care before and after normal school hours for as many as three children in addition to the number stated on the facility's license if each of the additional children is:*

(a) At least 6 years of age or is attending school for a full day; and

(b) Less than 16 years of age.

2. Children who live in such a home and are 11 years of age or less must be included in counting the additional children.

3. The care must not exceed 3 consecutive hours before normal school hours and 3 consecutive hours after normal school hours.

5. If any of the responses above are different for exempt group child care homes, describe _____

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios _____, group size _____, the threshold for when licensing is required _____, maximum number of children that are allowed in the home at any one time _____, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size _____, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day _____

2. If any of the responses above are different for exempt family child care home providers, describe _____

d) Any other eligible CCDF provider categories:

Describe the ratios _____, group size _____, the threshold for when licensing is required _____, maximum number of children that are allowed in the home at any one time _____, if the State/Territory requires related children to be included in the child-to-

provider ratio or group size _____, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day _____

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

Child Care licensing qualifications are universal in for all child care providers with the following required qualifications:

- *Current child care background check and clearance*
- *Nevada Registry (professional ladder establishment and continued training hub tracker)*
- *Suddne Infant Death training (required if caring for children under 12 months of age)*
- *Negative TB results*
- *First Aid/CPR*
- *Recognizing/Reporting Child Abuse (mandated reported training)*
- *Signs and Symptoms of Illness with Bloodborne Pathogens*
- *Child Development training (3 hours required*
- *All providers are tasked with completed 24 training hours annually*

Child Care licensing qualifications for Child Care Directors are also universal with the following qualifications:

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.

a) Licensed Center-Based Care:

1. Infant lead teacher _____ and assistant teacher qualifications _____
2. Toddler lead teacher _____ and assistant teacher qualifications _____
3. Preschool lead teacher _____ and assistant teacher qualifications _____
4. School-Age lead teacher _____ and assistant teacher qualifications _____
5. Director qualifications _____

b) Licensed Group Child Care Homes:

1. Infant lead teacher _____ and assistant qualifications _____
2. Toddler lead teacher _____ and assistant qualifications _____
3. Preschool lead teacher _____ and assistant qualifications _____
4. School-Age lead teacher _____ and assistant qualifications _____

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications _____

d) Other eligible CCDF provider qualifications _____

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices

- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- 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), 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))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and a link if available

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) ***September 30, 2016***
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) ***Partially implemented***
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable ***Prevention and control of infectious diseases, prevention of SIDS, handling and storage hazardous materials, and appropriate disposal of bio contaminants, first aid and CPR***
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented ***Licensing has plans to implemented the following: administration of medication, prevention of and response to emergencies, due to food and allergic reactions, prevention of shaken baby and abusive head trauma, precautions in transportaing children, building safety, and emergency preparedness.***

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ***Changes and implementation of new requirements will be accomplished through regulation changes.***
    - Projected start date for each activity ***In process***
    - Projected end date for each activity ***September 30, 2016.***
    - Agency – Who is responsible for complete implementation of this activity ***Nevada Division of Public and Behavioral Health, Child Care Licensing.***
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity ***Licensed child care facility owners and staff, subject matter experts***

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements ***Currently, the State of Nevada requires the attendance of prospective providers to trainings that help them accomplish the necessary qualifications to become licensed within the State of Nevada. There are three trainings required to be completed prior to licensure. These include: 1) Licensed application process training, which educates prospective providers to facility type, basic training requirement (providers and directors), introduction to background checks,***

building and ground requirements, safety requirements (fire and health), and fees. 2) New Facility Training, which provides further education on facilities including building and program set-up, assessment, curriculum, child files, staff files, and continuing requirements for monitoring purposes and visits. 3) background training, which includes background check qualifications and processes per jurisdiction, as well as reviews the prohibiting crimes for child caregivers and/or administrators.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- ☐ Nutrition (including age appropriate feeding). Describe _____ ***NAC 432A.380 Nutrition. (NRS 432A.077)To the extent set forth in subsections 3 and 4, a licensee of a facility shall meet the daily nutritional needs of each child. Meals and snacks must be of a quality and quantity which supplement the food served at home. Cultural and ethnic foods which are appropriate for children must be considered in planning meals. To the extent possible, information provided by parents concerning their child's eating habits and preferences or special needs regarding food must be considered in planning for meals. A licensee of a facility shall consult the Division or local licensing agency or some other public agency for nutritional information which is applicable to children of ages receiving care at the facility. Child Care licensing refers to the Child and Adult Care Food while monitoring facility nutrition qualifications.***
- ☐ Access to physical activity. Describe _____ ***If the weather permits, all children must have a daily period of outdoor play. A licensee of a facility shall provide opportunities for active play which builds muscles such as climbing, jumping, running, and playing with toys which have wheels. The quantity and quality of materials and equipment must be sufficient to avoid excessive competition between the children and long waiting periods to use the materials or equipment.***
- ☐ Screen time. Describe _____
- ☐ Caring for children with special needs. Describe ***The amount, variety and arrangement and use of materials and equipment used in a facility must be appropriate to the developmental needs of the children cared for in the facility***
- ☐ Recognition and reporting of child abuse and neglect. Describe _____
- ☐ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe _____ ***Incorporate instruction, concepts and activities that foster the social, emotional, physical, linguistic and cognitive development of children***

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

- ☐ Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____

- ☐ Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or

some) and include how the State/Territory ensures the health and safety of children in relative care. _____

☐ No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

☐ Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation _____ ***Child care facilities are to be monitored as stated in NAC432A.180 unannounced inspections/investigations must be made at least two times during the 12-month licensing period or once every 6 months***

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

☐ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: _____ *Curent requirements include -EDUCATION AND EXPERIENCE: Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and three years of professional experience providing developmental or educational services to children in an early childhood program which must have included program administration responsibilities, one year of which must have been at the supervisory level;* ***OR*** *Bachelor's degree from an accredited college or university in early childhood development, education, social work, or closely related field and three years of professional experience evaluating child development or early childhood education programs, one year of which must have been at the supervisory level;* ***OR*** *an equivalent combination of education and experience;* ***OR*** *one year of experience as a Child Care Facilities Surveyor Supervisor in State service.* ***Working Knowledge of:*** *early childhood teaching techniques and programs, resources and materials for early childhood educational programs; child and adolescent growth and development; the behavioral characteristics of the population which each facility serves; general mathematics; common office and record keeping practices and procedures; the operation of a residential,*

institutional or partial care facility. ***Ability to:*** *investigate and enforce laws, regulations, policies and procedures; analyze situations and complex data and arrive at accurate or logical conclusions; prepare a variety of written reports, including grants and to make oral presentations; organize and reprioritize work; maintain a working relationship and provide public relations to federal, state, county and city entities; and all knowledge, skills, and abilities required at the lower levels.*

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility

in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits _____ ***NAC 432A.190 Inspections; investigations. (NRS 432A.077, 432A.180 Inspections of any building or premises of a facility pursuant to NRS 432A.180 may be 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***

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____

- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

☐ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: _____

☐ ***X*** No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) ***November 19, 2016***
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) ***Partially implemented***
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____ ***Processes for implementation have been developed.***
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____ ***Subgrants with CCRR providers will be revised by July 1, 2016 to hire staff and implement new processes***
      - Projected start date for each activity ***July 1, 2016***
      - Projected end date for each activity ***July 1, 2016***

- Agency – Who is responsible for complete implementation of this activity ***CCDP***
- Partners – Who is the responsible agency partnering with to complete implementation of this activity ***CCRR subgrantees***

f) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

☐ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: _____ ***Hiring practices are in place that allow inspectors to carry a manageable caseload to ensure compliance in unannounced visits and proper adherence by current and prospective providers***

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule

changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____

- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting –** That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

☐ Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) _____ ***Child Care Licensing enforces the following: 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***

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

☐ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. _____

☐ Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____

☐ ***X*** No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories ~~are required to~~must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as ~~any~~ other ~~individuals~~adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a

criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State**/**Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency's rules _____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017) ***September 30, 2017***

☐ ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) ***Licensed child care centers are currently in full compliance with the federal guidelines. Licensing maintains a website that has the background process listed out for provider and consumer review and all forms are available on the same website. Providers and consumers can clearly view what the prohibiting crimes are for licensed child care facilities. Licensing has a required Background Training class for anyone who initiates the licensing process. This class is further offered to currently licensed facility employees to promote continued education as laws changes periodically. All employees of child care facilities are required to have a background check initated within 24hours of hire. Within the State, each jurisdiction is utilized for fingerprinting purposes and a thorough criminal history background check is conducted. Background checks require: a Child Abuse and Neglect check, State/local check, Federal Burearu Investigation (FBI) check and Sex offender registry check. All background checks are required to be renewed every 5 years. Processes are being implemented for non-licensed, and recreational programs.***

-
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable ***Licensed providers are in full compliance***
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented ***Non-licensed and register providers are not yet in compliance.***
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ***Work groups are currently working to develop***

processes for non-licensed providers. CCDP staff are working with license exempt providers to identify current practices and identify opportunities to come into compliance with the federal law without creating insurmountable barriers.

- Projected start date for each activity _____***In process***
- Projected end date for each activity _____***September 30, 2017***
- Agency – Who is responsible for complete implementation of this activity _____***Nevada Child Care Licensing for non-licensed providers, CCDP staff for license exempt providers.***
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and ~~appealing~~providing opportunities for applicants to appeal the results of background checks. _____

Child Care Licensing Background Process Includes the following:

STEP 1: *Complete the appropriate Consent and Release Form based on your location within 24hrs of hire*

STEP 2: *Obtain the appropriate fingerprint referral*
STEP 3: *Take the complete consent and release and referral to local police for processing*
STEP 4: *Contact Nevada Department of Public Safety payment and submission information.*

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.*
STEP 6: *Once appropriate card(s) and/or reports are received, Child Care Licensing will notify the facility and applicant of the applicant's background clearance status.*

5.3.2 Describe how the State/Territory is ~~helping~~assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states _____

5.3.3 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

- ☐ Yes. Describe _____
- ☐ No

5.3.4 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

- ☐ Yes. Describe _____
- ☐ ***X*** No

5.3.5 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

- ☐ Yes, all relatives are exempt from all background check requirements.
- ☐ Yes, some relatives are exempt from the background check requirements. ~~Describe~~If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all)._____
- ☐ ***X*** No, relatives are not exempt from background checks.

5.3.6 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor. Lead Agencies can report that no fees are charged if applicable. _____

5.3.7 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue _____

5.3.8 Does the Lead Agency release aggregated data by crime?

- ☐ Yes. List types of crime included in the aggregated data _____
- ☐ No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to

challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements 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 across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements 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.

The Lead Agency assures that the State/Territory's training and professional development requirements:

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

☐ ***X*** Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s)~~ not fully implemented~~

(not yet started, partially implemented, substantially implemented, other)

_____

- ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____

  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity

      _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- ☐ ***X*** State/Territory professional standards and competencies. Describe _____ ***To provide a common starting point for effective and appropriate training opportunities; Nevada has identified the following distinct Core Knowledge Areas (CKA) that serve as the foundation of the Nevada Early Care and Education Professional Career Ladder and the Training Approval System. Nevada's CKA include: human growth & development; positive interactions & guidance; observation & assessment; environment & curriculum; health, safety, & nutrition, family & community relationships; leadership & professional development; and management & administration.***
- ☐ ***X*** Career ladder or lattice. Describe _____ ***The career ladder is the cornerstone of the Nevada Registry's recognition system. Through this system, individuals are placed on a pathway that recognizes his/her unique professional and educational accomplishments in ECE and years of experience working with young children (up***

to 4000 hours). Through the application process, a career development file is established for anyone completing the membership application. Because ECE professionals work at all levels of the career ladder, from entry level to advanced, the career ladder recognizes the important contributions of the entire ECE workforce, regardless of the position a person holds or their level.
The career ladder is specific to the field of ECE and consists of seven levels representing various combinations of formal education, training and direct experience (up to 4000 hours). The entry levels of the ladder are somewhat informal and become increasingly more formal with a greater emphasis on formal education and training in ECE as a person advances along the continuum.

- ☐ ***X*** Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe _____ ***There is full articulation of all degree programs between all of Nevada's higher education institutions. If a student completes an AA at any one of the other NSHE institutions, the 4-year institutions waive the core requirements when the student transfers.***
- ☐ ***X*** Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe _____ ***To promote quality training opportunities statewide and to increase the level of consistency within the approval process across the state all requests for child care training hours must be reviewed and approved by the Nevada Registry. With the establishment of the training approval system, all trainers and corresponding informal training events are subject to the same approval criteria and are processed through the same approval process within the Nevada Registry. Because of the partnership with statewide child care licensing agencies, the Nevada Registry has mainstreamed the process of approval by becoming the central clearinghouse for receiving training requests, approving requests, tracking approved training and making training information available to the ECE workforce on a statewide basis.***
- ☐ ***X*** Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe _____ ***The Nevada Registry is able to gather on the ECE workforce on a regular basis through the process of career ladder placement and the training approval system. Any data provided to the community via the Nevada Registry website and/or collaborators through other means, is combined in order to report on large groups of people, rather than on any individual member. All information contained in each member's career development file is confidential. Types of information collected include: demographics, career ladder placement, and earnings.***
- ☐ ***X*** Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe _____ ***The Nevada Registry Advisory Committee is an advising body with a broad range of professional representation across the state. The Committee is comprised of representatives from Early Childhood Programs who guide the vision***

of The Nevada Registry.
Agency representatives are invited to participate based on the population represented by their program/agency (Higher Education, Center-Based Care, Home-Based Care, etc.) as well as the individual's connection to, and understanding of, the child care industry in Nevada. Members include, but are not exclusive to, at least one individual representing the following:

- ***Funding Agent***
- ***Higher Education including 2 year and 4 year institutions***
- ***State Department of Education/State Funded Pre-K***
- ***Child Care Licensing (State and County)***
- ***Statewide Early Childhood Scholarship Program***
- ***Nevada Pre-K Standards***
- ***Child Care Resource & Referral/Subsidy Contractors***
- ***Licensed Center-Based Child Care Provider (Urban and Rural)***
- ***Licensed Family Day Care***
- ***Head Start/Tribal Child Care***
- ***Community Member at Large***

☐ ***X*** Continuing education unit trainings and credit-bearing professional development. Describe _____ ***A one-credit ECE college course is equivalent to 15 hours of child care training. Only college courses specific to ECE will meet the child care licensing training requirements.***

☐ ***X*** State-approved trainings. Describe _____ ***CEUs for child care trainings may be applied for and granted through the Nevada Department of Education (NDE). There is no articulation agreement between NDE and the Nevada Registry. There are distinct requirements for each approval process.***

☐ Inclusion in state and/or regional workforce and economic development plans. Describe _____

☐ Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

_____ ***The Nevada Early Childhood Advisory Council (NECAC) has recently formed four sub-commitees including a sub-committee specific to professional development. All new intitiatives or changes to current programs will be included in this overall work. Previous to the formation of the professional development sub-committee all programs were presented to NECAC for feedback.***

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and

early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health http://www.acf.hhs.gov/programs/occ/resource/im-2015-01) _____

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable) _____

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring 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 disabilities, and Native Americans, including Indians and Native Hawaiians _____

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

- ☐ ***X*** Financial assistance for attaining credentials and post-secondary degrees. Describe _____ ***The T.E.A.C.H. Early Childhood® Nevada scholarship program provides financial assistance to providers working in licensed child care facilities to obtain up to a bachelor's degree in early childhood education. Financial assistance covers tuition, books, and stipend for travel.***
- ☐ ***X*** Financial incentives linked to education attainment and retention. Describe _____ ***The T.E.A.C.H. Early Childhood® Nevada scholarship program provides financial incentives to providers working in licensed child care facilities. Financial incentives include wage increase and/or bonus upon contract completion and paid release time.***
- ☐ Registered apprenticeship programs. Describe _____
- ☐ ***X*** Outreach to high school (including career and technical) students. Describe _____
- ☐ Policies for paid sick leave. Describe _____
- ☐ Policies for paid annual leave. Describe _____
- ☐ Policies for health care benefits. Describe _____
- ☐ Policies for retirement benefits. Describe _____
- ☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____
- ☐ Other. Describe _____

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language _____

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- ☐ ***X*** Informational materials in non-English languages

☐ Training and technical assistance in non-English languages

☐ CCDF health and safety requirements in non-English languages

☐ Provider contracts or agreements in non-English languages

☐ Website in non-English languages

☒ ***X*** Bilingual caseworkers or translators available

☐ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

☐ Other _____

☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages _____

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

☐ Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers _____

☒ ***X*** No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____***September 30, 2016***
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____***Not yet started***
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented

to date if applicable _____ ***There has been some training provided on indentifying and serving homeless children and their families specific to Head Start programs and in Washoe County School District.***

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

☐ ***X*** Yes. If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. _____

b) Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe _____

☐ Other funds. Describe _____

c) Check which content is included in training and professional development activities. Check all that apply.

☐ ***X*** Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity,

using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe _____

- ☐ ***X*** Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social -emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe _____
- ☐ 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. Describe _____
- ☐ ***X*** Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe _____
- ☐ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe _____
- ☐ Using data to guide program evaluation to ensure continuous improvement. Describe _____
- ☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe _____
- ☐ Caring for and supporting the development of children with disabilities and developmental delays. Describe _____
- ☐ ***X*** Supporting positive development of school-age children. Describe _____
- ☐ Other. Describe _____

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

- ☐ ***X*** Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

- ☐ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- ☐ ***X*** Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
- ☐ Other. Describe _____

☐ No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

☐ ***X*** Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content _____ ***There are no pre-services hours required to work in child care. An orientation is required 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, but the regulation does not specify the number of hours required for the length of the orientation.***

2) Number of on-going hours and any required areas/content _____ ***there are both initial training requirements and on-going training requirements. Initial training must be completed within 90 days after commencing employment. Initial training must include: CPR/First Aid, Recognizing and Reporting Child Abuse, SIDS (caring for children 12 months or younger), Child Development, and Signs and Symptoms of Illness w/Blood Bourne Pathogens. On-going training must be completed during each 12-month period immediately succeeding the completion of the initial training required. Providers must complete at least 24 hours of training.***

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content _____

2) Number of on-going hours and any required areas/content _____ ***There are both initial training requirements and on-going training requirements. Initial training must be completed within 90 days after commencing employment. Initial training must include: CPR/First Aid, Recognizing and Reporting Child Abuse, SIDS (caring for children 12 months or younger), Child Development, and Signs and Symptoms of Illness w/Blood Bourne***

Pathogens. On-going training must be completed during each 12-month period immediately succeeding the completion of the initial training required. Providers must complete at least 15 hours of training

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content _____

2) Number of on-going hours and any required areas/content _____ ***There are both intital training requirements and on-going training requirements. Initial training must be completed within 90 days after commencing employment. Initial training must include: CPR/First Aid, Recognizing and Reporting Child Abuse, SIDS (caring for children 12 months or younger), Child Development, and Signs and Symptoms of Illness w/Blood Bourne Pathogens. On-going training must be completed during each 12-month period immediately succeeding the completion of the intial training required. Providers must complete at least 15 hours of training.***

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content _____

2) Number of on-going hours and any required areas/content _____

☐ No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

☐ Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance _____

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____

- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s)~~ not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

  _____

  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____

  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____

    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity

        _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

☐ ***X*** The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC

- Updated as determined by the State. List the date or frequency _____ ***The Pre-k Standards were finalized in 2003, revised in 2010, and reviewed in 2013 with no changes made at that time.***

☐ ***X*** Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) _____
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____
            - Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

☐ Birth-to-three. Provide a link _____ ***http://www.nevadaregistry.org/department-of-education-office-of-early-learning-and-development/pre-k-standards.html***

☐ Three-to-Five. Provide a link ***http://www.nevadaregistry.org/department-of-education-office-of-early-learning-and-development/pre-k-standards.html***

☐ Birth-to-Five. Provide a link _____

☐ Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link _____

☐ ***X*** Other. Describe ***A supplement to the Nevada Pre-k Standards "Early Childhood Crosswalk: Aligning the Nevada Pre-k and Common Core Standards" was developed in 2013. The crosswalk was designed to show pre-k teachers how they are building the foundation for what happens in kindergarten, and shows the kindergarten teachers what pre-k standards are directly linked to the many common core state standards across all domains of learning.***

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

- ☐ ***X*** Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- ☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- ☐ ***X*** Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe ***Training and on-site technical assistance is offered to support providers in developing and implementing curriculum/learning activities based on the Nevada's early learning guidelines.***
- ☐ ***X*** The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe ***The on-site technical assistance mentioned above is available only to those centers participating in the QRIS. (The training is open to all providers regardless of QRIS participation.)***
- ☐ ***X*** Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe ***Training and on-site technical assistance is offered to support providers in developing and implementing curriculum/learning activities based on the Nevada's infant-toddler guidelines.***

- ☐ ***X*** Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe ***Training and on-site technical assistance is offered to support providers in developing and implementing curriculum/learning activities based on the Nevada's pre-k standards.***
- ☐ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____

b) Indicate which funds are used for this activity (check all that apply)

- ☐ CCDF funds. ~~Describe~~Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) ***Quality set aside and infant-toddler set-aside***
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

6.3.4 Check here ☐***X*** to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- 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 effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality

activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

1) Supporting the training and professional development of the child care workforce (as described in Section 6)
2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
4) Improving the supply and quality of child care programs and services for infants and toddlers
5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
8) Supporting providers in the voluntary pursuit of accreditation
9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services _____ ***The overarching goals for quality improvement are: 1) Improve program quality and outcomes for young children; 2) Increase the number of children with high needs attending high-quality early learning and development programs; and 3) Reduce the achievement gap between chidren with high needs and their peers. These goals are a product of the Nevada Early Childhood Advisory Council's 2014-2017 Silver State Strong strategic plan.***

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- ☐ ***X*** Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
  - ☐ Indicate which funds will be used for this activity (check all that apply)
    - ☐ ***X*** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____ ***Quality set-aside and infant-toddler set aside***
    - ☐ ***X*** Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____ ***Pre-Development Grant (PDG) and W K Kellogg Foundation (WKKF) grant***
- ☐ ***X*** Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.
  - ☐ Indicate which funds will be used for this activity (check all that apply)
    - ☐ ***X*** CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds _____ ***Infant-toddler set-aside***
    - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
- ☐ Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.
  - ☐ Indicate which funds will be used for this activity (check all that apply)
    - ☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____
  - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ ***X*** Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☐ ***X*** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____ ***Quality set-aside and infant-toddler set aside***
  - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ ***X*** Supporting accreditation. If checked, respond to 7.7.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☐ ***X*** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____ ***Quality set-aside and infant-toddler set aside***
  - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ ***X*** Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☐ ***X*** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____ ***Quality set aside***

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ ***X*** Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

☐ Indicate which funds will be used for this activity (check all that apply)

☐ ***X*** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____ ***Quality set aside and infant-toddler set-aside***

☐ ***X*** Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____ ***PDG and WKKF***

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

☐ ***X*** Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available _____ ***www.nvsilverstatestars.org***

☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

☐ ***X*** Participation is voluntary

☐ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) _____

☐ Participation is required for all providers

☐ ***X*** Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

☐ ***X*** Supports and assesses the quality of child care providers in the State/Territory

- ☐ ***X*** Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- ☐ ***X*** Embeds licensing into the QRIS. Describe ***When NV's Silver State Stars QRIS was developed, the criteria was selected to above and beyond licensing requirements. Being licensed is mandatory for all centers and family home providers to participate in the QRIS.***
- ☐ ***X*** Designed to improve the quality of different types of child care providers and services
- ☐ ***X*** Describes the safety of child care facilities
- ☐ ***X*** Addresses the business practices of programs
- ☐ ***X*** Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- ☐ ***X*** Provides, to the maximum extent practicable, 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. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality ***NV's Silver State Stars QRIS financial incentives include: a grant for materials based on program's licensing capacity; tiered reimbursement payments at star level 3 (6%), level 4 (9%), and star level 5 (12%); a stipend when a program increases their star level at renewal, and national accreditation support for programs at star level 4 and 5.***
- ☐ Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- ☐ ***X*** Licensed child care centers
- ☐ ***X*** Licensed family child care homes
- ☐ License-exempt providers
- ☐ ***X*** Early Head Start programs
- ☐ ***X*** Head Start programs
- ☐ ***X*** State pre-kindergarten or preschool program
- ☐ ***X*** Local district supported pre-kindergarten programs

- ☐ ***X*** Programs serving infants and toddlers
- ☐ ***X*** Programs serving school-age children
- ☐ ***X*** Faith-based settings
- ☐ Other. Describe. _____

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. _____

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

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 What activities 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? Check all that apply and describe.

- ☐ Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe _____
- ☐ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe _____
- ☐ ***X*** Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe _____ ***Nevada is participating in a pilot project with Zero to Three that will provide training on their recently developed Critical Competencies for Infant-Toddler Educators™. This training includes 13 modules specific to infant toddler providers and the use of an online self-assessment tool that will be offered statewide. Nevada is also developing a CDA program that will include technical assistance from both an infant toddler specialist and an early childhood mental health specialist, the required CDA training, and financial incentives.***
- ☐ ***X*** Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe _____ ***Grants***

to purchase infant toddler materials are provided as part of the QRIS. Materials purchased are aligned with an Infant Toddler Environment Rating Scale quality improvement plan.

- ☐ ***X*** Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe _____ ***Nevada is in the process of developing a network of infant toddler specialists. The specialist services will be part of a comprehensive CDA program and the QRIS.***

- ☐ ***X*** 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 _____ ***The Nevada Early Intervention program places children receiving early intervention services in child care centers for up to six hours a week. The goals of the Early Intervention Partners Program are 1) to improve child care providers' knowledge of inclusive practices through training and technical assistance; 2) provide early intervention services in a natural environment; and 3) increase children's social experiences with typical peers.***

- ☐ ***X*** Developing infant and toddler components within the State's/Territory's QRIS. Describe _____ ***Nevada's QRIS addresses specific infant toddler components including: appropriate classroom group size and ratios and policies on oral health, breastfeeding, nutrition, and the use of early learning guidelines.***

- ☐ Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe _____

- ☐ ***X*** Developing infant and toddler components within the early learning and development guidelines. Describe _____ ***Nevada has developed infant toddler early learning guidelines that align with Nevada's pre-k standards. The guidelines address all domains including: cognition and general knowledge; language development and communication; personal and social emotional; approaches to learning; and physical development and health.***

- ☐ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe _____

- ☐ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe _____

- ☐ Other. Describe _____

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory _____

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

- ☐ ***X*** State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary _____
- ☐ State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe _____
- ☐ State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.5 Facilitating Compliance with State Standards

7.5.1 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 _____

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children _____ ***Program and Provider/Teacher Evaluation: child care facilities are evaluated by the Nevada Silver State Stars QRIS. The QRIS rating includes the Environment Rating Scales as part of assessing quality and developing quality improvement plans. District pre-k programs are also evaluated by the Nevada Silver State Stars QRIS. This version of the QRIS includes CLASS assessment scores to evaluate teacher child interactions. Evaluation of providers by families is collected through a child care resource and referral survey.***

Child assessment: assessment is a requirement of child care licensing, but facilities use a variety of assessment tools. State funded pre-k and the Pre-k Development pre-k programs use the PPVT, EOWPVT, and WIDA assessment tools. Nevada is in the process of selecting a kindergarten entry assessment with the plan to align pre-k assessment. In addition, as part of the Pre-k Development Grant (PDG), Nevada is working to align and collect data across systems in early childhood and to the K-12 system.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.7 Accreditation Support

7.7.1 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?

- ☐ ***X*** Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation _____ ***Nevada's accreditation facilitation project includes technical assistance, training, and funds for accreditation fees for programs at star level 4 and 5.***
- ☐ Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe _____
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.8 Program Standards

7.8.1 ***X*** What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe _____ ***Nevada is currently partnering with WIDA to provide train the trainer training on dual language learners. A statewide master cadre group will provide training on the unique language needs of pre-k children who are in the process of learning more than one language and to incorporate the WIDA Early English Language Development Standards***

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. _____ ***The Nevada Department of Ed, Office of Early***

Learning and Development has partnered with TNTP to pilot an intensive six-month leadership series offered to child care center administrators. The leadership series is designed to support administrators in becoming more effective instructional leaders.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. ***Contractors have been notified of changes and meetings with staff have been conducted to to review the new policies and redefine red flags. In addition, CCDP uses policy manual reviews, audit proceses, Quality Control reviews, Management Evaluation reviews, and DWSS Investigations and Recovery staff are included when necessary.***

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- ☐ ***X*** Issue policy change notices
- ☐ ***X*** Issue new policy manual
- ☐ ***X*** Staff training
  - ☐ ***X*** Orientations
  - ☐ Onsite training
  - ☐ Online training
- ☐ ***X*** Regular check-ins to monitor implementation of the new policies. Describe ***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.

☐ Other. Describe

☐

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. ***Audit processes are in place for the Lead Agency, all program contractors, and subrecipients. Subricipients are required to understand their role and responsibilities under the Block Grant, each subgrant has language that outlines recipients responsibilities, and recipients are responsible for conducting a yearly audit.***

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93).Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors").The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

☐ ***X*** Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

☐ ***X*** Run system reports that flag errors (include types). Describe _____

- ☐ ***X*** Review of enrollment documents, attendance or billing records
- ☐ ***X*** Conduct supervisory staff reviews or quality assurance reviews
- ☐ ***X*** Audit provider records
- ☐ ***X*** Train staff on policy and/or audits
- ☐ Other. Describe _____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- ☐ ***X*** Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), 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))
- ☐ ***X*** Run system reports that flag errors (include types). Describe _____
- ☐ ***X*** Review of enrollment documents, attendance or billing records
- ☐ ***X*** Conduct supervisory staff reviews or quality assurance reviews
- ☐ ***X*** Audit provider records
- ☐ ***X*** Train staff on policy and/or audits
- ☐ Other. Describe_____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- ☐ ***X*** Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount $0
- ☐ ***X*** Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- ☐ ***X*** Recover through repayment plans
- ☐ ***X*** Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☐ ***X*** Establish a unit to investigate and collect improper payments. Describe _____ The Nevada Division of Welfare and Supportive Services has an Investigations and Recovery Unit that is responsible for these activities.
- ☐ Other. Describe_____

- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____

b) Check which activities the Lead Agency will use for intentional program violations or fraud?
   - ☐ ***X*** Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount $0_____
   - ☐ ***X*** Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
   - ☐ ***X*** Recover through repayment plans
   - ☐ ***X*** Reduce payments in subsequent months
   - ☐ Recover through State/Territory tax intercepts
   - ☐ Recover through other means
   - ☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below
   - ☐ Other. Describe_____
   - ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____

c) Check which activities the Lead Agency will use for administrative error?
   - ☐ ***X*** Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
   - ☐ ***X*** Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
   - ☐ ***X*** Recover through repayment plans
   - ☐ ***X*** Reduce payments in subsequent months
   - ☐ Recover through State/Territory tax intercepts
   - ☐ Recover through other means
   - ☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below
   - ☐ Other. Describe_____
   - ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- ☐ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. ***Individuals found to have committed an intentional program violation are penalized as follows:***

NEON TANF clients are ineligible for benefits for a period of twelve months for the first violation, twenty four months for the second violation, and permanently for the third violation. During the ineligible period, the individuals required to participate in NEON work activities unless otherwise exempt; therefore, the individual is entitiled 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 occurance, three subsidy percentage steps for twelve months for the second occurrence.

☐ Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. . ***If an intentional program violation has been validated by DWSS Investigations and Recovery Unit, the Chief of the Child Care and Development Program will render a decision on the appropriate action to be taken against the provider. The penalty can be either suspension for an appropriate amount of time, or termination from the program.***

☐ ***X*** Prosecute criminally

☐ Other. Describe _____