

Washoe County Human Services Agency

Regulations for Child Care Facilities

Definitions

SECTION 1 DEFINITIONS

As used in these Regulations, unless the context otherwise requires, the words and terms defined in this Section have the meanings ascribed to them.

- 1.1 Accommodation facility means a child care facility which is operated:
 - A. By a business which is licensed to conduct a business other than the provision of care to children; and
 - B. As an auxiliary service provided for the customers of the primary business.
- 1.2 Agency means Washoe County Human Services Agency.
- 1.3 Agency Director means Director of Washoe County Human Services Agency.
- 1.4 Bleach means standard, unscented, liquid household bleach containing 8.25% sodium hypochlorite with no added soaps or cleaning compounds.
- 1.5 Board means the Board of County Commissioners of Washoe County.
- *1.6 Caregiver/Employee means any natural person 16 years of age or older who meets the qualifications set forth in these Regulations and who is responsible for the direct care, supervision, guidance and education of children in a child care facility. This person renders time and services to a licensee of a child care facility, and whose regular course of duties places that person in a position to:
 - A. Exercise supervisory control over children serviced by a facility;
 - B. Have direct access to or contact with children serviced by the facility; or
 - C. Has access to information or records maintained by the licensee relating to children served by the facility.
- 1.7 Care of ill children facility means a child care facility providing care to only ill children.
- 1.8 Child means a person who has not reached his 18th birthday.
- 1.9 Child care means the care, supervision, and guidance of children, unaccompanied by parents, guardians, or custodians, on a regular basis for periods of no more than 14 hours in any 24-hour period in a child care facility as herein defined.
- 1.10 Child care center means any facility which regularly provides care for 13 or more children, and which is developmentally appropriate for those children.
- 1.11 Child care facility means:

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- A. Any dwelling or establishment which furnishes care on a temporary or permanent basis, during the day or overnight, to two or more children under 18 years of age, if compensation is received for the care of any of those children; or
- B. An on-site child care facility; or
- C. An outdoor youth program.
- D. Child care facility does not include:
 - 1. The home of a natural parent or guardian, foster home, or maternity home; or
 - 2. A home in which the only children cared for are related to the care provider by blood, adoption, or marriage within the third degree of consanguinity, i.e., child, grandchild, niece, or nephew; or
 - 3. A home in which a person provides care for the children of a friend or neighbor for not more than four weeks if the person who provides care does not regularly engage in that activity.
- E. For the purposes of these regulations a child care facility does not include:
 - 1. Where parents on a mutually cooperative basis exchange care of one another's children; or
 - 2. Care given to children on site while their parents are attending religious services or other recognized instructions or programs not to exceed the duration of the services or programs;
 - 3. A baby-sitting agency licensed by the county or the city; or
 - 4. Day camp or camp type operations serving children who are enrolled to participate in a full-day, required educational program (private or public school) and who conduct their activities off the premises of a child care facility.
 - a. Any child care facility which operates a day camp shall notify, in writing, the parents of children served and the Agency that the day camp operation is not licensed or regulated by the Washoe County Human Services Agency.
 - b. Any advertisement/brochure regarding day camps conducted in conjunction with the child care facility shall indicate program is not licensed by Washoe County Human Services Agency.

1.12 Child care institution has the meaning ascribed to it in NRS 432A.0245.

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- 1.13 Child care systems means an organization of individual child care facilities wherein each facility is associated with a licensed central operator by exclusive contractual agreement which provides for the admission of children and requires the central operator to provide the facility with central services, including consultation, technical assistance, training, supervision, evaluation, and the provision of health and social services or the referral to other persons or entities for health and social services.
- 1.14 Child with special needs means a child who does not function according to expectations appropriate to his age and who regularly requires special assistance or accommodations.
- 1.15 Communicable disease means a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.
- *1.16 Consultant/Private Contractor means a person who provides activities in the area of his specialty to enrich the basic program for the children, but is not part of the direct caregiving staff.
- 1.17 Developmentally appropriate care and education means the provision of care or education in a manner that takes into account:
- A. The universal, predictable sequences of child development; and
 - B. The particular sequences of child development of each child cared for in a facility; and
 - C. The principle that children learn best when learning is meaningful to them and is based on "first hand" experiences.
- 1.18 Director means either the licensee or a person appointed by the licensee who is responsible for the daily operation, administration and management of the facility.
- 1.19 Disability level means the group category, i.e. mildly retarded, moderately retarded, or severely retarded, appropriate to the disabled child's functional level and skill capabilities in the areas of mobility, speech and language, mental/ cognitive, social/emotional, visual, hearing, self-care, and perceptual/motor. A disabled child's level of disability shall be determined by an appropriate professional's diagnosis.
- 1.20 Early care and education program means a program in which developmentally appropriate care and education are provided to children based on the ages of the children served and on the type of setting within which that care and education are provided.
- 1.21 Educational child care institution means a child care institution that is recognized by the Department of Education as providing educational opportunities primarily for privately placed children of school age.

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1.22	<u>Excludable disease or condition</u> means a disease or condition requiring exclusion under either Subsection 22.5 or Subsection 26.15 of these Regulations.
1.23	<u>Exclusion</u> means the denying admission to and the removal of an ill child, volunteer, caregiver or other staff member from the child care facility.
1.24	<u>Extended care accommodation facility</u> means an accommodation facility that: A. Provides temporary care to children for an amount of time that is more than 3 ½ hours but is within the limits of time set forth in Section 32 of these Regulations, and; B. Provides such care while the person responsible for placing the child in the extended care accommodation facility remains on the premises of the business establishment which operates the extended care accommodation facility.
1.25	<u>Facility</u> means a child care facility.
1.26	<u>Facility for special events</u> means a facility which is operated by a business that is licensed to conduct a business other than the provision of care to children, and is located on the premises of a business at which a special event is held. A. For the purposes of these Regulations, a facility for special events does not include care to children that is provided in a hotel or motel room or in the private home of a person who is attending a special event.
1.27	<u>Family child care home</u> is any facility in an occupied private residence where the licensee resides and care is provided to at least two but not more than six children.
1.28	<u>Fever</u> means an oral temperature of greater than or equal to 101°F, or an axillary (armpit) temperature of greater than or equal to 100°F.
*1.29	<u>Gender identity or expression</u> means a gender-related identity, appearance, expression or behavior of a person, regardless of the person's assigned sex at birth.
1.30	<u>Group child care home</u> is any facility in an occupied private residence wherein the licensee resides and regularly provides direct care for no less than seven but no more than 12 children.
*1.31	<u>Group size</u> is a specific number of children, distinct from the larger population of children, who are together regularly and interact with each other, and with one or more specific staff members, in an assigned space.
1.32	<u>Health Authority</u> means the district health officer of the Washoe County Health District or the health officer's designee.

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- 1.33 Health care provider means a physician, nurse, or physician assistant licensed in accordance with state law.
- 1.34 Human Services Agency means Washoe County Human Services Agency.
- 1.35 Individual assessment means an empirical process that determines and documents if, and to what degree, a person has disabilities and what intervention and services are needed to enable the child to move toward increasing independent functioning. The individual assessment identifies the present functional level and skill capabilities of the child; the condition that impedes his development; recommendations for program placement, program adjustments, and related services required by the child; and where possible, the etiology of the disability.
- 1.36 Individual program plan means a written plan of intervention for the child which is developed and modified at frequent intervals. The plan identifies the child's functional status and skill capabilities along a continuum of objectives, and outlines the materials, equipment, techniques and activities which are conducive to successful progression along this continuum.
- 1.37 Infant and toddler nursery is a facility which provides an early care and education program for four or more children under the age of two and which may provide care up to the third birth date. The program has established specific goals to enhance the cognitive, social, emotional, physical and creative development of each child at the facility. An infant and toddler nursery may be a distinct part of a child care center provided that the operations of the infant and toddler nursery shall be kept separate from the child care center. Infant and toddler nursery does not include:
- A. Family child care home if the licensee does not provide care to more than four children under two years of age.
 - B. Group child care home if the licensee does not provide care to more than eight children under three years of age.
- 1.38 Institution means a child care institution.
- *1.39 Levels of Physical Activity as defined by NRS 432A.1771:
- A. "Moderate or vigorous physical activity" means activity that significantly uses arms or legs, including, without limitation, brisk walking, skipping, bicycling, hiking, dancing, kicking a ball, gardening, running, jumping, playing tag, chasing games, soccer, basketball and swimming;
 - B. "Sedentary activity" means activity that does not significantly use arms or legs or provide significant exercise, including, without limitation, sitting, standing, reading, playing a board game, riding in a wagon or drawing.

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- 1.40 Licensee means the individual, corporation, partnership, voluntary organization, or other public or private organization ultimately responsible for the development and enforcement of policies, program and procedures of a child care facility and adherence to these Regulations by the facility.
- 1.41 The Nevada Registry means the organization that operates the statewide system of career development and recognition created to:
- A. Acknowledge and encourage professional achievement in the early childhood care and education workforce in the State;
 - B. Establish a professional development system in this State for the field of early childhood care and education;
 - C. Approve and track all informal training in the field of early childhood care and education in this State; and
 - D. Act as a statewide clearinghouse of information concerning the field of early childhood career and education.
- 1.42 NRS means the Nevada Revised Statutes.
- 1.43 Outbreak means the occurrence of cases in a community, geographic region or particular population at a rate in excess of that which is normally expected in the community, geographic region or particular population.
- 1.44 Outdoor youth program means a program for the provision of services, while living outdoors, to persons under 18 years of age who have behavioral problems, problems with mental health or problems with the abuse of alcohol or drugs. The term does not include any facility, activity or program:
- A. Operated by or on behalf of a governmental entity; or
 - B. Licensed by the health division of the County/State.
- *1.45 Out of School Recreation Program means a recreation program operated or sponsored by a local government or non-government entity and which provides enrichment activities to children of school age:
- A. Before or after school;
 - B. During the summer or other seasonal breaks in the school calendar; or
 - C. Between sessions for children who attend a school which operates on a year-round calendar.

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This term does not include a season or temporary recreation program.

- 1.46 Partial Investigation means, at a minimum, checking the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child established by NRS 432.100 and performing a background check with local law enforcement.
- 1.47 Parent means the child's natural parent, guardian, or any other person or organization legally responsible for the child.
- *1.48 Parent of the Armed Forces of the United States is defined as currently on active duty, died or killed in action while serving honorably on active duty, or reported as prisoner of war or missing in action while serving honorably on active duty. A prisoner of war or missing in action must be within a 180 days of the application of admission to the child care facility.
- 1.49 Person means the singular and the plural and shall include individual persons, partnerships, firms, corporations, or associations.
- 1.50 Private kindergarten means a facility licensed by the State Department of Education. If a kindergarten is a part of a child care facility, the area of the kindergarten must also be licensed by Washoe County Human Services Agency.
- 1.51 Provisional license means a temporary license authorizing facility operation issued when:
- A. There is a change in ownership of the facility; or
 - B. The facility has failed to completely meet all standards mandated by these regulations and agrees to effect the necessary changes.
- A provisional license may be issued at the discretion of the Agency for a maximum of one year and only when no life safety risks, as determined by the Agency, are involved.
- 1.52 Reportable Disease or Condition means a disease or condition listed in Addendum VI of these Regulations.
- 1.53 Resident of facility is any adult person who lives in the facility or who has access to the children in care by virtue of his physical presence.
- 1.54 Residential child care institution means a child care institution:
- A. Which provides care and psychoeducational services to children who are diagnosed as severely emotionally disturbed (as defined in NRS 433B.045); and

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- B. In which the treatment goals and length of stay of a child are dependent upon the needs of the child with regard to his physical, social, emotional, moral and educational development.
- 1.55 Respite care means temporary or drop-in care for relief of parents, guardians, or foster parents.
- 1.56 Sanitizing agent means the following:
- A. Bleach added to water that is prepared fresh daily and made in accordance with the sanitizing instructions contained in Addendum X; or
 - B. Use of a dishwasher that meets the requirements of Subsection 29.3 (E) (3) (a); or
 - C. Quaternary ammonium and iodine solutions approved by the U.S. Environmental Protection Agency and used in accordance with the manufacturer's directions for sanitizing; or
 - D. Other sanitizing agents approved by the U.S. Environmental Protection Agency and the Health Authority and used in accordance with the manufacturer's directions for sanitizing.
- *1.57 Seasonal or temporary recreation program means a recreation program that is offered to child for a limited time or duration and may include, without limitation:
- A. A special sports event, which may include, without limitation, a camp, clinic, demonstration or workshop which focuses on particular sport;
 - B. A therapeutic program for children with disabilities, which may include, without limitation, social activities, outings and other inclusion activities;
 - C. An athletic training program, which may include, without limitation, a baseball or other sports league and exercise instruction; and
 - D. Other special interest programs, which may include, without limitation, an arts and crafts workshop, a theater camp and dance competition.
- 1.58 Shelter care institution means a child care institution which provides residential care on a 24-hour basis to children who are in the custody of an agency which provides child welfare services (as defined by NRS 432B.030) and who are in need of temporary protection and care.
- 1.59 Special needs facility means a child care facility providing care to children with special needs in which those children comprise 40 percent or more of the total number of children for whom the facility is licensed to provide care.

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- 1.60 Work permit is a sheriff's work permit for child care issued under Washoe County Code Chapter 45.

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Washoe County Child Care Advisory Board

SECTION 2 WASHOE COUNTY CHILD CARE ADVISORY BOARD

- 2.1 The Washoe County Child Care Advisory Board serves as an advisory body to the Agency with respect to matters pertaining to and included in these Regulations.
- 2.2 Membership of the Board shall not exceed a total of 13 members. Members of the Board shall be appointed by the Director of the Agency and shall include:
- A. A specialist in child development and education;
 - B. Three providers of child care services;
 - C. Three recipients of child care services;
 - D. A representative from the City of Reno**;
 - E. A representative from the City of Sparks**;
 - F. A representative from the Environmental Health Division of the Washoe County Health District;
 - G. A representative from the Washoe County Health District;
 - H. A representative from the Nevada State Division of Child and Family Services; and
 - I. A representative from the Agency who shall be a nonvoting member of the Board.

**Representative must be knowledgeable about building and fire codes.

- 2.3 Appointees shall serve a four-year term. Members of the Board may serve a maximum of two terms.
- 2.4 Meetings. The Board shall elect a chairman and a vice chairman, and shall meet at the call of the chairman or by written request of two members of the Board, but in no event less than two times annually.

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Licensure

SECTION 3 LICENSURE

- 3.1 Law. A person shall not operate a child care facility without having a valid license issued by the Department of Human Services Agency. Any person who operates a child care facility without a valid license issued by the Department of Human Services Agency is guilty of a misdemeanor.
- 3.2 Parental responsibility. A person having the care, custody, control or guardianship of any child under the age of 18 years shall not place the child in a child care facility operated or maintained by any person who does not have a valid license issued by the Department of Human Services Agency.
- *3.3 Persons unqualified for licensure. The following persons are not qualified to hold a child care license, reside in a family/group child care home, be employed by or substitute in a child care facility:
- A. A person who has failed to disclose, misstated or otherwise attempted to mislead the Agency with respect to any material fact contained in the application of the issuance or renewal of a child care license.
 - *B. A person who has committed, attempted or conspired to commit violations that are listed in Addendum I which address both State and Federal criminal offenses.
 - C. A person who has had a child care license revoked, or who has committed any act which would be cause for the revocation of a child care license.
 - D. A person about whom background information cannot be verified or who has refused to provide information required by the Agency.
 - E. A person who does not possess a good moral character or who has demonstrated unfitness in the provision of care to children.
 - F. A person whom, after due consideration for the protection of the public health, safety, morals, good order, and general welfare of the inhabitants of the County, the Director of the Agency determines is not a suitable person to receive or hold a license or render child care.
 - *G. A person whose home environment is such that it would not be conducive to the safety or welfare of children; such reasons shall include but not be limited to alcoholism, use of controlled substances, serious and prolonged illness, violent behavior or commission of any crime listed in Addendum I, by any persons living in or frequently visiting the home.
 - *H. A person who has verifiable substantiated child protection history. Efforts will be made to obtain child protection history in locations that the applicant has resided over the last five years which could be at the expense of the applicant.

SECTION 4 RELOCATION, CONSTRUCTION, OR REMODELING OF FACILITIES

- 4.1 Purchase or lease of an existing facility. Upon request of the Agency, applicant shall furnish the Agency with copies of any purchase or lease documents pertaining to the building to be used as a child care facility. A building used as a facility must, upon a change of operating ownership, comply with these regulations and applicable building and safety codes.
- 4.2 New construction or remodeling. The building plans for the construction of a new facility or the remodeling of an existing facility must be submitted to the Agency for review before commencement of actual construction. Review of the plan does not constitute approval of an application for a license.
- 4.3 Required square footage of facilities. Based upon the maximum number of children stated on the facility license:
- A. Exclusive of bathrooms, halls, kitchen, stairs, storage spaces, multi-purpose rooms and gymnasiums not regularly used, a facility must contain at least 35 square feet of usable indoor floor space per child for play; and
 - B. A facility must contain at least 37-1/2 square feet of outdoor play space for each child as determined by the maximum number of children stated on the license. An accommodation facility need not provide outdoor play space.
 - C. A facility that provides care for ill children must have:
 - 1. At least 50 square feet of indoor space for each child.
 - 2. A separate ventilation system if the facility is attached to another building.
 - D. If a facility that provides care for ill children is a component of a child care center and provides outdoor play space, the play space must:
 - 1. Be separate from the play space for well children; and
 - 2. Meet the requirements of Section 4.3.B.

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License Application

SECTION 5 LICENSE APPLICATION

- 5.1 All applications for license shall be made to the Agency on a form provided by the Agency and shall be accompanied by a nonrefundable license fee. Refer to Section 5.4 of these Regulations for the license fee structure.
- 5.2 Applicant must be at least 18 years of age.
- 5.3 Contents of the application. Applicants shall reply in writing to any and all questions requested by the Agency pertaining to the issuance or renewal of a child care license.
- A. Corporation. In all cases where the applicant for a child care license is a corporation, the names and addresses of all officers of the corporation shall be listed on the application.
- B. Personal data. If the applicant is an individual, the application shall state his name and place of residence, date and place of birth, whether or not he is a citizen of the United States, whether or not he is a bona fide resident of Washoe County, and whether or not he has been convicted of a felony under the laws of any state. The applicant must also list any and all previous arrests, convictions, or pending litigation, except minor traffic citations, and certify that this information is true and complete.
- C. Fingerprinting. The applicant shall present himself to the sheriff's office to be fingerprinted. The sheriff shall require such other information as to the identity of the applicant to enable him to properly investigate the applicant's reputation, character, arrest and conviction, and any pending litigation record. Upon completion of such investigation, the sheriff shall verify the accuracy and completeness of the application and report his findings to the Agency Director. A person shall not have contact with a child in a child care facility without supervision before the investigation of the background and personal history of the person has been completed (NRS 432A.170).
- D. Fingerprint information. All fingerprints required under the terms of these Regulations and all information obtained by reason of such fingerprints shall be maintained by the sheriff in a confidential file to be open for the inspection only of child care licensing inspectors, law enforcement officers, and peace officers of the state of Nevada.
- E. Information confidential. All information other than criminal history information of a confidential nature supplied under the terms of these Regulations shall be maintained by the Agency Director in a confidential file, to be open for the inspection only of child care licensing inspectors, law enforcement officers, and peace officers of the State of Nevada.
- 5.4 License fees. The following annual license fees shall be paid at the time of application and are not refundable:
- A. Family child care home - thirty dollars (\$30)

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- B. Group child care home - sixty dollars (\$60)
- C. Child care center
 - 1. 13 to 50 children - one hundred dollars (\$100)
 - 2. 51 or more children - two hundred dollars (\$200)

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Inspections and Permits Required for Approval

SECTION 6 INSPECTIONS AND PERMITS REQUIRED FOR APPROVAL

*6.1 Inspections

- A. No application for a license required by Washoe County Code Chapter 45 and these Regulations may be approved until the building and equipment of such child care facility has been approved by the city/county planning department, building department, fire department, Washoe County Health District, and the Washoe County Human Services Agency.
- B. Thereafter, at least annually, the fire department and Washoe County Health District or a designee, shall inspect the facility to ensure that fire and health standards are being met and maintained.
- C. The Agency shall conduct semiannual inspections as a minimum.
- D. The Agency may request other departments or agencies to conduct inspections or investigations. The licensee or applicant shall cooperate with the person conducting the inspection/investigation by providing entry and access to the building, records, and staff of the facility. Failure to provide such entry and access is a ground for revocation of a license or denial of an application for a license.
- E. Washoe County Health District will secure compliance with laws and regulations concerning the health, safety, and welfare of the children in the care of the facility or program.

*6.2 Tuberculosis tests. Every member of the staff of the facility, including a volunteer, and each residence of the facility shall present to the Director of the facility, to be placed in the person's file, written evidence the person is free from communicable tuberculosis. The evidence must be in the form of a report that states that they are free from active tuberculosis as required pursuant to Subsection A or B.

- A. Before a person, including a person who has received a bacillus Calmette-Guerin (BCG) vaccination, begins employment at a facility, volunteering or residing in a facility, he/she must within the 12 months immediately preceding the first day of employment at the facility, have submitted to a:
 - 1. Tuberculin Test;
 - 2. Chest radiograph and examination by a provider of health care who is authorized to diagnose active tuberculosis; or
 - 3. QuantiFERON-TB Gold (QFT) or similar blood test.
- B. At least once every 24 months after the date the skin test, blood test or chest radiograph and examination were conducted, every staff member of the facility,

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including a volunteer and each residence of a facility, shall submit to and provide negative results of:

1. Tuberculin Test; or
2. If a positive result was given previously, an examination by a provider of health care who is authorized to diagnose active tuberculosis.

- 6.3 Certificate of Immunization. The applicant shall also provide proof of immunization for every child who resides in the facility.
- 6.4 Cardiopulmonary Resuscitation. Before issuance of a license, each applicant for a license shall complete a course in cardiopulmonary resuscitation. Whenever a facility is in operation, at least one caregiver on duty must be certified in CPR. The certification course must meet the requirements listed in Section 22.2.G of these Regulations.
- 6.5 Prevention and Control of Communicable Diseases in the Child Care Setting. Within 90 days each applicant and full or part-time caregiver, other than in an accommodation facility or a facility that provides care to ill children, shall complete a course in Prevention and Control of Communicable Disease in the Child Care Setting taught and/or approved by the Washoe County Health District which includes training in the recognition of signs and symptoms of illness.
- 6.6 First Aid Training. Whenever a child care facility is in operation, at least one of the caregivers on duty must have completed a program in the training of administering first aid. Such training must meet the requirements listed in Section 22.2.H of these Regulations.
- 6.7 Work permit
- A. Licensees and residents. Before the issuance of a license, each applicant for a license and all residents of a facility who are at least 18 years of age, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, shall obtain a work permit.
 - B. Employees. Within 24 hours after the commencement of employment, each full or part-time employee, trainee, or substitute of a facility shall obtain a work permit.
 - C. Volunteers and others who visit or render service in a facility may obtain a work permit. Every volunteer, other than parent volunteers, who is at least 18 years of age and regularly works in the facility, is required to obtain a work permit within 24 hours after the commencement of the volunteer position. An educational intern who provides care for a period of less than six months would not be required to obtain a work permit if the intern has provided the facility with verification of a background check that meets the requirements set forth in this Section which was performed in order to secure the internship. Note Section 17.15 of these Regulations.

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*D. Work permit denial or revocation. A work permit shall be denied to or revoked from any person who fulfills any description given in Section 3.3.A through Section 3.3H of these Regulations.

6.8 Partial background investigations. A partial investigation into the qualifications and background of every resident of the facility, employee, or volunteer, other than parent volunteers, who regularly works in the facility, will be conducted on those who are at least 16 years of age but less than 18 years of age. The partial investigation will be repeated every two years from the date it was initially completed unless the individual has turned 18 years of age, in which case, a full work permit would be required.

A. A volunteer, other than a parent volunteer, who regularly works in a facility must be reported to the Department by the facility within 24 hours after the date of his presence in the facility so that a background investigation through the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child established by NRS 432.100 can be conducted.

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Insurance

SECTION 7 INSURANCE

- 7.1 Required amounts. Every licensed child care facility shall be required to have and maintain in full force and effect at all times during each license period, a policy of liability insurance sufficient for the protection of children, employees, volunteers, and any visitors to the facility covering personal injuries with limits not less than:
- A. Three hundred thousand dollars (\$300,000) in any facility licensed to care for six or less children; and
 - B. One million dollars (\$1,000,000) in any facility licensed to care for seven or more children.
- 7.2 Certificate of insurance. A copy of the policy or a certificate of insurance shall be provided to the Agency prior to issuance of a license. Said certificate shall evidence type of coverage and policy amount.
- 7.3 Endorsement. Each insurance policy shall contain an endorsement to provide notice to the Agency prior to the effective date of cancellation, lapse or non-renewal of the policy.
- 7.4 Governmental agencies. The Agency may waive upon request, the above insurance requirements for any government agency or subdivision of a government which operates a child care facility and is self-insured for its general liability exposures with the concurrence of the County Risk Manager, after the review of the entity's annual fiscal audit.

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Director

SECTION 8 DIRECTOR

- 8.1 Approval. Each Director of a child care center and infant and toddler nursery must be approved by the Agency for suitability to hold such a position.
- A. The licensee shall, at the time of application, present an application for approval of the Director to the Agency on forms furnished by the Agency.
 - B. Copies of college transcripts and high school diploma or general educational development certificate shall accompany the Director application form.
 - C. The applicant shall provide written verification of past qualifying employment.
 - D. The Agency shall conduct an investigation of the proposed Director, including verification of past employment and education and verification of good moral character from three references.
 - E. The Agency shall deny approval of the Director if:
 - 1. The applicant's qualifications are not verifiable.
 - 2. The applicant does not meet the minimum age, education and/or experience qualifications required by these Regulations.
 - 3. The applicant would not qualify to hold a license under the provisions of Washoe County Code Chapter 45 or any other Sections of these Regulations.
- 8.2 Resignation/termination of Director. Upon resignation or termination of an approved Director, the licensee shall have 60 days in which to obtain the Agency's approval of a new Director.
- 8.3 Failure to provide Director. Failure to provide a qualified Director within 60 days as outlined in Section 8.2 above or employment of a Director who has not been approved by the Agency shall be unlawful and shall be grounds for revocation, suspension, or limitation of the license.

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Action on License Application

SECTION 9 ACTION ON LICENSE APPLICATION

- 9.1 Notification of status. The license applicant shall be notified of the status of his application within 30 days after the Agency has received his completed application including, where required, written verification of his qualifying education and experience and all license fees. If the application meets all requirements, the Agency shall issue a license which is valid for one year from the date of issuance. The Agency may grant a license with restrictions or conditions or a provisional license for a period not to exceed one year if it deems necessary.
- 9.2 Content of license. Each child care facility license issued shall specify the names of the licensee and Director, location of the facility, the type(s) of facility licensed, the ages and maximum number of children for whom care can be provided, the hours during which care can be provided, and any appropriate restrictions or conditions.

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Regulations for Child Care Facilities

Annual License Renewals

SECTION 10 ANNUAL LICENSE RENEWALS

- *10.1 Application. Except as otherwise provided in Subsection 38 of these Regulations, applications for license renewal shall be made to the Agency, on forms provided by the Agency, and received or postmarked no less than sixty (60) days prior to the expiration of the license. License fee shall accompany the application.
- A. An application for renewal received or postmarked later than thirty (30) days before the expiration date of the license will be charged a late fee of \$50, which must be received in addition to the license fee in order for the license to be renewed.
- B. The Agency may also issue an Administrative fine if the renewal application has not been submitted prior to the expiration of the current license per NAC 432A.200 and 432A. 220.
- 10.2 Inspections. The Agency shall make arrangements for the health and fire inspections and conduct the Agency inspection.
- 10.3 Provisional license. The Agency may grant a license with restrictions or conditions or a provisional license for a period not to exceed one year if it deems necessary.

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Regulations for Child Care Facilities

Display and Use of License

SECTION 11 DISPLAY AND USE OF LICENSE

- 11.1 Display of license. Every child care facility licensed under the provisions of Washoe County Code Chapter 45 and these Regulations shall display its current license in a prominent place in the facility.
- 11.2 License nontransferable. Any license issued under the provisions of Washoe County Code Chapter 45 and these Regulations shall not be transferable by the licensee to any other person or entity.
- 11.3 Use of license. No other business which will conflict with standards contained in Chapter 45 of the Washoe County Code or these Regulations may be conducted on the premises of any child care facility.
- 11.4 Return of license. A licensee shall return to the Agency his license if he ceases to operate a facility, if the license has been suspended or revoked, or if his annual license is placed on a provisional, restricted, or conditional basis.
- 11.5 Limitations. Any license issued pursuant to these Regulations shall be valid only for the particular premises described therein, the type of facility, ages and number of children, and hours for which it is issued, and if the facility is in compliance with any other limitations enumerated therein.
- 11.6 Inactive Status. A licensee may request that his license be transferred to inactive status by the Agency. If the request is approved, the licensee shall, within 15 days after the approval, give written notification to the parents of any children in the facility that his license is inactive.
- A. Inactive status does not continue beyond the expiration of the license.
- 11.7 Multiple Licenses. With the exception of a facility that is licensed by a branch of the military or naval service of the United States, a licensee who holds a license to operate a family home or group home may not obtain a license to operate any other family home, group home, or other child care facility as defined in Section 1 of these Regulations.

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Regulations for Child Care Facilities

Advertising

SECTION 12 ADVERTISING

- 12.1 Law. It is unlawful to publicly advertise in any manner a child care facility without first having obtained a child care facility license as provided in Chapter 45 of the Washoe County Code and these Regulations.
- 12.2 Statements of service. Advertisements and statements of services available at child care facilities shall be limited to such services as are specified in the license and no advertising or statements or claims of specialized educational training or experience or related services shall be made unless authorized by the license.

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Regulations for Child Care Facilities

Violation of Regulations

SECTION 13 VIOLATION OF REGULATIONS

- *13.1 Unlicensed care. If the Agency has reason to believe that a person, state or local government unit or agency thereof is operating a child care facility without a license or with a suspended license, the Agency may issue a notice of violation or an order to cease and desist the operation of the facility. The notice of violation or order must be served upon the person, state or local government unit or agency thereof by personal delivery or by certified or registered mail, return receipt requested. The notice of violation or order is effective upon service.
- A. A notice of violation will be issued if it was confirmed that the person was providing unlicensed care.
 - B. A citation may be issued by law enforcement if:
 - 1. The health or safety of any of the children appears to be in danger; or
 - 2. The caregiver was given a prior opportunity to be licensed and did not follow through.
 - C. A civil penalty fine may be imposed and is outlined in Section 15.
- 13.2 Licensed facilities. If the Agency has reason to believe that a licensed facility is not complying with the conditions of the license, Chapter 45 of the Washoe County Code, or these Regulations, the Agency will investigate to determine the facts. The Agency staff may enter and inspect the premises which are believed to be in non-compliance and may conduct such other investigations as it deems necessary.
- 13.3 Denial, suspension, revocation, or limitation of license. The Agency may deny an application for a child care license or may suspend, revoke, or limit a child care license for the following acts by the applicant, members of the household, licensee, staff, or volunteers:
- A. Violation of any standard contained in Chapter 45 of the Washoe County Code or these Regulations;
 - B. Conviction of violation of any law;
 - C. Aiding, abetting, or permitting the commission of any such violation;
 - D. Conduct which is inimical to the public health, morals, welfare or safety of the people of the State of Nevada in the maintenance or operation of the facility for which a license is issued;
 - E. Conduct which is detrimental to the health or safety of the occupants or employees of the facility;

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Regulations for Child Care Facilities

Violation of Regulations

- F. Failure or refusal to permit any investigation or inspection by the Agency or to admit authorized representatives of the Agency at any reasonable time to investigate or inspect the facility;
 - G. Failure or refusal to submit any required report to the Agency or refusal to make available to the Agency any records required by it in investigating the facility for licensing purposes;
 - H. Findings by the Agency that the licensee, staff, or members of the household no longer meet the standards outlined in Chapter 45 of the Washoe County Code or these Regulations; or
 - I. Failure to maintain compliance with standards for safety from fire and other emergencies or standards for health and sanitation as determined by the Agency after an inspection of any building or premises of the facility conducted by Agency or other agency staff.
- *13.4 Immediate revocation/suspension. Notwithstanding any of the notice and appeal provisions specified in these Regulations, if the Director of the Agency finds that the health and safety of the children so requires, the Agency Director may order the immediate revocation/suspension of the license and shall give to the licensee a written notice of the order by personal service. The order shall become effective as indicated in the notice. The notice will contain a statement of the reasons for revocation/suspension and will inform the licensee of his right of appeal.
- *13.5 Notice of Violations. If an inspection of a facility reveals that the person who operates the facility is in violation of any standard contained in the Regulations, the Agency may issue a notice of violation. The notice of violation must:
- A. Be in writing and describe the nature of the violation;
 - B. Include the time permitted to correct the violation; and
 - C. Inform the person who operates the facility that the Agency may impose an administrative fine; and
 - D. Be sent to the person who operates the facility by electronic mail or by United States mail to the last known address of the person who operates the facility.

Washoe County Human Services Agency

Regulations for Child Care Facilities

Violation of Regulations

- *13.6 Administrative Fines. The Agency may impose an administrative fine which is outlined in Section 15.
- *13.7 Grading System. All licensed facilities shall be given a letter grade of A, B, C, D or F. The letter grade will be based on inspections done by the Agency, Washoe County Health District and the Fire Department based on compliance with applicable laws and regulations and the severity of any violations. Any suspected violations will be discussed with the facility prior to it being disclosed to the public.
- A. However, not later than 60 days after an inspection of a child care facility, the Agency shall:
1. Make public the inspection report to the County's website:
<http://childcareinspections.washoecounty.us/>
 2. Include the letter grade assigned on the inspection report.
 3. Note any unresolved violations and proposed actions to correct the violation and a date by which the child care facility is expected to correct the violation in the inspection report.
- B. The child care facility will post the letter grade assigned to the facility in a conspicuous place near each entrance to the facility that is regularly used by the public and inform any person of the letter grade upon request.
- C. A child care facility that is assigned a letter grade of C, D, or F may request a follow-up inspection.
- D. A facility that receives a grade of D or lower may have action taken against their license up to and including limitation or revocation.

Washoe County Human Services Agency

Regulations for Child Care Facilities

Complaints

SECTION 14 COMPLAINTS

- *14.1 Unannounced visit. Complaints about a facility may be received by telephone, letter, or personal interview. In all complaints an unannounced visit to the facility shall be made by a child care licensing inspector unless deemed unnecessary by an Agency supervisor.
- 14.2 Protocol. The complaint will be discussed with the director or appropriate person in charge of the facility.
- 14.3 Report of complaint and visit. A report of the complaint and visit to the facility by a child care licensing inspector will be kept in the Agency's file. The complainant's identity shall remain anonymous to the facility operator and the public.
- 14.4 Record keeping. The facility shall maintain a copy of:
- A. Any summaries of complaints or reports of any investigations conducted with respect to complaints, and
 - B. Any report of disciplinary action taken against the facility.
 - C. These records for a minimum of twelve months from the date of the complaint, investigation, or report of disciplinary action.
- *14.5 Charges associated to substantiated complaints. The Agency may charge any licensee subject to a substantiated complaint for the actual cost, not to exceed \$100, of the investigation conducted as the result of the complaint. As used in this Subsection, "substantiated complaint" means a complaint that results in the finding of a violation of any provision of this chapter or chapter 432A of NRS by an authorized member or an employee of the Agency.

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Regulations for Child Care Facilities

Penalty for Violation

SECTION 15 PENALTY FOR VIOLATION

*15.1 Administrative Fines. The Agency may impose a \$100 administrative fine for the following violations:

- A. Failure to satisfy requirements of Regulations relating to background checks and personal history requirements; or
- B. Failure to satisfy requirements of the staff-to-child ratio, outlined in Section 24, two or more times during the licensing period of the facility; or
- C. Failure to satisfy the training requirements of Section 23 of these Regulations by the end of the licensing period of the facility; or
- D. The failure to correct any violation of a provision of these Regulations or 432A of NRS within the time frame set forth in the notice of the violation, a fine may be imposed for each day a facility is in noncompliance with the notice of violation; or
- E. The Agency may impose an administrative fine of \$200 in addition to any administrative fine if a violation results in an injury to any person; or
- F. Failure to submit a completed application for reissuance before the expiration of the license of the facility, in addition to any renewal or late fine set forth in Section 10.1.

*15.2 Penalty.

- A. If a child care facility violates any law or regulation related to its licensure, including any provision of these Regulations or Regulations outlined in 432A of the NRS, the Agency may:
 - 1. Prohibit the facility from accepting additional children until it determines that the facility has corrected the violation;
 - 2. Limit the number of children to which the facility may provide care until it determines that the facility has corrected the violation;
 - 3. Impose an administrative fine of not more than \$1000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum;
 - 4. Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the children to whom the facility provides care until:
 - a. It determines that the facility has corrected the violation and has management which is capable of ensuring continued compliance

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Regulations for Child Care Facilities

Penalty for Violation

with the applicable statute, condition, standard or regulation; or

b. Improvements are made to correct the violation; or

5. Impose any combination of the sanctions prescribed in paragraphs 1 to 4

B. If the child care facility fails to pay any fine imposed pursuant to paragraph 3 of Subsection B, the Agency may:

1. Suspend the license of the facility until the penalty is paid; and

2. Collect court costs, reasonable attorney's fees and other costs incurred to collect the penalty.

C. The Agency may require any child care facility that violates any provisions of these Regulations, to make any improvements necessary to correct the violation.

D. The Agency may impose a civil penalty against person, state or local government unit or agency if Section 17.16 has been violated.

*15.3 Fines Protocol.

A. The Agency will prescribe the circumstances and manner in which each sanction applies within the parameters of these Regulations;

B. The Agency will minimize the time between identification of a violation and the imposition of a fine;

C. The Agency will provide for the imposition of incrementally more severe sanctions for repeated or uncorrected violations;

D. The Agency will provide for less severe sanctions for lesser violations of applicable statutes, conditions, standards or regulations;

E. The licensee, caregiver, or Director on whom the Agency imposes an administrative fine may appeal the action as outlined in Section 16.5;

F. The administrative fine will be paid to Washoe County's General Fund; or

G. Any fines collected related to Section 15.2, must be accounted for separately and used to administer and carry out the Regulations, to protect the health, safety, well-being and property of the children to which child care facilities provide care in accordance with applicable standards for any other purpose authorized by the Legislature.

*15.4 Penalty for Operating a Child Care Facility without a License or Suspended License:

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Penalty for Violation

- A. If the person, state or local government unit or agency thereof does not cease operating the child care facility without a license or apply for licensure within 30 days after the date of the notice of violation or does not cease operating the child care facility with a suspended license, the Agency may bring pursue further action;
- B. Should the Agency take court action, the court may:
 - 1. Instruct the person, state or local government unit or agency thereof from operating the facility;
 - 2. Impose a civil penalty on the person, state or local government unit or agency thereof, to be recovered by the Agency, of not more than \$10,000 for the first offense or not less than \$10,000 or more than \$25,000 for a second or subsequent offense.
- C. Any money collected as an administrative penalty pursuant to Section 15.4 must be accounted for separately and used to administer and carry out the provisions of this Section, to protect the health, safety, well-being and property of the children to which child care facilities provide care in accordance with applicable standards or for any other purpose authorized by the legislature.

SECTION 16 APPEAL PROCEDURE

- 16.1 Denied work permit. Any applicant who is denied a sheriff's work permit shall follow the appeal procedure provided in Washoe County Code Chapter 45.
- 16.2 Right to appeal. Any applicant, licensee, caregiver, or applicant for a Director position who is dissatisfied with the decision (substantiation of a complaint, violation noted in an inspection or administrative fine under \$250) of the Agency Social Worker that causes a hardship shall be given the opportunity to appeal that decision. He may appeal to the Social Worker's Supervisor within 30 calendar days of receiving the Social Worker's decision by mail. The Supervisor will then make a determination within ten calendar days of meeting with the applicant, licensee, or caregiver.
- 16.3 Notification. An applicant for a child care license who was denied a license, a person whose Director application was denied, or a licensee whose license may be suspended, revoked, limited, or have an administrative fine imposed shall be notified by letter. The written notice of the action or proposed action shall be sent by certified mail to the address shown in the record. The notice shall specify the reasons for and the effective date of the administrative fine, denial, suspension, or revocation. If a Social Worker substantiates a complaint on a facility, the results will be sent through regular mail.
- 16.4 Decision pending appeal. The decision of the Social Worker will be in effect from the date given in the notice pending the result of the appeal.
- 16.5 Appeal hearing. Any Director, licensee, or caregiver, whose application was denied, license suspended, revoked, limited, or has an administrative fine imposed over \$250 has the right to an appeal hearing.
- A. The Director, licensee, or caregiver may request an appeal hearing by filing such a written request with the Agency Director within ten calendar days of receipt of the Supervisor's decision.
 - B. The Agency Director or designee shall schedule a hearing within 20 calendar days of receipt of the appeal and notify all parties involved of the hearing date, time, and place.
 - C. Notice of the hearing must be given no less than five days before the date of the hearing.
 - D. An impartial hearing officer selected by the Agency shall conduct the informal hearing in accordance with established informal hearing procedures.
 - E. If the appellant fails to appear at the hearing within 15 minutes of the designated time, the hearing officer will formally adjourn the proceedings. The Agency will notify the appellant that within five calendar days a written statement setting forth the reason(s) for the appellant's failure to appear at the hearing must be submitted to the hearing officer.

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Appeal Procedure

- F. The hearing officer, after review of the reason given by the appellant for his failure to appear, may schedule another hearing within ten calendar days thereafter. Should the hearing officer deem the reason inadequate or without sufficient merit, the hearing shall not be rescheduled. Only one such rescheduling of a hearing will be considered or granted.
 - G. The hearing officer may extend the hearing for a reasonable period of time in order to hear all evidence either side has to offer. At the conclusion of the hearing, the matter shall stand submitted for decision. Within ten calendar days after the hearing, the hearing officer shall mail a written decision to the appellant and the Agency.
- 16.6 Appeal of hearing officer's decision. Upon receipt of the decision of the hearing officer, the Agency or appellant may within 30 days appeal that decision to a court of competent jurisdiction in the County. The decision of the hearing officer becomes final if no appeal is filed within the 30-day period.

SECTION 17 REQUIREMENTS FOR ADMINISTRATION OF A FACILITY

17.1 Written policies

- A. Every facility shall adopt and comply with a written statement which:
1. Sets forth the general services to be offered to each child;
 2. Provides for the special needs of each child;
 3. States the requirements for admission and procedures for enrollment;
 4. Sets forth fees and any plan for payment of fees;
 5. Provides rules relating to personal belongings brought to the facility;
 6. Covers arrangements for transportation;
 7. Requires written parental permission for trips and activities outside the facility;
 8. Provides for parental involvement in the general functions of the facility;
 9. Gives either or both parents the right to observe the program of the facility before enrollment and any time after enrollment of the child;
 10. Sets forth the procedures for the handling of emergencies and illnesses of each child;
 11. Notifies either or both parents of the contents of any plan created to ensure that the staff of the facility is prepared to respond to an emergency; and
 12. Notifies either or both parents of the requirement that at least one caregiver who has current CPR certification must be on duty whenever the facility is in operation.
 13. Notifies either or both parents that smoking of tobacco in any form is prohibited in the facility at all times.
- B. In addition to the information required in Section 17.1.A, a licensee for a facility that provides care for ill children shall adopt criteria for admission that set forth:
1. The illnesses and disabilities that are acceptable;
 2. The illnesses and disabilities that are not acceptable;
 3. The ages of children served by the facility;

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4. The information required from a parent before a child can be admitted to the facility; and
 5. The procedures to be followed by the staff of the facility in the event of an emergency.
- 17.2 Policy Statement. Every facility shall provide a copy of its policy statement to each paid or volunteer staff member, to each parent of a child enrolled in the facility, and to the Agency.
- 17.3 14-Hour Limit. At the time of enrollment, except in a child care institution, the facility shall advise the parents of the 14 hour limit. The parents shall sign a form acknowledging that they are aware of the time limitation and designate the time they will return for the child.
- 17.4 Telephone/emergency numbers. The name, business address, and business telephone number of any person who has legal or administrative responsibility for the facility must be provided to each parent of a child enrolled in the facility and to the Agency. Each facility shall have a working telephone which is listed in a local directory. A current list of emergency telephone numbers, including health agencies, fire and police departments, and ambulance services shall be posted adjacent to the telephone.
- 17.5 Employee list. The facility shall notify the Agency of all staff changes exclusive of substitutes prior to new personnel commencing employment. Licensees providing child care in occupied residences shall within 24 hours notify the Agency of changes in the household composition.
- 17.6 Change in Director. A licensee shall notify the Agency, within three working days, of the resignation or termination of the approved Director.
- 17.7 Change in services. The facility shall notify each parent of a child enrolled in the facility and the Agency of significant changes in services offered by the facility.
- 17.8 Confidentiality. The facility shall not disclose information pertaining to any child to any person who is not a member of the facility staff or an Agency representative unless:
 - A. The parent has granted written permission for the disclosure (the facility shall have forms available which allow a parent to release information pertaining to his child); or
 - B. There is an emergency, as determined by the facility Director or a staff member who is in charge at the time of the emergency.
- 17.9 Reporting child abuse/neglect. Every licensee or employee of a facility who has reason to believe child abuse/neglect may be occurring in the facility, in the child's home, or

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elsewhere shall report his beliefs to the Agency and to the appropriate authority as required in NRS 432B.220. For the purposes of these Regulations, immediately is defined as within one (1) hour.

17.10 Procedures for admission

A. Admission Records. Before the admission of a child to a facility, the caregiver shall obtain the following information from the parent. The caregiver shall make a record for each child and maintain each record in good order. The record shall state the date the record was prepared and the date of the first day the child attends the facility and include:

1. The child's full legal name, date of birth, sex, current address, and preferred name;
2. The name, address, and home and business telephone numbers of each parent responsible for the child and any special instructions needed to reach the parent during the hours the child is in the facility;
3. The name, address, and telephone number of any person who can assume responsibility for the child and is authorized to take the child from the facility if the parents cannot be reached;
4. Information concerning the health of the child, including any special needs of the child. Refer to Section 26 for Immunization and Health of Children;
5. A written authorization signed by a parent which allows emergency surgical and medical care;
6. The name, address, and telephone number of the child's physician; and
7. The name, address, and telephone number of all persons authorized by the parents to take the child from the facility.

B. Infant/toddler admission procedures. The Director or a designated member of the staff of a nursery for infants and toddlers or other facility that enrolls infants and toddlers shall discuss policies concerning the health of an infant or toddler with the parents before enrollment of the child. Every parent must be given a description of and agree in writing to the following matters concerning the child:

1. Feeding;
2. Diapering;
3. Changes of clothing, which are to be provided by parents;

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4. Bathing, including, without limitations, the kind of soap to be used;
 5. Precautions against infectious disease;
 6. Sleeping;
 7. Toilet-training;
 8. Daily reports to the parents;
 9. Any special precautions regarding the health and safety of the child; and
 10. Any other information deemed necessary by the facility or Agency.
- C. Each facility must develop written guidelines concerning the methods used by the staff of the facility for toilet training and the use of appropriate equipment and clothing for such training.
1. The guidelines concerning toilet-training must be distributed to each parent of each child being cared for at the facility who is not yet toilet-trained.
 2. The guidelines must require that the staff of the facility shall:
 - a. Not force a child to remain on the toilet for a prolonged period of time or punish a child for wetting or soiling his clothing;
 - b. Not leave a child unattended while the child is sitting on a potty-chair or on the toilet;
 - c. Instruct and assist the children in washing their hands after using the toilet; and
 3. If a potty-chair is used to train a child to use the toilet the facility shall:
 - a. Place the potty-chair on a washable, impervious floor;
 - b. Use the potty-chair in accordance with the instructions from the manufacturer;
 - c. Ensure that the potty-chair is stored and used in an area that is not in close proximity to an area used for the preparation of food;
 - d. Empty the potty-chair into a toilet immediately after each use;
 - e. Thoroughly clean and disinfect the potty-chair after each use; and
 - f. Disinfect the utility sink where the potty-chair was cleaned.

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- D. Information provided to parent at enrollment. Each facility must provide the following items to a parent/guardian of a child who enrolls the child in the facility, at or before the time of enrollment, or upon request when considering enrollment:
1. A copy of the license issued to the facility, and
 2. Summaries of any complaints and reports of any investigations conducted by the Agency which result in an outcome that is substantiated or inconclusive in the previous twelve months, and
 3. A report of any disciplinary action taken against the facility in the previous twelve months.
- *17.11 Requirements for the care of infants or toddlers. Any facility which provides care to one or more infants or toddlers must adhere to the following requirements:
- A. A caregiver must be assigned to a specific group of infants on a continuing basis.
 - B. Each infant and toddler must be under direct visual observation by a qualified caregiver at all times, except as provided for the napping area.
 - C. Each infant and toddler must be given undivided attention by the same caregiver for at least 30 minutes in the morning and 30 minutes in the afternoon, including periods of feeding and bathing. The caregiver shall, during this time:
 1. Hold and talk to the child;
 2. Encourage the development of the child's coordination by allowing him to reach for, grasp, creep, crawl, or pull up;
 3. Give toddlers the opportunity to develop the large muscles of the body by activities such as climbing and walking; and
 4. Encourage the child to interact socially through playing, using language and solving problems using materials and equipment that are appropriate for the age of the child. Infants under six months of age must be provided an additional period of not less than two hours of activity each day out of the crib, for example, in a playpen or other suitable area.
 - D. Each licensee of a facility must provide an indoor area which is covered by a soft or nonabrasive material and is protected from traveled walkways and where crawling children can be on the floor for at least a part of the day.

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- E. A caregiver may take the infant or toddler assigned to him/her outside or to areas of the facility other than their usual room for a part of each day to provide a change in their physical surrounding and to increase opportunities for social interaction.
- F. When weather permits, each toddler over 12 months of age must be taken outside for a portion of each day. If the weather is extremely hot, the toddler must be kept in a shaded area while outdoors.
- G. An infant who is awake must not be left in a crib for long periods without direct adult care and never for more than 15 minutes at a time.
- H. The staff of each facility shall:
 - 1. Provide appropriate and adequate seating for the children at the facility during snacks and meals;
 - 2. If a high chair is used, ensure that the chair:
 - a. Is in good condition;
 - b. Has a wide base; and
 - c. Has a safety belt for the child and that it is used while a child is in the chair.
 - *3. Wash with a detergent and disinfect before and after each use any chair or table that is used during a snack or meal;
 - 4. Allow, encourage and assist each child to feed himself, including, without limitation, encouraging a child to hold and drink from a cup, use a spoon and use his fingers to feed himself;
 - 5. Offer each child drinking water at times other than during his regular feedings;
 - 6. Transfer commercially prepared baby food from a jar to a dish before feeding it to a child or if fed directly from the baby food jar discard the jar after use;
 - 7. Discard any food that is left in a dish after a meal;
 - 8. Ensure that bottles and containers of food are not kept in water longer than five minutes, and stir, shake and test a bottle or container of food before using the bottle or container to feed an infant;
 - 9. Not hold an infant while preparing food;
 - 10. On a daily basis, empty, clean and sanitize any pot used to warm a bottle or food;

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11. Store each bottle of formula and container of food in accordance with the instructions from the manufacturer of the formula or food;
12. Label each bottle of formula and container of food with the name of the child to whom it belongs and the date the formula or food was prepared by the facility or was prepared or purchased by the parent;
13. Immediately refrigerate and label each container of breast milk provided by a parent;
14. Return each prepared bottle to the appropriate parent each day;
15. Return any unused, open container of food to the appropriate parent each day if the child was not fed directly from the container of food; and
16. Develop with the parents of a child a plan for feeding the child, which must include, without limitation:
 - a. Instructions for feeding;
 - b. Any special dietary restrictions, including, without limitation, any allergies to food;
 - c. A schedule of times for feeding;
 - d. Whether the child will be fed breast milk, formula or solid food;
 - e. If the child will be fed breast milk or formula, when to begin feeding solid food; and
 - f. Likes and dislikes of certain foods.
- *17. Support breastfeeding mothers by offering a designated place in the facility for the mother to breastfeed; and
18. Discard any expressed breast milk if it presents a threat to a baby under the following conditions:
 - a. If the breast milk is stored in an unsanitary bottle;
 - b. If the breast milk has been unrefrigerated for one hour or more; and
 - c. If the breast milk has been fed over a period of time that exceeds one hour from the beginning of the feeding.

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- I. A child who is fed with a bottle and does not hold his own bottle must be held by a caretaker while being fed with a bottle. The bottle must not be propped for feeding. A child who demonstrates a preference for holding a bottle during feeding may hold his own bottle and need not be held by a caretaker if the caretaker is directly observing the child.
- J. The staff of a facility may feed a child commercially prepared baby food directly from the jar in which it was packaged or from a separate dish. If the staff feeds the child from the jar, the staff shall discard the jar after it is used.
- K. The staff of a nursery for infants and toddlers shall separate the infants from the toddlers while the toddlers are engaging in physical activities.
- L. There must be a resilient surface under equipment that is used for playing and climbing at a nursery for infants and toddlers. Such equipment must be appropriate for the age of the children using the equipment.
- M. The staff of a nursery for infants and toddlers shall promote the healthy development of toddlers by:
 - 1. Expressing feelings with words;
 - 2. Giving directions that are worded in a positive manner;
 - 3. Modeling desirable behavior; and
 - 4. Redirecting behavior.
- N. The staff of a nursery for infants and toddlers shall not discipline or punish an infant or toddler by confining him to a crib, playpen or other such piece of furniture or equipment.
- *O. Record keeping. The staff of a nursery for infants and toddlers shall prepare a daily report for each child for whom it provides care. The report must be posted in a conspicuous place in each room used to care for the infants and toddlers and must include, without limitation, information concerning the feeding, diapering, and sleeping of each infant. Records shall specify time, date and amount of food given.
- P. Naps must be provided according to the needs of the infants and toddlers. There must be direct supervision of the children while they nap.
- Q. Consultant. Infant nurseries shall arrange to have a currently licensed Nevada nurse (RN or LPN) with experience in infant care available to consult regarding the general care of children. It is suggested that the public health nurses be consulted to satisfy this requirement.

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- 17.12 Responsibility for children. The facility shall assume responsibility for a child between the place where he is called for and the facility and from the time he leaves the facility until he is delivered to his parents, legal guardian, or other person designated by his parents or legal guardian.
- 17.13 Arrangements for transportation of school-age children shall be by agreement between the facility and the child's parents, i.e., whether the child is to walk, ride his bicycle, or travel in a car. The facility shall exercise reasonable caution to see the child arrives at the facility from school when expected and to follow-up on his whereabouts if he should be late.
- 17.14 Procedures for overtime/abandoned children except in child care institutions.
- A. If the parents do not pick up the child at the expiration of the 14-hour period, the facility shall take immediate steps to locate the parents.
 - B. The following procedures shall be followed by the facility when a child has been left at the facility in excess of 14 hours within any 24-hour period or appears to be abandoned:
 - 1. If the facility is unable to contact the parents or other person designated by the parents, the facility shall notify the Agency's Child Protective Services Division. The Child Protective Services Supervisor shall consult with the facility Director to determine appropriate action on an individual case basis. After regular business hours, the facility Director shall notify law enforcement authorities who in turn will contact Agency staff.
 - 2. On the first day of each month the facility Director shall report to the Agency all incidents of children who have been left at the facility in excess of the 14 hour maximum allowable time.
- *17.15 Lack of valid work permit. A licensee of a child care facility shall ensure that an employee of the child care facility is in the presence of an independent contractor retained by the child care facility during any period in which the independent contractor is performing any services at the child care facility when a child is present.
- A. The employee of the child care facility who is required to be in the presence of the independent contractor pursuant to Subsection 1:
 - 1. Must be qualified to supervise the children at the child care facility; and
 - 2. Shall, during the period for which the independent contractor is performing the services at the child care facility, supervise and ensure the safety of each child at the child care facility.

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- *17.16 Reporting complaints, arrests, or child protection history. A prospective employee of an applicant for a license to operate a child care facility or an employee of a current licensee shall notify the applicant or licensee not later than 24 hours after being charged with or convicted of a crime listed in Subsection 2 of NRS 432A.170, receiving notice that he or she is in the subject of an investigation for child abuse or neglect, or receiving notice that a report of abuse or neglect has been substantiated against him or her.
- A. A resident of a child care facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, or participant in an outdoor youth program who is 18 years of age or older shall notify the licensee of the child care facility or outdoor youth program, as applicable, not later than 24 hours after being charged with or convicted of a crime listed in Subsection 2, receiving notice that he or she is the subject of an investigation for child abuse or neglect, or receiving notice that a report of abuse or neglect has been substantiated against him or her.
- 17.17 Operation and maintenance of facility. The operation and maintenance of a child care facility shall promote the health, safety, and welfare of the children who are to be served in the facility by:
- A. Assuring safe and adequate physical surroundings;
- B. Assuring supervision and care of the children by capable, qualified personnel of sufficient number;
- C. Assuring an adequate program of activities and services to enhance the development of each child.
- 17.18 Release of children. The facility shall release a child only to the child's legal custodian(s) or to a person designated by the child's legal custodians.
- 17.19 Record Retention. Any records required to be kept on the care of or service to a child will be kept on site for 90 days unless specified otherwise.
- 17.20 List of Excludable Diseases. Upon registration of a child, the child care facility shall give to the parent(s) or guardian a written list of excludable diseases and conditions described in Subsection 26.15.
- 17.21 Notification to the Child Care Facility when a Child has an Excludable Disease. Upon registration of a child, the child care facility shall give written notification to the parent(s) or guardian that states the parent(s) or guardian must inform the childcare facility of their child's illness when the illness is one described in Subsection 26.15. The notification to the childcare facility must occur within 24 hours of the parent(s) or guardian becoming aware of the illness.

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- *17.22 Priority given to Military Families. A child care facility shall, give priority in admission to a child whose application for admission includes official documentation of the Federal Government and the parent meets the definition of military families according to Section 1.48.

SECTION 18 TRANSPORTATION

Any child care facility that provides transportation by automobile or other motor vehicle shall meet the following requirements:

- 18.1 Written permission to transport. The facility shall obtain from parents and guardians written permission for transportation of their child to and from the facility and for facility sponsored excursions in facility operated vehicles volunteered for facility use.
- 18.2 Insurance. The facility shall maintain and keep in full force and effect for each licensing period adequate insurance which covers liability for health or injury, medical expenses, and damages caused by uninsured motorists.
- 18.3 Inspection by Department of Motor Vehicles. Prior to initial use and at least annually thereafter, any bus the facility uses shall be inspected by the State of Nevada Department of Motor Vehicles in the same manner as inspections of school buses are conducted.
- 18.4 Requirements of driver. A driver of a vehicle used by the facility shall:
 - A. Possess an appropriate class Nevada driver's license;
 - B. Use a vehicle that is insured, enclosed, and in safe operating condition;
 - C. Ensure that all windows and doors are secure before proceeding;
 - D. Instruct children in safe transportation conduct as appropriate for their age and stage of development;
 - E. Ensure that each child who is transported in the vehicle is secured with a restraint device as required by NRS 484 Restraints for Children. Refer to Addendum II for NRS 484 Restraints for Children;
 - F. Not leave an unattended child in the vehicle at any time;
 - G. Not permit any child to stand in the vehicle at any time;
 - H. Ensure that each child boards or departs the vehicle on the side of the vehicle adjacent to a curb and that the child is safely conducted across any street encountered immediately before boarding or after departing;
 - I. Ensure that a parent or a person designated in writing by the parent is present to take charge of a child upon delivery of the child to his home or other approved destination; and
 - J. Ensure that children being transported are protected by adequate safety precautions not otherwise specified.

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Transportation

- 18.5 Vehicle capacity. The number of children transported in a vehicle is to be determined by the seating space of 13 inches rump room per child.
- 18.6 Staff-to-child ratio.
- A. When transporting children kindergarten to 18 years of age to and from school only, the staff-to-child ratio for one to 15 children inclusive is one caregiver. This staff person may be the vehicle driver.
 - B. Except as otherwise provided in Subsection 18.6.A, when transporting children, the licensee of a facility shall ensure that the ratio of caregivers to children in the vehicle satisfies the applicable requirement for the ratio of caregivers to children set forth in Subsection 24.4 of these Regulations.
- 18.7 Transportation log. The licensee of a facility shall maintain a log for transportation provided by the facility. The log must be maintained at the facility, and available for review, for at least four months after the transportation is provided. The log must include:
- A. The name of each child who was transported;
 - B. The date the transportation was provided by the facility;
 - C. The time of departure of the vehicle and the time the vehicle arrived at its destination;
 - D. The signature of the driver of the vehicle;
 - E. The name of each adult who was transported in the vehicle, including, without limitation, the driver of the vehicle; and
 - F. The signed verification required by Subsection 18.8 of these Regulations.
- 18.8 Vehicle sweep. Upon arrival at the destination, two members of the staff of the facility shall mark each child off the log as the child departs the vehicle, conduct a physical inspection and visually and physically sweep the vehicle to ensure a child is not left behind in the vehicle, and include in the log signed verification that each child who was transported in the vehicle is accounted for and that the visual and physical sweeps were conducted. For the purposes of Section 18.6.A, only one person is required to conduct the vehicle inspection and complete the log.

SECTION 19 PROGRAM STANDARDS

- 19.1 Program requirements. Every program of a facility must meet the basic needs of children for:
- A. Good health and normal physical development;
 - B. Optimal mental growth;
 - C. Stimulating language and communicative experiences;
 - D. The attention, acceptance, and affection of others;
 - E. Opportunities to experience success and to test mental, physical, and social skills;
 - F. Self-identity and a sense of competence and worth;
 - G. The security provided by gentle discipline;
 - H. Relations with others which set forth the rights of adults and the rights of children;
 - I. Learning experiences planned with the aid of the child's parents which insure harmony with the life style and cultural background of the child;
 - J. Activities which facilitate social growth and adjustment; and
 - K. The time and opportunity to learn independence and personal care.
- *19.2 Early care and education program. Each facility, including, without limitation, a family home child care and a group home child care, shall have an early care and education program.
- A. Each facility shall develop a written plan of curriculum for the children enrolled in the facility. The plan must:
 - 1. Be made available for parental review;
 - 2. Be prepared before the early care and education program becomes effective;
 - 3. Be kept on file at the facility for at least one year;
 - 4. Include a program of speaking and listening to English;
 - 5. Integrate age appropriate key areas of instruction, including, without limitation, literacy, mathematics, science, social studies, creative expression and the arts, and health and safety;

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- *6. Incorporate age appropriate instruction, concepts and activities that foster the social, emotional, physical, linguistic and cognitive development of children, which must include, without limitation moderate or vigorous physical activity;
 - 7. Provide for the involvement of parents in learning activities at the facility and at home; and
 - *8. Ensure that sedentary activity is limited throughout the day.
- B. Each facility shall develop a written assessment plan which is designed to, without limitation:
 - 1. Identify the interests and needs of each child enrolled in the facility;
 - 2. Describe the developmental and educational progress of each child enrolled in the facility who is not attending public or private elementary school;
 - 3. Identify the need for and referral of a child enrolled in the facility for developmental screening and the referral of the child for diagnostic assessment, if appropriate;
 - 4. Describe the methodology for developing curriculum for the children enrolled in the facility;
 - 5. Adapt teaching practices and the environment to the children enrolled in the facility;
 - 6. Facilitate the early care and education program; and
 - 7. Promote communication with the family of a child enrolled in the facility.
- C. In addition to the written assessment plan developed, each facility shall, within three months after a child enrolls in the facility, assess the child by use of, without limitation, portfolios, observations, checklists, rating scales, and screening tools. Such an assessment must be repeated biannually thereafter to monitor and support the learning and development of each child enrolled in the facility.
- D. Each facility shall provide materials and equipment to carry out the written plan of curriculum developed that:
 - 1. Reflect the lives of the children and the families of the children enrolled in the facility;

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2. Reflect the diversity of the children in our society with regard to the gender, age, native language, ethnicity, culture and abilities of the children enrolled in the facility;
3. Provide for the safety of the children enrolled in the facility while being appropriately challenging for the children;
4. Encourage the children enrolled in the facility to explore, experiment, and discover new information and ideas;
5. Are organized in a manner which facilitates independent use of the materials and equipment by the children enrolled in the facility;
6. Are rotated to reflect changes in the curriculum and to accommodate the different interests and skill levels of the children enrolled in the facility;
7. Allow for a variety of uses; and
8. Accommodate the special needs of the children enrolled in the facility.

19.3 Personal hygiene.

- A. The child care facility shall implement a hand washing training program for caregivers, other staff members, volunteers and children who are developmentally able to learn personal hygiene. This training program shall teach the following hand washing procedures.
 1. Wet hands with warm running water and apply soap.
 2. Rub hands together with soap vigorously for 20 seconds.
 3. Rinse hands well under warm running water.
 4. Dry hands using a single-use paper towel or air dryer.
- B. The caregivers shall monitor and assist children who are developmentally able to wash their hands to ensure the children follow the above hand washing procedures.
- C. Caregivers shall wash the hands of infants, who are unable to wash their own hands and who are too heavy to hold safely at the hand washing sink, as follows:
 1. Thoroughly wipe the child's hands with a disposable wipe; or
 2. Thoroughly wipe the child's hands with a damp single-use towel, moistened with liquid soap. Then wipe the child's hands with a damp single-use towel until the child's hand is free of soap. Then use a dry paper towel to dry the child's hands.

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- D. The child care facility shall be responsible to monitor the caregivers, other staff members, and volunteers hand washing practices to ensure that proper hand washing procedures are being practiced.
- E. Caregivers, other staff members and volunteers shall wash their hands under any of the following conditions:
 - 1. Any time their hands come into contact with blood, mucus, vomit, feces or urine;
 - 2. Before preparing or handling food;
 - 3. Before engaging in any activity related to serving food, including, without limitation, setting the table;
 - 4. Before and after eating a meal or snack;
 - 5. After using the toilet, helping a child use the toilet, changing a diaper with or without gloves or assisting a child with hand washing;
 - 6. After attending to an ill child;
 - 7. After handling an animal;
 - 8. After handling garbage or cleaning a container used to store garbage;
 - 9. After cleaning contaminated or soiled surfaces;
 - 10. Before and after giving medication; and
 - 11. Any time hands become visibly soiled.
- F. Children being cared for in the child care facility shall wash their hands under any of the following conditions:
 - 1. Any time that their hands come into contact with blood, mucus, vomit, feces or urine or garbage;
 - 2. Before handling food;
 - 3. Before and after eating a meal or snack;
 - 4. After outdoor play;
 - 5. After handling an animal;

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6. After the diaper or underwear of the child is changed;
 7. After playing in water;
 8. After playing in a sandbox; and
 9. Any time hands become visibly soiled.
- G. Hand sanitizers shall not be used as a replacement for thorough hand washing under warm running water.
- H. The use of free standing water for hand washing is prohibited.

*19.4 Outdoor playground requirements

- A. The play area of each facility must:
1. Be fenced or enclosed in a manner that prevents the unsupervised departure of children from the area. The enclosure shall be:
 - a. No less than 48 inches in height.
 - b. Gaps between the vertical fence components or the empty spaces under the fence shall not exceed 4 inches.
 - c. Gates shall be at a minimum 48 inches in height, self-closing and self-latching.
 - d. Designed so that the outdoor play area is visible to the caregiver.
 2. Have an adequate drainage system;
 3. Be free of hazards, debris, and trash;
 4. Provide a shade area, or shade areas, during the months of April through September that is at least equal in size to the product of five square feet multiplied by the total number of children using the area;
 5. Have appropriate, as determined by the Agency, depths and perimeter of resilient surfacing underneath and surrounding any elevated play equipment;
 6. Have adequate safety barriers around any elevated platforms;
 7. Not have any dangerous or poisonous plants or other vegetative matter located within the boundaries of the play area or in an area that is accessible to children from the play area; and

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8. Not be in a location where any bodies of water are accessible to children.
 - B. The playground equipment shall be maintained in a safe condition (refer to Addendum IX for standards on playground safety) and be:
 1. In good repair;
 2. Designed and constructed to minimize injury;
 3. Compatible with the age of the children in the facility;
 4. Spaced to reduce accidents; and
 5. Securely anchored.
 - C. Playground staffing and supervision.
 1. Playgrounds shall be adequately supervised for the safety of the children. In all child care facilities, except in group homes where six or fewer children are in care or in family care homes, the minimum number of playground supervisors shall be one for each 20 or less children unless other factors (such as layout of the playground, the physical or developmental needs of the children, or the playground activity) require the presence of more supervision. If two-year-olds are present on the playground, the one-to-ten ratio of caregivers to children must be maintained. In no case shall a child be permitted out of view of the playground supervisor or other approved caregiver.
 2. At infant-toddler nurseries, the required ratio of caregivers to children must be maintained on the playground.
 3. To be in compliance with the staff-to-child ratio required in Section 24.4.C. all the remaining caregivers, not on duty on the playground, must remain on site.
 - *D. Outdoor play. If the weather permits, all children must have a daily period of outdoor play. A facility shall provide opportunities for moderate or vigorous physical activity of structured and unstructured active play which builds muscles. 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. If severe weather prohibits outdoor play, children must be offered a period of indoor physical activity.
- *19.5 Nap/rest period. The facility shall provide a cot, mat, or bed for each child. Every child under six years of age who is in the facility for more than five hours per day must have a period for a nap during the day. A child who cannot sleep must rest or play quietly during the period provided for a nap. The rest period may include any activity not requiring use of

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large motor skills, i.e. books, puzzles, coloring. Napping children must be supervised and caregivers must remain awake and with the children.

19.6 Play materials/equipment. 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 a facility and:

- A. Play equipment must be of sturdy, safe construction in good repair;
- B. The facility shall provide a variety of games, toys, books, crafts, and other activity materials;
- C. The facility shall provide sufficient quantity of appropriate equipment and materials necessary to conduct individual and group programming for the children in care;
- D. The facility shall store materials in a manner that allows children to select, remove, and replace the materials independently or with minimal assistance;
- E. Equipment and any material other than a toy that is used for play in a facility must be durable and free from characteristics that may be hazardous or injurious to a child who is less than two years of age, including, without limitation, such characteristics as sharp or rough edges, toxic paint or objects that are small enough for a child of that age to swallow and choke on;
- F. Any object, or component of a toy that is accessible by a child who is less than three years of age at a facility must meet the federal size requirements set forth in the Code of Federal Regulations, Title 16, Part 1501;
- G. Toys with sharp points or edges, plastic bags and objects made from Styrofoam must not be accessible to a child who is less than three years of age;
- H. A toy or any other piece of equipment that is used for play must be made of a material that is capable of being sanitized;
- I. The staff of a facility shall not provide a stuffed animal to any child unless the stuffed animal is laundered or disinfected not less than one time each day or more often if necessary;
- J. Toys are prohibited in the crib;
- K. Each room at a facility that is used for play and other activities for children must have:
 - 1. Low, open shelves to store toys;
 - 2. An adequate supply of toys that are in good condition and appropriate for the age of the children;

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3. Tables and chairs that are the appropriate size for the children; and
4. Any other equipment that is necessary to meet the needs of the children.

Refer to Addendum III for Code of Federal Regulations, Title 16, Part 1501 and Addendum IV for Suggested List of Materials.

- L. Any toy that is broken or has a missing part must be repaired or replaced before the toy may be used in the facility; and
 - M. Walkers for children that are designed to be moved across the floor must not be used in a facility.
- 19.7 Furniture. Furniture must be durable, safe, and intended for use by children or appropriately adapted for use by children. Low chairs and tables or infant seats with trays are recommended for table play and meal time for children no longer being held for feeding. High chairs, if used, shall have a wide base and safety straps.
- 19.8 Clothing storage. A facility shall provide space for the storage of the children's clothing which is within easy reach of the children.
- 19.9 Environment: infants/special needs. A facility that serves children under three years of age or children with disabilities must provide an environment which protects the children from physical harm but is not so restrictive as to inhibit physical, intellectual, emotional, and social development.

SECTION 20 DISCIPLINE OF CHILDREN

- *20.1 Prohibited punishments. A facility shall enhance a child's behavior through positive guidance, redirection of the child's behavior, and the setting of clear-cut limits of behavior. An employee or other person associated with a facility shall not, for any reason:
- *A. Inflict physical punishment, in any manner or form, including but not limited to shaking, upon any infant or child;
 - B. Verbally abuse or threaten a child;
 - C. Make derogatory remarks about the child or his family;
 - D. Threaten a child with the loss of love of any person;
 - E. Threaten a child with punishment by a deity;
 - F. Subject a child to any form of punishment which pertains to food or rest or restricts the use of toilet or other bathroom fixture;
 - G. Subject a child to any form of punishment by other children;
 - H. Physically restrain a child by means of an implement or device;
 - *I. Withhold or use physical activity as a form of punishment; or
 - *J. Confine a child as a form of punishment by any means, including, without limitations, in a highchair, crib/port a crib, to a car seat, infant carrier or jump seat.
- 20.2 Parental consent to allow any person within the facility to punish a child contrary to the provisions of this Section does not prevent such acts from constituting a violation of these Regulations.
- 20.3 Suggested disciplinary measures. Disciplinary measures used in a facility must be consistent with supportive, positive action, and may include:
- A. Holding a child's arm to prevent hitting;
 - B. Bodily picking up the child and removing him from the group and:
 - 1. Sitting with the child until he is ready to play without hitting; or
 - 2. Isolating the child under observation for no more than ten minutes.
 - C. Informing the child in a simple, positive manner what conduct is expected while he is in the facility;

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Discipline of Children

- D. Praising and recognizing a child who behaves in the expected manner; and
- E. Directing a child who is in a situation which is creating problems to a new activity.

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Qualifications and Requirements of Director

SECTION 21 QUALIFICATIONS AND REQUIREMENTS OF DIRECTOR

21.1 Director qualifications

A. Child care center. Every child care center that is licensed must have a Director who is:

1. At least 21 years of age and who has:
 - a. An associate's degree or higher degree in early childhood education and have at least 1,000 hours (6 months) of verifiable experience in a child care facility;
 - b. An associate's degree or higher degree in a related field and have completed at least 15 semester hours in early childhood education or related courses and have at least 2,000 hours (12 months) of verifiable experience in a child care facility;
 - c. A high school diploma or equivalent, or, if approved by the Administrator of the Division of Public and Behavioral Health, a general education development certificate, have completed at least 15 semester hours in early childhood education or related courses and have at least 3,000 hours (18 months) of verifiable experience in a child care facility;
 - d. A current "Child Development Associate" credential with an endorsement for the age of children working with, issued by the Council for Professional Recognition, or its successor organization, and have at least 2,000 hours (12 months) of verifiable experience in a child care facility; or
 - e. Have a combination of education and experience which in the judgment of the Agency Director, is equivalent to the above.
2. Directors that were qualified using previous approved regulations must comply with the current requirements by January 1, 2016, and no waiver will be accepted by the Agency.
3. Have at least 1,000 verifiable hours in an administrative position or have completed a course or other training in business administration.

B. Infant-toddler nursery. Every infant-toddler nursery that is licensed must have a Director who is at least 21 years of age and must:

1. Have completed the training required to become a professional nurse; or
2. Have completed the training required to become a licensed nurse, and have at least six months of verifiable experience which is satisfactory to the Agency in a program related to the care of children under three years of age; or

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Qualifications and Requirements of Director

3. Hold a current credential as a "Child Development Associate for Infants and Toddlers" issued by the Council for Early Childhood Professional Recognition of the National Association for the Education of Young Children, Washington, D.C. 20005; or
 4. Have a high school diploma or, if approved by the Agency, its equivalent, and have completed at least 12 semester hours of education, of which:
 - a. At least six semester hours are in infant and toddler development; and
 - b. At least six semester hours are in child development, education related to the health of children or courses directly related to these fields, and at least two years of verifiable experience which is satisfactory to the Agency in a program related to the care of children under three years of age; or
 5. Have a combination of education and experience which, in the judgment of the Agency Director, is equivalent to one of the requirements described in paragraphs 1 to 4, inclusive.
- C. Special needs facility. Every special needs facility that is licensed must have a Director who is at least 21 years of age and has:
1. A bachelor's or associate's degree with at least 12 semester hours of education of which three semester hours are in child development, six semester hours are in the education of children with special needs and three semester hours are in child psychology, education related to the health of children, the education of children with special needs, or courses directly related to these fields and six months of verifiable experience, satisfactory to the Agency, in a program related to the education of children, early childhood development, child care or the education of children with special needs; or
 2. A high school diploma, a general educational development certificate, if approved by the Agency and have completed at least 12 semester hours of education of which three semester hours are in child development, six semester hours are in the education of children with special needs and three semester hours are in child development, child psychology, education related to the health of children, the education of children with special needs or courses directly related to these fields and three years of verifiable experience, satisfactory to the Agency, in a program related to child education, early childhood development, child care or the education of children with special needs; or
 3. A combination of education and experience which, in the judgment of the Agency Director, is equivalent to the requirements of Subsections 1 and 2.

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Qualifications and Requirements of Director

D. Care of ill children facility

1. The Director must be:
 - a. A physician as defined in NRS 630.014;
 - b. A physician's assistant as defined in NRS 630.015;
 - c. An advanced practitioner of nursing, as defined in NRS 632.012, who has a specialty in pediatrics;
 - d. A registered nurse as defined in NRS 632.019; or
 - e. A licensed practical nurse, as defined in NRS 632.016, who has two years of experience in pediatric nursing.
2. The Director shall complete a total of 60 hours of initial training in:
 - a. The control of communicable diseases; and
 - b. The recognition of symptoms and the care of childhood illnesses.
3. The Director must be at least 21 years of age.

***21.2 Director requirements. A Director of a child care facility must:**

- A. Provide a program for child care for the facility which meets the requirements of these Regulations;
- B. Maintain adequate enrollment, attendance, medical and all other records;
- C. Maintain organized separate personnel records for each staff, including volunteers, substitutes, and part-time employees, which must include:
 1. A completed application for employment which lists the name, date of birth, place of birth, address, telephone number, Social Security number, education, training, work experience, three personal references, and person to notify in case of emergency; and
 2. Proof of results of current TB test.
 3. A copy of current work permit card.
 4. A copy of the Prevention and Control of Communicable Disease in the Child Care Setting certificate.

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Qualifications and Requirements of Director

5. Verification of current certification for the administration of cardiopulmonary resuscitation.
 6. A copy of each evaluation of his work performance.
 7. A copy of his registration as an alien, if applicable.
 8. A copy of training certificates as required per Section 22 of these Regulations.
 9. Verification the employee received the orientation and basic training required per Section 23.1 of these Regulations.
- D. Notify the Agency of new employees or volunteers prior to their commencing employment;
- E. Provide space for an office, the storage of records, conferences with parents, meetings of the staff, and all other needs of the child care program;
- F. Maintain responsibility for screening, scheduling, and supervising the staff of the facility, and for all conduct of any member of the staff of the facility;
- G. Ensure that each member of the staff of the facility who is not a caregiver, but whose job duties may directly impact children cared for in the facility, has the training necessary to protect the health and safety of the children and the health and safety of the other members of the staff, including, without limitation, training concerning proper nutrition, methods of sanitation and procedures for maintaining a safe environment in the facility;
- H. Work with parents and include them, whenever possible, in the programming and functioning of activities;
- I. Assure that the required staff-to-child ratio be maintained;
- J. Inform parents and other interested parties in writing about the goals, policies, and content of child care programs in the facility;
- K. Maintain a daily sign-in sheet that includes:
1. The first and last names of staff and children;
 2. The times of arrival and departure for staff and children; and
 3. Sign-in sheets to be kept on file a minimum of two years and made available to the Agency upon request.

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- L. Cooperate with the Agency and other agencies of government to improve the quality of child care and the competence of caregivers; and
- M. Be present in the facility 25 hours per week during its hours of peak operation. Peak hours are those when the maximum number of children are customarily present in the facility. In an infant toddler nursery which is a distinct part of a child care facility, the Director or one caregiver who meets the qualifications of a Director for the infant and toddler nursery, must spend at least one half of his time in the infant and toddler part of the facility.
- N. If the facility is in operation 25 hours or less per week, the Director shall be present in the facility during at least half the hours of operation.
- *O. Be physically present in the facility for a sufficient amount of time to ensure compliance with the provisions of this chapter and chapter 432A of NRS.
- *P. Designate a member of the staff who is responsible for the operation of the facility when the Director is not present at the facility.

SECTION 22 QUALIFICATIONS AND REQUIREMENTS OF CAREGIVERS

22.1 Specific caregivers. The following Sections apply to all caregivers, including family child care and group child care home licensees.

22.2 Caregiver qualifications

A. Every caregiver must be:

1. At least 16 years of age;
2. Able to communicate adequately to summon emergency assistance and respond to or initiate contact with parents and licensing authority; and
3. Mentally and physically healthy and qualified to carry out a program which places emphasis on the development of children.

B. A staff member under 18 years of age may not be used to supervise other staff.

C. Licensees, including family child care and group child care home operators, must be at least 18 years of age.

D. Any caregiver who is under 18 years of age must:

1. Have completed a course in the development of children; or
2. Be currently enrolled in and complete a course in the development of children while employed in a facility.

The course must be approved by The Nevada Registry or its successor organization, or any other agency designated by the Agency to approve such courses. If The Nevada Registry or its successor organization has not approved the course, and the Agency has not designated another agency to approve such courses, the Agency may decide whether a course in the development of children is adequate to meet these requirements.

E. Although Subsection 22.2.A allows caregivers to be under the age of 18 in certain circumstances, a child care facility may not be operated unless a person who is 18 years of age or older is on the premises of the facility.

F. No more than 50 percent of the caregivers in a child care facility may be under 18 years of age.

G. Whenever a facility is in operation, at least one caregiver on duty must have current CPR certification. All caregivers of a facility must obtain certification in the

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administration of cardiopulmonary resuscitation (CPR) within 120 days of commencing employment and provide documentation that such certification is current.

1. The certification must be in the administering of CPR to children and to infants if the facility is licensed to care for children under the age of two years, and to adults if necessary to ensure that the person is certified to administer CPR to children of all ages for which the facility is licensed to care for.
 2. The course must be taught by a certified instructor who meets the standard of a nationally or internationally recognized provider of training in CPR, including, without limitation, the American Heart Association, the American Red Cross, MEDIC FIRST AID International, EMS Safety Services, or the American Safety and Health Institute.
- H. Caregivers must complete a program for the administration of first aid. The program must be provided by a licensed health care professional or a representative of a licensed health care agency or clinic, a community college, a university, the American Red Cross, the American Heart Association, an adult education program in home nursing, or an institution approved by The Nevada Registry or its successor organization. The training must include health information for children and responses to illness and emergencies, including the administration of first aid to victims of fire, serious injury, or the ingestion of poison.
- I. Upon request a facility must present to the Agency evidence that any caregiver on duty has complied with training requirements.
- J. Each caregiver and staff member working directly with children, except as exempt in Section 31.7, shall complete and comply with a course in the recognition of the signs and symptoms of illness in children and the prevention of exposure to blood borne pathogens as required in Subsection 6.5 of these Regulations as follows:
1. Prevention and Control of Communicable Diseases in the Child Care Setting as taught or approved by the Washoe County Health District. Certification must be completed within 120 days after the first day of employment in any licensed child care facility. This course must be completed at least once every 36 months. A copy of the most recent certificate shall be maintained at the facility.
 2. Whenever a facility is in operation, at least one caregiver on duty must have completed a course in Prevention and Control of Communicable Diseases in the Child Care Setting.
- K. Within 90 days after the caregiver commences employment in the facility, the caregiver must apply with The Nevada Registry or its successor organization, and annually renew his registration before the date on which it expires.

22.3 Caregiver requirements. Caregivers must be able to:

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- A. Work with children without recourse to physical punishment or psychological abuse;
- B. Communicate with children and their parents;
- C. Praise and encourage children and provide them with a variety of learning and social experiences;
- D. Recognize and eliminate hazards to the safety of children; and
- E. Summon help in the event of an emergency.

22.4 Tuberculosis test/immunizations. Each caregiver and staff member shall comply with health verification requirements in Subsection 6.2 of these Regulations as follows:

- A. Written certification of negative results of a tuberculosis test taken within 12 months immediately preceding the first day of employment at the facility. Thereafter, every two years, a skin test or chest x-ray for tuberculosis is required. If a positive skin test is found, a chest x-ray is required.
- B. Requirements in Subsection A above will apply to any person residing in a family child care or group child care home. Children under the age of 18 living in the home must have a current record of immunization from the Washoe County Health District or authorized physician.

22.5 Health problems, exclusion of caregivers, other staff members, and volunteers

- A. Each caregiver, other staff member, or volunteer who has an identified health problem that may affect his/her ability to provide adequate care to children in a facility shall:
 - 1. Report the problem to the Director of the facility or, if self-employed, to the Agency; and
 - 2. Submit to the Director of the facility or, if self-employed, to the Agency, a written statement from a licensed physician attesting to the fact that the health of the caregiver does not endanger the children who are under his/her care in the facility.
- B. Each Director shall report to the Agency any health problems reported to him/her pursuant to Subsection 22.5.A.1. See also Subsection 26.2 on the duty of the child care facility to report reportable diseases and conditions to the Agency and Health Authority.
- C. In the event of question regarding the physical or mental health of any child care personnel or facility resident, the Agency or licensee may require him/her at any time to undergo further medical/psychiatric examination. If, as the result of further

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examination, there is indication of a physical, emotional, or mental condition which could be hazardous to a child, other staff, or self, and which would prevent satisfactory performance, the employee/caregiver shall not be assigned or returned to a position until the condition is cleared to the satisfaction of the examining physician.

- D. The child care facility shall follow the Health Authority's directions on exclusion of the ill caregiver, other staff member, or volunteer with a reportable disease or condition. A caregiver, other staff member or volunteer who is excluded as a result of a reportable disease or condition shall not be allowed to return to the child care facility until permission to do so is given to the child care facility by the Health Authority. The following reportable diseases may require exclusion from child care per the direction of the Health Authority:

- Amebiasis
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- E. coli 0157:H7
- Giardiasis
- Haemophilus influenzae type b invasive disease
- Hepatitis A
- Measles (rubeola)
- Meningitis
- Meningococcal disease
- Mumps
- Pertussis
- Pneumonic Plague
- Poliomyelitis
- Rubella
- Salmonellosis
- Shigellosis
- Tuberculosis
- Typhoid fever
- Yersiniosis

- E. The child care facility shall exclude volunteers, caregivers, and other staff members, who either have contact with the children or contact with anything with which children came into contact with, and who have the following:
1. Respiratory illness, including uncontrolled coughing, difficulty breathing, or wheezing, until diagnosed not to be contagious;
 2. Rash with fever or joint pain, until diagnosed not to be measles or rubella;

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3. Multiple bouts of diarrhea, defined as 3 or more watery stools during the previous 24-hour period or one bout of bloody diarrhea, until either no diarrhea occurs for 24 hours or until diagnosed not to be contagious;
 4. Vomiting illness (two or more episodes of vomiting in the previous 24 hours), until either no vomiting occurs for 24 hours or until determined by a treating health care provider not to be contagious;
 5. Shingles, only if the blisters cannot be covered by clothing or a bandage until the blisters have crusted;
 6. Skin infection, until 24 hours after treatment has been initiated;
 7. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and 24 hours after cessation of fever;
 8. Head lice, from the end of the day of discovery, until after the first treatment;
 9. Scabies, until after treatment has been completed;
 10. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye), until 24 hours after treatment has been initiated;
 11. Chickenpox (Varicella-Zoster) until all sores have dried and crusted (usually 6 days); or
 12. Ringworm of the scalp or body until 24 hours after treatment has been started.
- F. Caregivers or other staff members who have herpetic gingivostomatitis, cold sores or herpes labialis shall not be excluded from the child care facility, but shall:
1. Cover lesions with a bandage, clothing or other appropriate dressing;
 2. Avoid hugging, kissing or other close contact with children;
 3. Avoid sharing food or drink with children or other caregivers or members of the staff of the facility;
 4. Avoid touching lesions; and
 5. Wash hands frequently and upon accidentally touching a lesion or upon touching or changing a dressing.

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- G. The Health Authority may make a final determination on exclusion when a conflict exists between the treating health care provider and the exclusionary guidelines referenced in Subsection 22.5 E.
 - H. For more information, refer to Addendum VI or to the Prevention and Control of Communicable Diseases in Schools and Child Care Facilities provided by Washoe County Health District.
- 22.6 Alternate caregivers. Alternate or substitute caregivers can be used in a facility when a caregiver's absence is either planned or unplanned. The alternate caregiver is considered a member of the staff of the facility for 12 months from the last date in which they worked as an alternate caregiver. The alternate caregiver must meet all of the conditions of this Section and Sections 6.7.B and 23 of these Regulations. Please refer to Section 31.7 regarding alternate caregivers in a family home child care.
- 22.7 Volunteers. For the purpose of these Regulations, a volunteer is a person at least 16 years of age working in a facility in an unpaid position.
- A. A volunteer who is working directly with children and who is counted in the staff to child ratio will be counted as a member of the staff for the purposes of these Regulations and must meet all caregiver requirements.
 - B. A volunteer for a child care facility, regardless of his age, may not provide direct care to a child at the facility unless the care is provided under the supervision of an employee at the facility who is 18 years of age or older.

SECTION 23 TRAINING

- 23.1 Orientation. Within the first two 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 by the facility Director, or a designee trained by the Director, in the policies, procedures, and programs of the facility, including the requirements set forth in these Regulations. Training received as part of the orientation may not be applied towards the initial course of training or additional training as required in this Section. The orientation must address, at a minimum:
- A. Any Regulatory requirements that govern the facility;
 - B. The goals and philosophy and the policies and procedures of the facility;
 - C. Any planned programs or activities of the facility;
 - D. The policies and procedures for relating to parents;
 - E. Meal patterns and food-handling policies and procedures;
 - F. Dealing with occupational health hazards for caregivers, including, without limitation, paying attention to the physical health and emotional demands of the job and being aware of any special considerations of a caregiver who is pregnant;
 - G. The emergency health and safety procedures of the facility; and
 - H. The general health and safety policies and procedures of the facility, including, without limitation, policies and procedures concerning:
 - 1. Hand washing techniques and requirements as set forth in Section 19 of these Regulations;
 - 2. Techniques for diapering and for assisting in the use of a toilet if care is provided to children in diapers or children needing help with using a toilet as set forth in Section 29 of these Regulations;
 - 3. Identifying hazards and methods for preventing injuries;
 - 4. Techniques for preparing, serving and storing food for employees who are involved in any of the activities concerning food for children at the facility;
 - 5. Excluding a child from the facility due to illness, and the manner in which illnesses are transmitted between persons;
 - 6. Methods for preparing formula if formula is prepared at the facility;

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7. Any precautions and other measures that should be taken to prevent exposure to blood and other bodily fluids, and policies and procedures to follow in the event of exposure to blood and bodily fluids; and
8. The administration of medication.

*23.2 Initial courses of training. Every caregiver and each Director who is employed in a child care facility, other than in a facility that provides care to ill children, shall complete, within 120 days, except for as noted in Section D below, after commencing his/her employment in any child care facility, an initial course of training which must include:

- A. A course in Prevention and Control of Communicable Diseases in the Child Care Setting, which meets the requirements of Subsection 22.2.J.1; and
- B. Certification in the administration of cardiopulmonary resuscitation as required pursuant to Section 22.2.G; and
- C. Two or more hours concerning the administration of first aid; and
- *D. Two or more hours in the recognition and reporting of child abuse and neglect needs to be completed within 90 days of employment and needs to be repeated every five years thereafter; and
- E. At least two hours concerning Sudden Infant Death Syndrome, if the person is employed at a facility that cares for children under the age of 12 months;
- *F. One hour of training in the prevention of shaken baby syndrome and abusive head trauma;
- *G. Two or more hours of training in the administration of medication, which must include, without limitation, training in the prevention of and response to food and other allergies;
- *H. Two or more hours of training in building and physical premises safety, which must include, without limitation, training in the storage of biocontaminants and other hazardous materials;
- *I. Two or more hours of training in emergency preparedness and response planning for emergencies resulting from natural or human-made event;
- *J. If the facility provides transportation, one or more hours of training in precautions to be taken when transporting children for each person who will provide such transportation;
- *K. Two or more hours of training in lifelong wellness, health and safety of children, which must include, without limitation, training relating to childhood obesity, nutrition and moderate or vigorous physical activity; and

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- *L. Three or more hours in child development or guidance and discipline specific to the age group served by the facility in which the Director serves or in which the person is employed.
- *M. The initial courses of training must be obtained if such training has not been completed within the 24 months prior to employment at the facility.
- *23.3 Additional Training. Within 12 months after commencing a position as a Director or a caregiver in a child care facility, each person, in addition to completing the above listed training and training in child development as listed in Section 22.2.D, shall complete at least 24 hours of training in professional development as required in Section 23.4 of these Regulations.
 - A. The training required by this Section must be designed to:
 - 1. Ensure the protection of the health and safety of children; and
 - 2. Promote the physical, moral, and mental well-being of each child enrolled in the facility.
 - B. If the facility is a Special Needs Facility, training must also be designed to provide information on the characteristics of handicapping conditions and appropriate programs for children with special needs. The training must be established or approved by an agency designated by the Bureau of Services for Child Care or by the Agency.
- *23.4 Continuing training. A person may use training completed pursuant to Section 23.2 to count towards the 24 hour training requirements set forth in Section 23.3. All caregivers must complete minimum of 12 of their additional yearly training hours into the care, education, and safety of children specific to the age group served by the child care facility in which the person is employed and must be approved in accordance with the Regulations. Not more than three hours may be training in how to perform cardiopulmonary resuscitation.
- 23.5 Approval of training. Training requirements may be satisfied by taking an early childhood and education course offered by a community college or university, seminars, workshops or other forms of training. All qualified training must be approved by The Nevada Registry or its successor organization. If the training is not approved by The Nevada Registry or its successor organization, or any other agency designated by the Director of the Agency to approve training, or if the Agency has not designated another agency to approve training, the training must be approved by the Bureau of Child Care Services or by the Agency. Training that has not been approved will not be used to satisfy the training requirements herein.

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- 23.6 Verification of training. Evidence that an employee has completed the courses must be included in his personnel file at the facility and available for review upon request.
- 23.7 Specialized training. If required by the facility Director or owner of the facility, a member of the staff shall participate in any specialized training related to child care which is offered in the community.
- 23.8 Continuing training hours. A Director, licensee or caregiver may not receive credit toward the program of training required by this Section for hours of training received concerning the administration of first aid more than once every 36 months.
- 23.9 Volunteers. For purposes of this Section, a volunteer who works in a facility and participates in specialized child care training as defined by the facility Director, is a member of the staff of the facility.

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SECTION 24 STAFF-TO-CHILD RATIO

- 24.1 Individual attention and supervision. A facility must have a staff which is sufficient in number to provide physical care, supervision and individual attention to each child and allow time for interaction between the staff and the children to promote the children's social competence, emotional well-being, and intellectual development. A member of the staff who is supervising a child, and counting as a caregiver in the staff to child ratio, must:
- A. Be physically present in the room where the child being supervised is present;
 - B. Observe, oversee and guide the child;
 - C. Be aware of the needs of the child and accountable for the care of the child; and
 - D. Maintain a proximity to the child that allows the member of the staff to be capable of intervening if his assistance or direction is needed by the child.
- 24.2 Director as part of staff. Only those staff members working directly with the children shall be counted in the staff-to-child ratio. The facility Director may be counted in the ratio when present at the facility.
- 24.3 Additional staff (cook). Except in family child care and group child care homes, provisions shall be made for additional staff for cooking and maintenance.
- *24.4 Staff-to-child ratio. Except as otherwise provided in Subsection 29.5 of these Regulations, licensee shall adhere to the following minimum standards for staff-to-child ratio:
- A. Family child care home
 - 1. One caregiver shall be on duty at all times with provisions for an alternate on call in case of an emergency.
 - 2. Two caregivers shall be on duty when four or more of the children in the facility are children with special needs.
 - 3. Maximum number of children is six with the following limitations:

Children's Age	Maximum Number of Children Per Age Category
Less than 1 year of age	2
1 year of age or older but less than 3 years of age	4
3 years of age or older	6

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4. Any children who reside in the facility, or children of the licensee or other persons who reside in the facility who are less than three years of age will be counted for the purpose of the ratios set forth in this Section.

- *B. Group child care home A licensee of a group home shall abide by the following limits on the number of children in the group home and staffing levels. Any children who reside in the facility or children of the licensee or other persons who reside in the facility who are less than three years of age will be counted for the purpose of the ratios set forth in this Section.

Children's Age	Required Staff to Child Ratio	Maximum Number of Children Per Age Category
Less than 1 year of age	1 caregiver for every 2 children	4
1 year of age or older but less than 3 years of age	1 caregiver for every 4 children	8
3 years of age or older	2 caregivers for every 6 children	12

- *C. Child care centers

1. A licensee of a child care center, child care institution, accommodation facility, facility for special events, nursery for infants and toddlers or special needs facility shall, between the hours of 6:30 a.m. and 9:00 p.m., abide by the following staffing levels in each classroom:

Individual Classroom Ratio and group size from 6:30 a.m. - 9:00 p.m.		
Children's Age	Staff to Child Ratio	Group Size
Birth - 9 months	1 staff - 4 children	8 children
9 months – 24 months	1 staff - 6 children	12 children
2 years	1 staff - 9 children	18 children
3 years	1 staff – 12 children	24 children
4 years	1 staff - 13 children	26 children
5 years and up	1 staff – 18 children	36 children

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2. A licensee of a child care center, child care institution, accommodation facility, facility for special events, nursery for infants and toddlers or special needs facility shall, between the hours of 9:00 p.m. and 6:30 a.m. shall abide by the following staffing levels in each classroom:

Individual Classroom Ratio and group size from 9:00pm -6:30 a.m.		
Children's Age	Required Staff to Child Ratio	Maximum Number of Children
Less than 3 years of age	1 caregiver for every 6 children	12
3 years of age or older	1 caregiver for every 10 children	20

- a. Every member of the staff of a child care center who is on duty at night must remain awake during duty hours.

*D. Care of ill children facility A licensee of a facility that provides care for ill children shall abide by the following limits on the number of children in the facility and staffing levels:

Children's Age	Required Staff to Child Ratio	Maximum Number of Children Per Age Category
Less than 2 years of age	1 caregiver for every 3 children	6
2 years of age or older but less than 3 years of age	1 caregiver for every 4 children	8
3 years of age or older but less than 6 years of age	1 caregiver for every 5 children	10
6 or more years of age	1 caregiver for every 7 children	12

- *1. If the Director provides care for ill children, he may be included in calculating the ratio of staff to children.
- *2.. If a facility that provides care for ill children contains children from more than one of these age groups, the required number of staff is determined by computing the average of the ages of all children attending the facility and using the average age to determine the applicable ratio of staff to children.
- *3. Only staff providing direct care to the children will be counted in the ratio of staff to children.

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- *E. Mixed age groups: Facilities who utilize mixed ages, with the exception of care of ill children facilities, must use the youngest age of child with a group size as the basis for ratio, however, per above charts, multiple group sizes can be in one classroom while maintaining room capacity.
- *F. Square Footage: Facilities are allowed the use of all useable and measurable square footage within a classroom if ratios and group size are maintained per the above charts within these classrooms.

24.5 Field trips. In addition to the number of caregivers required to satisfy the applicable ratio of caregivers to children set forth in Subsection 24.4, one additional caregiver per group of children must be present on all field trips away from the child care facility to assist in providing direct supervision to the children and to increase the safety of the children. The provisions of this Section do not apply:

- A. If the purpose for leaving the child care facility is to transport the children from the child care facility to another location and, upon reaching that location, the responsibility for caring for the children is assumed by another adult; or
- B. To a group of children that is composed entirely of school age, including children who are attending kindergarten.

SECTION 25 BEFORE/AFTER-SCHOOL CARE

***25.1 Permission to provide before/after-school care.**

- A. A licensee of a family home or group home may, after obtaining the written permission of the Agency, 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:
 - a. At least 6 years of age or is attending school for a full day; and
 - b. Less than 16 years of age.
- B. Children who live in such a home and are 11 years of age or less must be included in counting the additional children.
- C. The care must not exceed three consecutive hours before normal school hours and three consecutive hours after normal school hours.

Centers are not allowed to have before/after-school endorsements.

SECTION 26 IMMUNIZATION AND HEALTH OF CHILDREN

26.1 Nevada Revised Statutes 432A.230 to 432A.280, inclusive, set forth the following requirements for the immunization of children attending a child care facility:

A. 432A.230

1. Except as otherwise provided in Subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this state, including a facility licensed by a county or city, unless his parents or guardian submit to the operator of the facility a certificate or certificates stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:
 - a. Diphtheria;
 - b. Tetanus;
 - c. Pertussis if the child is under six years of age;
 - d. Poliomyelitis;
 - e. Rubella;
 - f. Rubeola (measles); and
 - g. Such other diseases as the local board of health or the state board of health may determine.
 - 1) Hib
 - 2) Mumps
 - 3) Hepatitis A
 - 4) Hepatitis B
 - 5) Varicella
 - 6) Streptococcus Pneumoniae
2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or his designee or a registered nurse or his designee, attesting that the certificate accurately reflects the child's record of immunization. An official printout will also be accepted.

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3. A child whose parent or guardian has not established a permanent residence in the county in which a child care facility is located and whose history of immunization cannot be immediately confirmed by a physician in this state or a local health officer, may enter the child care facility conditionally if the parent or guardian:
 - a. Agrees to submit within 30 calendar days documentation from the physician or local health officer that the child has received or is receiving the required immunizations; and
 - b. Submits proof that he has not established a permanent residence in the county in which the facility is located.
4. If documentation of immunizations from the physician or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 30 days after the child was conditionally admitted, the child must be excluded from the facility.
5. Before December 31 of each year, each child care facility shall report to the health division of the department, on a form furnished by the division, the exact number of children who have:
 - a. Been admitted conditionally to the child care facility; and
 - b. Completed the immunizations required by this Section.
- B. 432A.240 If the religious belief of a child's parents or guardian prohibits the immunization of the child as required by NRS 432A.230, a written statement of this fact signed by the parents or guardian and presented to the operator of the facility exempts the child from the provisions of that Section for purposes of admission.
- C. 432A.250 If the medical condition of a child will not permit him to be immunized to the extent required by NRS 432A.230, a written statement of this fact signed by a licensed physician and presented to the operator of the facility by the parents or guardian of such child exempts such child from all or part of the provisions of NRS 432A.230, as the case may be, for purposes of admission.
- D. 432A.260 If, after a child has been admitted to a child care facility, including a facility licensed by a county or city, additional immunization requirements are provided by law, the child's parents or guardian shall submit an additional certificate or certificates to the operator of the facility stating that such child has met the new immunization requirements.
- E. 432A.270 Whenever the state board of health or a local board of health determines that there is a dangerous contagious disease in a child care facility attended by a child

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for whom exemption from immunization is claimed pursuant to the provisions of NRS 432A.240 or 432A.250, the operator of the facility shall require either:

1. That the child be immunized; or
2. That he remain outside the school environment (or caregiver's home) and the local health officer be notified.

F. 432A.280 Any parent or guardian who refuses to remove his child from the child care facility to which he has been admitted when retention in the facility is prohibited under the provisions of NRS 432A.230, 432A.260, or 432A.270 is guilty of a misdemeanor.

26.2 Reporting

- A. The child care facility shall immediately notify the Agency and Health Authority of any reportable disease or condition at the child care facility, including any outbreak or suspected outbreak at the child care facility. See Addendum VI for List of Reportable Diseases and Conditions.
- B. The child care facility shall notify the Agency, as soon as possible, of the death of any child who attends or lives in the facility.

26.3 Health and immunization requirements

- A. Within 30 days after enrollment, other than enrollment in an accommodation facility or facility that provides care to ill children, the parent, guardian, or person having custody shall provide a written statement from a licensed physician or registered nurse attesting to the status of the child's health and stating that all known special conditions are under treatment and the child is capable of adjusting to the programs of the facility. In the event of question regarding the physical or mental health of any child in care, the licensee or the Agency may require the parents to provide another statement of good health from a licensed physician or registered nurse.
- B. Except as otherwise provided in Subsection A, every child in the facility, whether drop-in, part-time, or full-time, shall have proof of current immunization on file at the facility as described in NRS 432A.230. Verification shall be kept in the format determined by the Agency and shall be readily available for each child in care.

*26.4 Records maintenance. A facility shall keep a record for each child which includes any pertinent information about his health status, any special needs he may have, any food allergies and any emergency or treatment plan for exposure to the allergen, and immunization status. These records shall be kept for a minimum of 90 days after the child no longer attends the facility.

26.5 Exclusions for religious beliefs. For children whose parents adhere to a religious faith practicing healing by prayer or by other spiritual means:

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- A. A facility shall obtain a signed statement from the parents that no medical care is to be provided;
- B. A facility shall report to the Agency any accidents, injuries, or illnesses affecting such children.

26.6 First aid

- A. An easily understandable chart describing first aid and emergency treatment must be available in each facility.
- B. Each facility must have a well-stocked first aid kit readily available at all times. Refer to Addendum VIII for suggested First Aid Kit supplies.

26.7 Written health provisions. Every facility, other than an accommodation facility, must have written provisions for:

- A. Consulting with physicians or registered nurses regarding the health of the children;
- B. Obtaining assistance in developing and maintaining current health policies; and
- C. Providing health services and education for the children and members of the staff, including dental health and personal cleanliness and care.

26.8 Emergency health services. A written directory of emergency health services must be readily available in the facility and must include:

- A. A hospital;
- B. A clinic or other constantly staffed medical facility;
- C. A physician or registered nurse, if the parents of a child have signed a written agreement stating that the person is acceptable.

*26.9 Accident/Illness records.

- *A Not later than 24 hours after the occurrence of the illness or injury, a member of the staff of the facility must create a written report concerning the illness or injury. The written report must be placed in the file concerning the child that is maintained by the facility, and a copy of the written report must be provided to a parent of the child. Upon request of the Agency, the facility must provide to the Agency the written report and any statements by members of the staff of the facility that are part of the written report.

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- *B. Upon the occurrence of any accident or injury which requires emergency professional medical care of a child, the Director of each facility shall report the occurrence to the Agency within 48 hours after the accident or injury and shall keep on file at the facility a written report detailing the occurrence.

26.10 Transportation. If a member of the staff transports or accompanies a child for professional emergency care, he must remain with the child until the parents assume responsibility for the care of the child. Arrangements shall have been made for substitute or alternate staff so that supervision of the other children in the facility is not compromised.

26.11 Notification and isolation of ill or injured children

- A. If a child becomes seriously injured or has an illness that requires exclusion from the child care facility under Subsection 26.15, the facility shall immediately isolate the child from other children and place the child under appropriate supervision.
- B. The parent(s), legal guardian or other person authorized by the parent or legal guardian shall be immediately notified when their child's condition requires exclusion. The child care facility shall also inform the parent(s), legal guardian or other person authorized by the parent or legal guardian that they must immediately come and take their child from the child care facility.

26.12 Administering medical treatment. Members of the staff of a facility shall not administer any medical treatment, except emergency first aid and prescribed medications to the child.

26.13 Medications

- A. Each prescribed medication must be kept in the original container which has a child-proof lid, be plainly labeled, contain the name of the child or adult for whom it is prescribed, and be stored in a locked cabinet or be made inaccessible to children. Non-prescription medication must be kept in a container with a child-proof lid, be plainly labeled, and be stored in a locked cabinet or be made inaccessible to children. Medications for external use must be kept in a separate section of the locked cabinet. Medications stored in a refrigerator must be kept in a locked metal box or other place which is inaccessible to children.
- B. In order to administer non-prescription medication, a facility must have a prescription on file from a physician.
- C. Except in an emergency, only one person designated by the facility may administer medications to children. A written record containing every medication administered, the name of the child to whom it was administered, and the date and time it was administered must be maintained on a weekly basis by the facility and kept in the child's file.

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- D. The person designated to administer medication must be trained in the administration of medication by a health care professional or the parent of a child cared for in the facility and authorized to administer the medication pursuant to NRS 453.375 or 454.213.
- E. All medication must, upon discontinuance of use be promptly destroyed or returned to the child's parents.
- 26.14 Parental response to emergency. If a parent or the person designated by the parent does not respond to an emergency call, the facility shall notify the Agency.
- 26.15 Exclusion of children
- *A. Exclusion of children based on reportable diseases or conditions. The child care facility shall follow the Health Authority's directions on exclusion of an ill child with a reportable disease or condition. A child who is excluded as a result of a reportable disease or condition shall not be allowed to return to the child care facility until the Health Authority gives permission to do so. The following reportable diseases may require exclusion from child care per the direction of the Health Authority:
- Amebiasis
 - Campylobacteriosis
 - Cholera
 - Cryptosporidiosis
 - Giardiasis
 - Haemophilus influenzae type b invasive disease
 - Hepatitis A
 - Influenza
 - Measles (rubeola)
 - Meningitis
 - Meningococcal disease
 - Mumps
 - Pertussis
 - Pneumonic Plague
 - Poliomyelitis
 - Respiratory Syncytial Virus (RSV)
 - Rotavirus
 - Rubella
 - Salmonellosis
 - Shiga Toxin-producing *Escherichia coli* (STEC including *E. coli* O157:H7)
 - Shigellosis
 - Tuberculosis
 - Typhoid fever
 - Vibriosis
 - Yersiniosis

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- B. Other conditions requiring exclusion of children. The child care facility shall exclude children if they have any of the following conditions:
1. Respiratory illness, including uncontrolled coughing, difficulty breathing, or wheezing, until diagnosed not to be contagious;
 2. Fever as defined in Subsection 1.29, accompanied by behavior changes or other signs or symptoms of illness until a treating health care provider finds the child is not contagious;
 - *3. Diarrhea, defined as 6 or more watery stools during the previous 24 hour period, one uncontained stool, or one bout of bloody diarrhea, until either no diarrhea occurs for 24 hours or until diagnosed not to be contagious;
 4. Rash with fever or behavior change, until a treating health care provider determines that these symptoms do not indicate a communicable disease;
 5. Vomiting illness (two or more episodes of vomiting in the previous 24 hours), until either no vomiting occurs for 24 hours or until determined by a treating health care provider not to be contagious and the child is not in danger of dehydration;
 6. Shingles, only if the lesions cannot be covered by clothing or a bandage until the blisters have crusted;
 7. Skin infections, until 24 hours after treatment has been initiated;
 8. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and 24 hours after cessation of fever;
 - *9. Head lice, from the end of the day of discovery, until after the first treatment and no live lice are seen;
 - *10. Scabies, until 24 hours after treatment has been completed;
 11. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye), until 24 hours after treatment has been initiated;
 12. Mouth sores with drooling, unless a treating health care provider determines that the child is noninfectious;
 - *13. Chickenpox (Varicella-Zoster), until 6th day after rash onset or sooner if all sores have dried and crusted;

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14. Ringworm of the scalp or body until 24 hours after treatment has been started;
 15. Herpes simplex, until those children who do not have control of their oral secretions no longer have active sores inside the mouth. No exclusion is necessary for children who have recurrent infections (fever blisters and cold sores);
 - *16. Hand, Foot and Mouth Disease, until fever free for 24 hours without the use of fever-reducing medication, all lesions are dry and scabbed over and no new lesions have appeared for 24 hours; or
 17. The child has an illness and the child care facility determines it cannot care for the ill child without compromising either the health or safety of the ill child or the health or safety of the other children.
- C. The Health Authority may make a final determination on exclusion when a conflict exists between the treating health care provider and the exclusionary guidelines referenced in Subsection 26.15.B.

26.16 Duty to cooperate

- A. The child care facility shall promptly cooperate with the Health Authority during:
1. A communicable disease investigation of the circumstances or cause of a case, suspected case, outbreak or suspected outbreak.
 2. The carrying out of measures for the prevention, suppression and control of a communicable disease, including procedures of exclusion, isolation and quarantine.

SECTION 27 NUTRITION

- *27.1 Nutritional needs. 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. All licensed facilities shall follow the current nutrition standards for meals and snacks which are applicable to children of ages receiving care at the facility as issued by the Child and Adult Care Food Program of the United States Department of Agriculture. Refer to Addendum VII for information on nutrition.
- *27.2 Meals and snacks shall be nutritious, adequate, and adapted to the ages of the children and shall be attractively served. A facility shall serve each child who stays in the facility:
- A. For 10 hours or less in one day at least one meal and two snacks, or two meals and one snack;
 - B. For more than 10 hours in one day at least two meals and two snacks, or one meal and three snacks;
 - C. Simple nutritious snacks at mid-morning and mid-afternoon. Each child must be offered food at intervals that are at least two hours apart and, unless the child is asleep during that time, are not more than three hours apart.
 - D. A minimum of one-half cup (4 oz.) of pasteurized fluid milk with each meal unless a parent's written recommendation against milk consumption based on medical reasons is contained in the child's record. Full strength fruit juice may then be substituted.
- *27.3 Night care requirements. A facility that offers night care of the children shall provide a nutritious evening meal and a bedtime snack.
- *27.4 Junk food. Sweets, foods, and beverages with little or no nutritional value shall not be served except in addition to the meals and snacks served to comply with the requirements of Subsection 27.3. Celebrations and occasions during which junk food is present should be limited and healthy food options must also be offered during the celebration or occasion.
- *27.5 Menus
- A. Except in family child care homes, menus shall be planned one week in advance, dated, and conspicuously posted in the kitchen and also in a place convenient for the parent's inspection.
 - B. Menus shall be kept on file a minimum of 90 days after their use.

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Nutrition

- *27.6 Bag lunch. Meals may be brought to a facility for a child to consume at the facility. The bag or other container used to bring the meal to the facility must be labeled with the child's first and last name. The facility shall inform the parents of each child who is cared for in the facility that perishable items must be stored or packed in a manner that maintains the temperature of the contents.
- *27.7 Interaction by staff. Members of the staff of the facility should eat with the children and encourage the children to eat a variety of food and observe table manners.
- *27.8 Infants
- A. Infants shall be fed or supervised individually and their diet and pattern of feeding shall be appropriate to their special developmental needs. Infants unable to hold their own bottles shall be held during feeding. Infants over six months of age who show a preference for holding the bottle may be allowed to do so provided a caregiver remains in the room and within observation range. Infants under six months of age may not be offered any solid foods or fruit juices unless the facility has written permission from the child's parent or physician.
 - B. Formula for infants may be furnished by the parents or by the facility, and preparation of such formula must be followed carefully. Each bottle must be labeled with the infant's name and date of preparation and stored to manufacturer's specifications.
- *27.9 Drinking water. A safe supply of drinking water shall be readily available at all times from disposable cups or from a drinking fountain. If a drinking fountain is used, it shall be of the guarded, angular jet type and set at a height readily accessible to the children. The water supply shall comply with the standards of the Nevada Administrative Code Chapter 445A.
- *27.10 Discipline. Food shall never be used as a method of discipline nor as a reward. Children shall be encouraged and assisted to eat if necessary, but in no case shall any child be forced to eat by withholding desserts or by any other means.
- *27.11 Kitchen. Children shall not be allowed in the kitchen except for supervised learning experiences.

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Food Service Sanitation

SECTION 28 FOOD SERVICE SANITATION

- 28.1 Washoe County Health District. The Washoe County District Health Officer or his designees will act as consultants for the Agency in all matters pertaining to food services in child care facilities.
- 28.2 Requirements. Facilities requiring a license to operate as required by these Regulations shall meet all requirements of the Washoe County District Health Officer. Any facility serving food, drink, confection or beverage intended for human consumption must obtain a valid permit to operate a food establishment from the Washoe County Health District or have a written exemption from the permit issued.
- 28.3 Reports on file. Facilities must retain the reports of the food service inspections on file at the facility for a minimum of two years.

SECTION 29 ENVIRONMENTAL HEALTH AND SAFETY

- 29.1 Authority to inspect. The District Health Officer or his duly authorized agent shall have authority to enter, for purposes of inspection or investigation, all child care facilities and to inspect all food products, sewage disposal facilities, utensils, equipment, and all portions of buildings located upon the premises. The representative of the Washoe County Health District has the authority to enforce any part of these Regulations that pertain to the safe and proper operation of a child care facility.
- 29.2 Reports on file. Reports of inspections must be kept on file at the facility for a minimum of two years.
- *29.3 Summary of standards. The following is a summary of the applicable standards for environmental health. If a caregiver desires more information concerning the standards, he should communicate with the Washoe County Health District.
- A. Every licensee or facility Director shall insure that the programs and premises of the facility are designed to minimize the risk of accidental injury. The premises, furnishings, and equipment must be kept clean and in good repair to protect the health of the children and the members of the staff.
- B. Chemicals must be stored and used as follows:
1. Cleaning equipment, cleaning agents, and toxic materials must be stored in a location of the child care facility which is inaccessible to children, except for soap, and sanitizer at the diaper changing area. Sanitizer at the diaper changing area must be in a labeled spray bottle and kept out of the reach of children.
 2. Cleaning agents and any other toxic chemicals shall be clearly and accurately labeled as to contents.
 3. All caregivers shall be able to demonstrate the proper use of and precautions to follow while using chemicals within the child care facility.
 4. Cleaning agents shall neither be stored on shelves above those holding food items nor stored on the same shelf as those holding food items.
 5. Only pesticides approved by the Environmental Protection Agency for use in child care and food establishments may be used.
 6. All chemicals used at the child care facility, except for family child care homes, must have a Material Safety Data Sheet (MSDS) which shall be readily available during all hours of operation.

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C. The procedure for cleaning floors is as follows:

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

D. Cleaning and sanitizing schedule for specific items

1. Body fluids, feces, and tissue discharges shall be cleaned up immediately and the surface upon which the spill landed shall be sanitized.
2. If the child is suspected of having a communicable disease, all toys and other items the child uses shall be cleaned and sanitized after use.
3. Restrooms, including flush toilets, floors and fixtures shall be cleaned and sanitized daily or sooner if soiled.
4. Diaper changing tables and potty chairs are to be cleaned and sanitized after each use. See Subsection 29.3.L for diaper changing procedures.
5. Wade pools shall be emptied, cleaned and sanitized after each use.
6. Frequently touched toys and surfaces, in rooms in which infants and toddlers are cared for, including tables and high chairs, shall be cleaned and sanitized daily or sooner if soiled.
7. Toys and other surfaces in rooms where older, non-diapered children are cared for shall be cleaned and sanitized weekly or sooner if soiled.
8. Toys that are placed in children's mouths shall be set aside to be cleaned and sanitized before being handled by another child.
9. Tabletops used for eating must be cleaned and sanitized prior to and after use.
10. Objects intended for the mouth including, thermometers, pacifiers, teething toys, and similar objects shall be cleaned, and reusable parts shall be sanitized between uses.

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11. Sleeping devices, including cribs, portable cribs and playpens, shall be cleaned and sanitized at least once a week or sooner if soiled. Cleaning and sanitizing a sleeping device is required before a different child is allowed to use the same sleeping device.
12. Cloth, dress-up clothes (excluding hats and other items worn over the head), and cloth or plush toys, shall be laundered and placed into a hot dryer weekly or sooner if soiled. Hats and other items worn over the head shall be cleaned and sanitized after each child's use.
13. Reusable cloth rags shall be laundered separately and placed in a hot dryer between uses.
14. Mops shall be washed in detergent and water, then rinsed in water, then immersed in sanitizing solution, then wrung out as dry as possible after each use.
15. Phone receivers shall be cleaned and sanitized weekly.

Refer to Addendum X on how to mix bleach solutions used for sanitizing and refer to Addendum XI for table on cleaning and sanitizing guidelines for specific items.

***E. Cleaning and sanitizing procedures**

1. Manual cleaning shall be done as follows:
 - a. Scrub the surface of the item with soap/detergent and clean water to remove all visible soil, then;
 - b. Rinse off soap/detergent residue with clean water.
2. Manual sanitizing after cleaning.
 - a. When using an approved sanitizing agent other than bleach, follow the manufacturer's directions for use. See Subsection 1.56 for the listing of approved sanitizing agents.
 - b. When using bleach as a sanitizing agent staff shall:
 - 1) Prepare the bleach solution as a sanitizing agent, in accordance with the bleach solution mixing instructions contained in Addendum X; then
 - 2) Either immerse the item in a separate container of bleach sanitizing solution for 30 seconds or wet the surfaces of the item with the bleach sanitizing solution; then
 - 3) Either allow the item to air dry or wipe off liquid residue.

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3. Mechanical cleaning and sanitizing nonporous items.
 - a. Dishwashers may be used for cleaning and sanitizing nonporous items, such as plastic and metals, under the following conditions:
 - 1) Dishwasher shall be operated in accordance with the manufacturer's guidelines for maintenance and operation; and
 - 2) Dishwashers that are not National Sanitation Foundation (NSF) approved dishwashers must meet the equivalent standard for sanitization of an NSF approved dishwasher and be approved for use by the Health Authority.
4. Carpets, rugs and other porous items that have been contaminated by body fluids, including fecal matter, shall be treated as follows:
 - a. Clean the area by removing any solid matter present and then blot to remove the fluid as quickly as possible; then
 - b. Spot-clean with a detergent-sanitizing agent; then
 - c. Shampoo or steam-clean the contaminated surface.
- F. Bleach sanitizing agents shall not be scented or mixed with ammonia or any other cleaning agents, including but not limited to window cleaners, vinegar, dishwasher detergents, oven cleaners, hydrogen peroxide, toilet bowl cleaners, drain cleaners, rust-calcium-lime removal products, concrete cleaners, paints and insecticides.
- G. Dirty linens must be stored separately from food, clean linens, and other supplies.
- H. Personal items, such as combs, hairbrushes, washcloths, towels, pacifiers, teething toys, personal clothing, bedding, and toothbrushes must not be used by more than one person. Such items shall be stored separately in a storage area that is labeled with the child's name.
 1. When children are permitted to brush their teeth at the child care facility the caregiver must comply with all the following:
 - a. Toothbrushes shall not be shared.
 - b. After use, toothbrushes shall be stored with their bristles up to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface. If a toothbrush becomes contaminated, it shall be discarded.

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- c. If a toothbrush holder is used, the location in the holder for a given toothbrush shall be labeled with the child's name. Toothbrushes shall be physically separated at all times. The holder shall be maintained in a clean and sanitary condition and be protected from contamination.
 - d. Toothpaste shall not be dispensed directly onto toothbrushes from a common tube.
- I. Individual sleeping accommodations must be provided for naps and rests and must conform to the following:
 - 1. Each bed must have cleanable covers and be suitable for use by children;
 - 2. No restraining device may be used in a crib or play pen unless such a device is ordered by a physician of the particular child;
 - 3. Every mat, cot, bed, crib, or play pen must be at least two feet apart and every aisle between them must be kept free of obstruction;
 - 4. Areas provided for napping or sleeping must be sufficiently lighted to provide for visual supervision of the children at all times;
 - 5. The staff of each facility shall:
 - a. Be readily accessible and available to be summoned to ensure the safety of the children, and shall maintain the staff to child ratio while children are napping as required in Subsection 24.4 of these Regulations;
 - b. Use a safe, sturdy, well-constructed, single-level, free standing crib, portable crib or playpen for children to sleep in;
 - c. Equip any such sleeping device with a waterproof, firm-fitting mattress;
 - d. Ensure that each infant under 12 months of age is placed on his back on a firm mattress, mat or pad manufactured for use by an infant when the infant is napping or sleeping in a crib;
 - e. Ensure that each crib to be used by a child who is 6 months of age or younger is constructed with vertical slats that are not more than 2-3/8 inches apart;
 - f. Ensure that a child who is 18 months of age or younger sleeps in a crib which is appropriate for his age or in another sleeping device which has been approved by the Agency;
 - g. Ensure that a child who is older than 18 months of age sleeps in an appropriate crib or on a cot or mat;

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- h. Ensure that each sleeping device has appropriate bedding and a waterproof and washable covering;
 - i. Ensure that the bedding that each child uses is used only for that particular child;
 - j. Replace the bedding each time it is wet or soiled by a child or when the sleeping device is to be used by another child;
 - k. Take any child who is awake from a nap in a crib out of the crib and engage the child in an appropriate activity within 15 minutes;
 - l. Ensure that each child takes a nap as needed; and
 - m. Napping children must be in an area where they can be heard and readily seen and must be physically checked by a caregiver at least every 15 minutes.
- 6. The staff of a facility shall not change the diaper of a child in a crib or other sleeping device.
- 7. Linen must be provided for each bed, cot, or crib. Cots with removable covers and sleeping mats which are covered in materials designed to be sponged or wiped clean need not be covered by bed linens. Bed linens, cot covers, and sleeping mats must be washed at least weekly and every time a different child is to use the equipment.
- 8. If bunk beds are used, they must not exceed two tiers and the upper level must have safety guardrails. Children under six years of age must occupy only bunks on the lower level.
- 9. A bed or crib must be furnished for each child who sleeps in the facility at night. Each bed must be at least six inches above the floor, at least 24 inches wide and of adequate length for the child. Cribs must be provided for children 18 months of age or younger.
- 10. For naps, children may use family beds in a domicile used by persons living in the facility if separate linens are laid over the beds and the child has his own blanket.
- 11. The staff of a facility shall not use a waterbed, sofa, sofa mattress, pillow or any other soft surface on which to place an infant under 12 months of age to nap or sleep. No bumpers, pads, quilts, toys, or wedges used in cribs or port-a-cribs.

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12. Sleeping quarters

- a. In a child care facility offering night care, no child over the age of one year shall sleep in the same room as an adult unless the adult is a non-sleeping caregiver.
- b. No child over the age of five years shall share sleeping quarters with persons of the opposite sex unless a non-sleeping caregiver remains in the room .

J. Bathrooms must be kept clean, safe, and sanitary and have:

1. Adequate illumination and ventilation;
2. One hand wash sink for every 15 children;
3. One toilet equipped with toilet paper on a wall mounted toilet roll dispenser for every 15 children.

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

1. Have a smooth, nonabrasive, impervious surface;
2. Except for a family child care home, be located within 5 feet of a hand washing sink that is not used for the preparation of food;
3. Not be located in an area in which food is prepared;
4. Have a smooth, nonabsorbent floor covering;
5. Have nearby for wet or soiled diapers a washable receptacle that is lined with plastic and covered with a lid; and
6. Be kept in good repair and in a safe condition.

L. Diaper changing and soiled clothing procedures

1. Single use diaper changing procedures shall be posted at each diapering area.
2. The child care facility shall use the following procedure on single use diaper changing:
 - a. Gather all necessary supplies.
 - b. Disposable liner is optional. If used, place disposable liner on the diaper-changing surface.

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- c. Glove usage is optional. If used, place disposable gloves on.
- d. Carry the child to the changing table, keeping soiled clothing away from caregiver.
- e. Any soiled clothing shall be handled in the manner specified in Subsection 29.3.L.4.
- f. Unfasten the soiled diaper.
- g. Use disposable baby wipes to clean the diaper area. Remove stool and urine from front to back.
- h. Fold the used diaper over and secure it with the tabs. If gloves are worn, remove gloves and dispose.
- i. Dispose of all contaminated materials in a lined receptacle with a tightly fitting lid that is used for diapering materials only. The receptacle shall be emptied as often as needed to minimize odors and cleaned and sanitized at least once a day. The receptacle shall be inaccessible to children.
- j. Caregiver shall wipe their hands with a disposable wipe and then wipe the child's hands with another disposable wipe.
- k. Apply skin care ointments as needed. Skin care ointments that are individually labeled for each child must not be shared with other children. If community skin care ointments are used they must be dispensed onto a clean, single service, disposable item prior to application to each child.
- l. Slide the clean diaper under the child, adjust and fasten it. The diaper must be able to contain urine and stool and minimize contamination.
- m. Wash the child's hands as specified in either Subsection 19.3.A or 19.3.C. Return the child to group.
- n. Dispose of table liner, if used.
- o. Clean and sanitize diaper changing table after each use in accordance with Subsections 29.3.E.1 and 29.3.E.2.
- p. Caregiver shall then wash their hands as specified in Subsection 19.3.A.
- q. Document any skin problems and report, to the parent or guardian, any rash on the child or unusual stool frequency, color, or odor.

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3. The child care facility's cloth diaper changing procedure is the same as the single use diaper changing procedure, except as follows:
 - a. After a diaper change, the cloth diaper and waterproof cover shall be simultaneously removed as a unit and placed directly into a leak-proof container. The container shall be labeled with the child's name or diaper service and maintained inaccessible to children. The contents shall be sent home or picked up by the diaper service daily.
 - b. Cloth diapers shall not be rinsed or contents disposed of at the child care facility.
 - c. If the child care facility allows cloth diapers, the diapers shall be of a front closure design with an absorbent inner liner and waterproof outer covering. The diaper and cover shall be removed as a single unit, with no reuse of diaper or cover until cleaned and sanitized at the child's home or at a diaper service. The diaper must be able to contain urine and stool and minimize contamination.
4. The child care facility's soiled clothing changing procedure is as follows:
 - a. Caregivers shall promptly change a child's clothing that is soiled with fecal material or urine.
 - b. Clothing shall not be rinsed but free fecal matter may be disposed of in the toilet.
 - c. The soiled clothing shall be placed in a leak-proof container.
 - d. The container is to be identified as the child's and stored in a manner so it is inaccessible to children.
 - e. The caregiver shall then wash their hands as specified in Subsection 19.3.A.
 - f. The soiled clothing shall be sent home with the parent or legal guardian daily and shall not be washed at the child care facility.
- M. The staff of a facility shall:
 1. Discourage children from coming near an area that is used for changing diapers; and
 2. Ensure that a child is not left unattended in the diaper changing area.
- N. Receptacles for the collection and storage of solid waste must conform to the Washoe County District Board of Health Regulations governing Solid Waste Management.

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- O. Any refrigerator or freezer not in use must be securely locked, wrapped with chain, and locked or have its door removed.
- P. The premises of a facility must be free of accumulated refuse, dilapidated structures, vermin, dangerous conditions, or instrumentalities capable of harming children and any other health or safety hazard.
- Q. Pets are permitted in a child care facility under the following conditions:
 - 1. Handled in a manner which protects the well-being of the children and the pet;
 - 2. Free from fleas, ticks, and intestinal parasites;
 - 3. Inoculated as often as prescribed by a veterinarian, in good health, present no problems of sanitation;
 - 4. Pet vaccinations must be up to date and kept on file at the facility, regardless if the pet is kept inside or outside the facility;
 - 5. Restricted from areas where food is prepared and from eating areas while meals are being served;
 - 6. A "dog run" must be set aside for the use of household pets where the area is inaccessible to the children under care of the facility;
 - 7. Reptiles, including but not limited to turtles, lizards and snakes, are not to be handled by children;
 - 8. Dangerous or aggressive animals are prohibited at the facility;
 - 9. Animal cages, equipment and surrounding areas shall be kept in a clean and sanitary manner;
 - 10. Animal cages shall be constructed and maintained in such a manner as to prevent escape of the animal;
 - 11. Litter boxes must be kept out of the reach of children; and
 - 12. Play areas must be cleaned of all animal feces before children are allowed access to the area.
- R. Requirements for hand washing sinks
 - 1. Hand washing sinks shall be equipped to provide hot and cold potable running water or provide warm running potable water through a mixing valve.

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2. Hand washing sinks that have a self-closing, slow closing, or metering faucet shall provide a flow of water for at least 15 seconds without the need to reactivate the faucet.
 3. Hot running water in the hand washing sink shall not exceed 100 degrees Fahrenheit.
 4. All hand washing sinks shall have a dispenser type soap located within 4 feet of the hand washing sink.
 5. All hand washing sinks shall have a working hand-drying machine or individual single-use disposal towels in a dispenser at the hand washing sink.
 6. All hand washing sinks, single-use towels and dispenser type soap shall be easily accessible.
 7. Hand washing sinks shall not be used for food preparation or utensil washing.
 8. At least one hand washing sign, indicating the proper procedure for hand washing specified in Subsection 19.3.A, is to be posted in a plainly visible site in each restroom.
- S. Only single-use disposable towels, single-use disposable sponges, or reusable cloth rags may be used for cleaning. Reusable cloth rags shall be laundered separately and placed in a hot dryer between uses. After cloth rags have been used once, they shall be placed in a closed receptacle with a tight fitting lid until laundered. Refer to Subsection 29.3.D for cleaning, disinfecting and sanitizing schedule for specific items.
- 29.4 Pools, ponds, hot tubs, saunas and other bodies of water. These Regulations are to reduce the risk of injury or drowning.
- A. If a swimming pool is on the premises and used by the children under care in the facility, the pool must comply with requirements of the Washoe County District Health Officer.
 - B. Licensed homes with pools, ponds or other bodies of water must provide a fence capable of keeping children out of the pool, pond or other body of water and in any event, at least four feet high on all sides of the pool, pond or other body of water separating the pool, pond or other body of water from the general yard area. The fence must:
 1. Have no vertical opening more than four inches wide.
 2. Be of such design that young children cannot climb it or squeeze under it.

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3. Have no opening at the bottom of the fence greater than 4 inches in height.
 4. Allow a clear view of the pool, pond or other body of water.
 5. Have a self-closing gate with a self-latching mechanism in proper working order which is out of reach of young children.
- C. A reaching pole and ring buoy must be provided as minimum safety devices.
- D. Steps leading to an above-ground pool shall be removed when the pool is not in use.
- E. Saunas and hot tubs must be locked in a manner which prevents access by children.
- F. Wading pools may be used in a facility under the following conditions:
1. The depth of the water in the wading pool does not exceed 6 inches;
 2. Children using wading pools must have direct supervision by an approved caregiver;
 3. Wading pools must be emptied when not in use;
 4. Wading pools shall be emptied, cleaned and sanitized immediately after each use. Refer to Subsection 29.3.D for cleaning and sanitizing schedule for specific items; and
 5. The wading pool must be maintained and used in a manner which safeguards the lives and health of the children.
- G. Children are prohibited from using hot tubs, spas, or saunas.
- H. All buckets and other pails of water shall be emptied immediately after each use.

29.5 Water activities and ratios

- A. A facility which provides activities in water that has a depth greater than 6 inches, other than a swimming lesson which is taught at a public swimming pool, shall ensure that:
1. No child is in water with a depth that is higher than the chest of the child while the child is standing;
 2. At least one caregiver is within arm's reach of each child who is less than three years of age;

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3. The children are not allowed to wade or swim in a moving body of water, including, without limitation, a stream, river, creek or irrigation ditch; and
 4. At least one person who is currently certified as a lifeguard or water safety instructor by the American National Red Cross or an equivalent water safety program is supervising the children. A public lifeguard may satisfy the requirement of this paragraph.
- B. A facility which offers a water activity must offer the activity as an optional activity.
- C. When children cared for in a facility are engaged in an activity in water that has a depth greater than six inches, the ratio of caregivers to children are as follows:
1. For children less than three years of age, one caregiver for each child.
 2. For children at least three years of age but less than six years of age, one caregiver for every four children.
 3. For children six years of age or older, one caregiver for every six children, with the following exceptions:
 - a. If there for more than six children, but less than 12 children engaged in the water activity, there must be at least two caregivers for the group.
 - b. If there are at least 12 children, but less than 20 children engaged in the water activity, there must be at least three caregivers for the group.
 - c. If there are 20 or more children engaged in the water activity, there must be at least three caregivers for the group, plus one additional caregiver for every sixth child in excess of 20 children.
- D. Caregivers who are counted in the staff to child ratio for children who are engaged in a water activity may not count in the staff to child ratio for children who are engaged in the optional activity offered.

29.6 Smoking prohibition

- A. Smoking tobacco in any form is prohibited in the following locations:
1. Within child care facilities.
 2. On playgrounds at child care facilities.
 3. Within 20 feet of entrances, exits, open windows, and ventilation systems of child care facilities.

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- 4. In vehicles when the vehicles are being used by the child care facility to transport children.
 - B. "No Smoking" signs or the international "No Smoking" symbol shall be clearly and conspicuously posted at every entrance to the child care facility.
 - C. All ashtrays and other smoking paraphernalia, with the exception of matches and lighters, shall be removed from the child care facility.
- 29.7 Pest control. The child care facility and grounds shall be kept free of vermin.
- 29.8 Heating and cooling. The child care facility shall maintain free of drafts and an ambient air temperature of at least 68 degrees Fahrenheit, but not more than 82 degrees Fahrenheit, during the months of April through September and at least 65 degrees Fahrenheit, but not more than 82 degrees Fahrenheit during the months of October through March in all interior areas of the building occupied by children, as measured 30 inches above floor level. The facility shall be heated, cooled and ventilated to maintain these temperatures and to avoid the accumulation of odors and fumes.
- 29.9 Lighting. Adequate lighting is required inside the child care facility, including in the play areas, restrooms, hallways, entrances, and nap areas. Adequate lighting is also required when children are reading, coloring, doing puzzles, and other close work.

SECTION 30 FIRE AND LIFE SAFETY REQUIREMENTS

- 30.1 Authority to inspect. The facility shall meet all fire and life safety standards. Fire department inspectors shall have authority to enter, for purposes of inspection or investigation, all child care facilities. The fire department representative has the authority to enforce Regulations applicable to the safe and proper operation of a child care facility.
- 30.2 Evacuation plan. Appropriate plans for removing the staff and children of a facility to a shelter within a building and for the evacuation of the facility in case of emergency must be conspicuously posted in a public place in the facility.
- *30.3 Emergency Disaster Plan. Each licensee shall develop an appropriate plan to ensure that the staff of his/her facility is prepared to respond to an emergency, including, without limitation, a fire or natural disaster and shelter in place event. The plan must, at a minimum, be reviewed on a quarterly basis during a meeting of the staff of the facility. Each licensee shall ensure that the plan is, at a minimum, evaluated annually and is changed as necessary.
- A. Each plan developed pursuant to Subsection 30.2 must include, without limitation:
1. The duties of the Director and staff;
 - *2. A procedure for removing staff and children to a shelter within a building of the facility if the staff and children are instructed to do so by emergency personnel, including specific information related to the plan for infants and toddlers and children with special needs or medical conditions;
 - *3. A procedure for evacuating the facility with necessary supplies to care for the children, to include medications and contact information of the parents/caregivers;
 4. A plan for transportation;
 5. A list of sites that may be used for relocation;
 6. A plan for the supervision of the children of the facility during the emergency;
 7. The manner in which children and staff from the facility will be accounted for during the emergency;
 8. The method for contacting emergency personnel, including, without limitation, the fire department, a law enforcement agency or any other appropriate authority; and
 - *9. A procedure for communication with parents and reunification of the children with their parents/caregivers.

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- B. Practice Drills. A facility shall hold a fire drill at least once every month and a drill for natural disasters at least once every three months.
 - C. The fire department inspector or his designee shall, at least annually:
 - 1. Enter and inspect every building or premises of each facility; and
 - 2. Observe and make recommendations regarding the drills conducted pursuant to Section 30.3.B.
 - D. Reports of the drills conducted pursuant to Section 30.3.B and the inspections concerning the fire safety at the facility conducted pursuant to Section 30.3.C must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling his child at the facility for at least two years after the date of inspection.
- 30.4 Summary of standards. The following is a summary of the applicable standards for building, fire, and life safety requirements. If a caregiver desires more information concerning the standards, he should communicate with the fire department having jurisdiction in that area.
- A. All child care facilities must comply with all applicable requirements of the currently adopted Building Code, Electrical Code, Plumbing Code, and Fire Code.
 - B. Mobile home family child care facilities must comply with all applicable requirements for construction and safety contained in the National Mobile Home Construction and Safety Act of 1974 (42 U.S.C. SS5401 et seq.) and state and local tie-down requirements for such facilities.
 - C. All facilities must comply with all applicable requirements of the currently adopted Life Safety Code, environmental health codes, and zoning codes. In the event of conflict between state and local codes, the more stringent code shall apply.
 - D. Facilities in existence at the time of the passage of these Regulations may have their existing use or occupancy continued if such use or occupancy was legal at the time of the passage of these Regulations. Existing facilities shall have one year to comply with this Section.
 - E. Only the ground floor of any building shall be used by children, and shall have not less than two unobstructed remote exits, one of which shall lead directly to the outside. Basement areas which meet inspection requirements may be used as play areas only, provided that there are two means of egress, one of which leads directly to the outside.
- Exception: Family child care homes shall comply with the current adopted Building Code for exiting purposes.

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1. Upon request, a waiver of Section 30.4.E may be granted by mutual agreement of the Fire Marshal having jurisdiction and the Director of the Washoe County Human Services Agency. Waiver procedure is outlined in Section 36.
- F. The occupant load for which means of egress shall be provided for any floor shall be the maximum number of persons intended to occupy that floor but not more than one person for each 3.3 square meters (35 square feet) of net floor area used by the children, exclusive of unusable space such as kitchens, halls, stairs, offices, bathrooms, and storage areas.
- G. Except in family child care homes, exits to hallways or to the outside from rooms used by children shall not be less than 92.3 centimeters (36 inches) wide and 2.0 meters (6 feet 8 inches) in height. Exit doors shall swing in the direction of exit travel and be clearly marked when serving ten or more children. In facilities with an occupancy load of more than 100, the major closing doors shall be equipped with panic hardware. Exits shall be illuminated in accordance with the requirements of the currently adopted Building Code, or with any County or City code, whichever is more stringent.
- H. Egress doors shall be easily opened from the egress side without the use of a key or special knowledge or effort. Door handles, pulls, latches, locks, and other opening devices on doors shall not require tight grasping, tight pinching, or twisting of the wrist to operate. The method of operation shall be obvious, even in darkness.
- I. The number, size, type, and placement of portable fire extinguishers shall be designated by the local fire authority having jurisdiction. Fire alarm systems, where required, shall be installed in accordance with applicable standards.
- J. All licensed child care homes and facilities shall have operable smoke detectors. Detectors shall be installed in accordance with the currently adopted Building Code, Fire Code, and NFPA 72.
- K. All mobile home child care facilities shall be inspected by the local fire authority having jurisdiction which shall determine on a case-by-case basis the fire protection needs of the facility. In making this determination the fire inspector shall consider the number of children to be cared for, the proposed hours of operation, and the construction of the mobile home including the flame spread rating, and the adequacy of exiting including windows from child occupied rooms.
- L. All child care facilities providing care for five or more children between the hours of 12 midnight and 6 a.m. shall contain an automatic fire extinguishing system approved by the local fire authority having jurisdiction. The system shall be electrically interconnected to a monitored fire alarm system.
- M. Any area used for general storage, boiler or furnace rooms, or fuel storage shall be separated from other parts of the building with construction having not less than a one-hour fire resistant rating. In areas where the authority having jurisdiction determines

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that areas do not present a severe hazard, such as in kitchens, smoke detectors may be used in lieu of one hour separations.

- N. Air conditioning, ventilating, heating, cooking, and other service equipment shall be in accordance with the currently adopted Life Safety Code and Electrical Code. The electrical wiring shall be sized to provide for the load in accordance with the Electrical Code. Receptacles and outlets serviced by extension cord type wiring are prohibited. Electrical appliances shall be grounded. Receptacle outlets shall be protected in all areas occupied by children.
- O. Any heaters in spaces occupied by children shall be separated by partitions, wire screens, or protective metal guards (no combustible materials) in such a manner that children cannot poke or place articles inside of heaters or on the heating element. Portable heaters are not allowed. Un-vented room heaters shall not be permitted. Oil and gas fired room heaters shall be installed in accordance with the applicable standards listed in the currently adopted Life Safety Code. A guard shall be provided to protect the children from hot surfaces and open flames. No furnishings and decorations of an explosive or highly flammable character shall be used. Windows shall not be obstructed by wrought iron bars or similar barriers.

30.5 Other safety requirements. The following safety requirements shall apply to all child care facilities:

- A. Porches, walkways, and play areas which are elevated shall have barriers to prevent falls. Handrails shall be provided on stairs where there are more than three steps in any one flight of stairs and the stairs shall be kept clean. Stairs, walkways, ramps, and porches shall have nonskid surfacing.
- B. All flammable materials, including fuel, pressurized cans, cleaning fluids and supplies, polishes and matches shall be stored in designated cabinets or storage facilities accessible only to authorized persons. The construction of such facilities shall be in accordance with the provisions of nationally recognized standards. There shall be no more than one gallon of flammable liquid in an approved safety container allowed on the premises.
- C. Lead paint shall not be used in redecorating. Paint coatings in older buildings converted to child care facilities shall be checked to assure the absence of a hazardous quantity of lead.
- D. The use of candles with an exposed flame shall not be allowed except as used for educational purposes and maintained under control of supervising adults.
- E. Waste baskets and other waste containers used indoors shall be made of noncombustible and non-fusible materials.

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- F. Trash collection receptacles and burning facilities shall be covered and separated from child play areas.
- G. Ground areas shall be well drained, surfaced where necessary, and free from depressions in which water may stand.
- H. The storage, collection, and disposal of garbage shall be conducted so as to control nuisance conditions. Garbage shall be kept in tight fitting containers and removed at least weekly.
- I. Handrails, landings, and safety gates shall be provided as required by the appropriate authority having jurisdiction.
- J. Exterior building openings shall be screened when necessary during seasonal insect periods, with the exception of required fire exits.
- K. All rooms shall be adequately ventilated and all rooms, corridors, halls, stairs, and porches shall be adequately lighted.
- L. Furniture, equipment, and toys shall be sturdily constructed without sharp edges or hazardous materials.
- M. All painted surfaces accessible to children shall be free of toxic materials.
- N. Interior finish shall be Class II in corridors and hallways and Class III in rooms or areas. Where an approved automatic fire extinguishing system is provided, the flame-spread classification rating may be reduced one classification but in no case shall the classification be greater than Class III.
- O. Exotic or dangerous animals are prohibited from the premises of a child care facility.
- P. Electrical devices or electrical appliances which are accessible to children must be stored in a manner in which they are not located near any type of water source, including, without limitation, any sink, tub, shower area or wading pool.
- Q. Any heating units, including without limitation, hot water heating pipes and baseboard heaters, with a surface temperature that is hotter than 100 degrees Fahrenheit must be covered by a nonflammable barrier, permanent guard, or shield, in order to ensure those heating units are inaccessible to children.

30.6 Weapons in a child care facility. As referenced in NRS 202.265, except as otherwise provided in this Section, a person shall not carry or possess weapons while on the property of a child care facility or while in a vehicle of a child care facility.

- A. The following weapons are prohibited:

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1. An explosive or incendiary device;
 2. A dirk, dagger or switchblade knife;
 3. A nunchaku or trefoil;
 4. A blackjack or billy club or metal knuckles;
 5. A pistol, revolver or other firearm; or
 6. Any device used to mark any part of a person with paint or any other substance.
- B. This Section does not prohibit the possession of a weapon on the property of a child care facility:
1. By a peace officer;
 2. By a school security guard;
 3. By a person designated by the child care facility to carry or possess the weapon as allowable per NRS 202.265; or
 4. If the child care facility is located in the home of a natural person so long as the person resides in the home and the person complies with any laws governing the possession of such a weapon.
 - a) Weapons and ammunition must be stored under lock and key and/or in a manner that they are inaccessible to children.
 - b) The provisions of the Section only apply to a child care facility located in the home of a natural person only during the normal business hours of the facility.

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Family and Group Child Care Homes

SECTION 31 REQUIREMENTS FOR FAMILY CHILD CARE HOMES AND GROUP CHILD CARE HOMES

- 31.1 Owner authorization. If the residence proposed for child care is rented or leased, the license applicant shall provide the Agency written authorization from the owner approving child care on the premises.
- 31.2 Responsibility. The licensee of a family child care home shall be able to accept the extra responsibility of other children without jeopardizing his health or ordinary care of his children and family. The relationship of all members of a family child care home shall be such as to secure a wholesome atmosphere for children.
- 31.3 Health requirements. All adult members of the household must be in good health, physically and mentally, and free of disabilities which would adversely affect the care of children. Tuberculosis test requirements outlined in Section 22.4 shall apply.
- 31.4 Income requirements. The income of a licensee of a family child care home, including the licensee's spouse, whether from employment or other sources, must be regular and sufficient to maintain an adequate standard of living for the family.
- 31.5 Work permit requirements. All adult members of the household shall comply with the work permit requirements outlined in Section 6.7.
- 31.6 Program requirements and record keeping. Except as otherwise provided in Subsection D, licensees and employees must comply with Section 22 and Section 23 of these Regulations and licensees must also:
- A. Provide a child care program which meets the requirements of these Regulations;
 - B. Maintain enrollment, attendance, medical, and all other records;
 - C. Maintain personnel records for each staff, including volunteers, substitutes, and part-time employees. Refer to Subsections C.1 through C.9 of Section 21.2.C for personnel record requirements;
 - D. Notify the Agency of new employees or volunteers prior to their commencing employment;
 - E. Notify the Agency within 24 hours of any change in the composition of the household;
 - F. Maintain responsibility for screening, scheduling, and supervising the staff of the facility, and for all conduct of any member of the staff or resident of the facility;
 - G. Work with parents and include them, whenever possible, in the programming and functioning of activities;

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- H. Assure that the required staff-to-child ratio is maintained;
 - I. Maintain a daily sign-in sheet that includes:
 - 1. The first and last names of staff and children;
 - 2. The times of arrival and departure for staff and children; and
 - 3. Sign-in sheets to be kept on file a minimum of 90 days and made available to the Agency upon request.
 - J. Cooperate with the Agency and other agencies of government to improve the quality of child care and the competence of caregivers.
- 31.7 Alternate Caregiver exemption. Alternate caregivers are exempt from the requirements of Section 22.2.J and Section 23.

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Requirements For Accommodation Facilities

SECTION 32 REQUIREMENTS FOR ACCOMMODATION FACILITIES

- 32.1 Facility location. An accommodation facility shall be located in a separate section of a commercial business establishment and enclosed from the principal business venture of such establishment. Any adult recreation of the business establishment which prohibits the participation of children shall be obscured from the view and hearing of children receiving care. The facility must comply with building, fire, and sanitation requirements outlined elsewhere in these Regulations. Capacity of the facility shall be determined by the local authorities having jurisdiction. Outdoor space, while recommended, is not required.
- 32.2 Program
- A. An accommodation facility must offer the child an opportunity for safe and comfortable activity appropriate to the child's level and must provide an adequate amount of furniture and materials to facilitate such activity.
 - B. There shall be a separate area designated for infants and toddlers if the facility is caring for children less than two years of age.
 - C. The facility shall not operate or advertise as an early care and education program.
 - D. The facility shall not provide field trips for children cared for in the facility.
- 32.3 Person in charge. During the hours of operation, each accommodation facility must have a person on duty who is designated as the person responsible for the operation of the facility.
- 32.4 Staff requirements. All staff who supervise children at any time must possess a valid child care work permit and have complied with caregiver requirements and TB test requirements detailed in Sections 22.3 and 22.4 of these Regulations. The staff member who receives the children shall be trained to recognize symptoms of illness or potential child care problems which would necessitate discussion with the parents prior to placement.
- 32.5 Registration
- A. No child shall be accepted for care unless the parent completes and signs a registration form. The registration form shall include a statement:
 - 1. Listing the child's full name and date of birth;
 - 2. Listing name of child's parents or guardian, home address, and telephone number;
 - 3. Describing the child's current health status including whether or not the child is free from contagious disease;

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4. Giving parental permission to obtain emergency medical care if physician or hospital services are needed and parental agreement to bear such expenses;
5. Agreeing to return for the child by the time the maximum number of hours has elapsed;
6. Showing the date and times of placement;
7. Listing the full name, address, and telephone number of at least two persons to contact in the case of an emergency; and
8. Asserting the parent's understanding and agreement to adhere to policies set forth by the facility.

B. Registration forms shall be retained by the facility for six months.

32.6 Conditions of placement

A. No child shall be accepted for placement unless:

1. He or she is free of contagious disease;
2. The adult directly or indirectly responsible for placement of the child remains on the premises of the commercial business during the period the child remains in care;
3. There is a control system, which is enforced, to prevent periods of care in excess of the maximum number of hours allowed; and
4. The parent makes provision for any feeding requirements which the child might have.

B. No medication may be administered to a child in an accommodation facility.

C. No child shall remain in the facility in excess of 3-1/2 hours in a 24-hour period.

32.7 Supervision of children

A. Children in placement shall be supervised at all times by facility staff who have been approved by the Agency. No child in placement shall be permitted to be alone with patrons of the facility or with facility staff who have not been approved by the Agency.

*B. The facility shall adhere to the staff-to-child ratio outlined in Section 24.4.C.

32.8 Extended care accommodation facilities. The following outlines additional requirements set forth for facilities licensed as extended care accommodation centers:

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Requirements For Accommodation Facilities

- A. Extended care accommodation facilities must follow all of the Regulations outlined for accommodation facilities with the exception of Subsection 32.6.C.
- B. There must be a designated napping area available to all children attending the facility.
- C. Meals or snacks offered at the facility may be provided by the facility or the parent of a child attending the facility. Food prepared at home by a parent of a child attending the facility may only be consumed by that child at the facility in accordance with state and local health agencies.
- D. In addition to the required 35 square feet of indoor space per child, an extended care accommodation facility must have a designated indoor area that provides sufficient space for physical activity such as climbing, basketball, dancing and gymnastics, or other gross motor activities.
 - 1. The designated indoor area used for physical activity must have a separate area for infants and toddlers, or a time in which the area is used only for infants and toddlers.
- E. A child may not be cared for at the facility for a period greater than five hours in any 24-hour period.

Regulations for Child Care Facilities Additional Requirements For Special Needs Center

SECTION 33 ADDITIONAL REQUIREMENTS FOR SPECIAL NEEDS CHILD CARE CENTER

33.1 Assessment. Before a child may be admitted to a special needs facility, the child's parents, the appropriate members of the staff of the facility and any appropriate specialist shall meet to determine whether the needs of the child can be adequately met by the facility and to ascertain the information and training which must be obtained from the child's parents and other persons who provide services to the child.

33.2 Plan of service. A special needs facility shall provide the members of its staff with appropriate training and prepare a written plan of service for each child with special needs it accepts. The plan of service must contain:

- A. The name, age, and date of birth of the child;
- B. The name, address, and telephone number of the parents of the child;
- C. Any information needed to contact the parents of the child;
- D. Any information needed to contact an appropriate person in an emergency;
- E. The name and telephone number of any physician or specialist who is treating the child;
- F. The name and telephone number of any special consultants who are available to the facility to assist in the care or treatment of the child;
- G. The signatures of all persons participating in and agreeing to abide by the plan;
- H. If relevant to the plan, a diagnosis of the child's special condition;
- I. Any special needs of the child, precautions or arrangements concerning:
 - 1. Diet and feeding;
 - 2. Devices and equipment;
 - 3. Positioning;
 - 4. Body wastes;
 - 5. Communication; and
 - 6. Management of behavior.
- J. Any specific plans for training the members of the staff of the facility regarding any needs, precautions or arrangements identified pursuant to Subsection I; and

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Regulations for Child Care Facilities Additional Requirements For Special Needs Center

- K. A date for review of the plan by the parents of the child, the appropriate members of the staff of the facility, and the physician of the child, if appropriate.
- 33.3 Structural adaptations. All facilities which provide care for children with physical handicaps shall have any of the following structural adaptations which are appropriate to the specific needs of each child present as described in the child's individual assessment, including as required:
- A. Ramps on all outside and inside stairs or elevators available for use;
 - B. Handrails on both sides of stairs used by the children;
 - C. An entrance ramp with handrails if facility entrance is above ground level;
 - D. Sufficient space between beds and cots to accommodate wheel chairs when necessary; and
 - E. Must comply with all local fire, building, and health codes.

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Licensing Entity Administration

SECTION 34 LICENSING ENTITY ADMINISTRATION

- 34.1 Investigations/inspections. In exercising the powers of approving, denying, revoking, suspending, or limiting licenses or making provisional licenses, the Agency shall investigate and inspect licensees and approved operators and applicants for a license of a facility. Any authorized member or employee of the Agency may enter and inspect any building or premises of a facility at any time to secure compliance with or prevent a violation of any provision of these Regulations.
- *34.2 Bureau of Child Care Licensing. The Agency shall submit quarterly reports of new licenses, license renewals, and license terminations to the Nevada Division of Public and Behavioral Health as required by NRS 432A.180.2 of the Regulations and Standards for Child Care Facilities.
- 34.3 Information available to public. Information relating to the licensing process and administration of Washoe County Code Chapter 45 shall be maintained by the Agency and shall be freely available to the general public.
- 34.4 Assistance and consultation. Child care licensing inspectors shall offer assistance, support and consultation as a regular part of their duties.

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Severability

SECTION 35 SEVERABILITY

- 35.1 Invalid. If any phrase, clause, sentence, Subsection, Section, provision, or part of Washoe County Code Chapter 45 or these Regulations, or its application to any person or circumstance, is for any reason held to be invalid or unenforceable, the remaining portions of Chapter 45 of the Code and these Regulations or their application to other persons or circumstances shall not be affected.

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Waiver of Regulations

SECTION 36 WAIVER OF REGULATIONS

- 36.1 Application. A person who desires a waiver of all or any part of Regulations concerning licensing must submit a completed application for the waiver to the Agency's child care licensing supervisor.
- *36.2 Review of Application. The Agency's child care licensing supervisor will review the application for the waiver and will act upon the application within 30 days from the date it is received in the Agency.
- 36.3 Criteria. The Agency Director may grant a waiver of a Washoe County Regulation if he determines that good cause exists. The Agency Director must not grant a waiver which will threaten public health or safety.
- 36.4 Period of waiver. The Agency Director will specify the length of time a waiver is in effect.
- 36.5 Revocation. A waiver granted by the Agency Director will be revoked before the expiration of the period of the waiver if the Agency Director determines that public health or safety is threatened or if the basis upon which the waiver was granted no longer exists.
- 36.6 Good cause. For the purposes of this Section, "good cause" exists where an applicant is unduly burdened by a regulation and thereby suffers a severe hardship because of circumstances or conditions which are unique to him.

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Regulations for Child Care Facilities Additional Requirements for the Care of Ill Children

SECTION 37 ADDITIONAL REQUIREMENTS FOR THE CARE OF ILL CHILDREN

37.1 Care of ill children facilities

- A. Care of ill children may be provided by:
 - 1. A facility that is licensed by the Agency to provide care for only ill children;
 - 2. A child care center that designates a separate area for use by ill children;
 - 3. A family home; or
 - 4. A group home.
- B. A licensee of a facility that provides care for ill children may care for a child who is prohibited from remaining in any other child care facility because he:
 - 1. Has a short-term or minor illness;
 - 2. Has a short-term physical disability; or
 - 3. Is recuperating from an acute episodic illness.
- C. A facility must not provide care for an ill child for more than 14 hours in any 24-hour period.

37.2 Exclusion. The Director of a facility that provides care for ill children shall not admit a child who has the following conditions unless approved by the appropriate health authority:

- A. Diarrhea:
 - 1. That is caused by shigella, salmonella, campylobacter or giardia;
 - 2. That is accompanied by dehydration or loss of fluid;
 - 3. That is accompanied by blood, mucous or loss of color in the stools;
 - 4. That is accompanied by poor fluid intake;
 - 5. That is accompanied by marked lethargy; or
 - 6. For more than three days, unless the parent provides evidence that the child is under the care of a physician.
- B. Difficulty breathing or rapid breathing.

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- C. Asthma and a severe upper respiratory infection, unless the parent provides evidence that the child is under the care of a physician.
- D. Episodes of vomiting for over a six hour period.
- E. Yellowish skin or eyes.
- F. A fever and:
 - 1. Mucous that has a foul odor or is yellow or green;
 - 2. An undiagnosed rash; or
 - 3. A sore throat.
- G. Severe coughing.
- H. Chicken pox, pertussis, measles, mumps, rubella, diphtheria or herpes simplex and is contagious.
- I. Untreated scabies, tinea corporis or capitis (ringworm).
- J. An ear infection, unless the parent provides evidence that the child is under the care of a physician.
- K. Untreated head lice.
- L. Any other condition that precludes his admission to the facility, as determined by the Director.

37.3 Contract with a physician

- A. Except as otherwise provided in Subsection C, a licensee of a facility that provides care for ill children shall employ or enter into a contract with a physician.
- B. The physician shall:
 - 1. Be on call when the facility is in operation;
 - 2. Make quarterly inspections of the facility;
 - 3. Act as a liaison to all appropriate health officers; and
 - 4. Assist in the development of standards for the operation of the facility.

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- C. If the Director of the facility is a physician, the licensee is exempt from the requirements of Subsection A and the Director shall carry out the provisions of Subsection B.

37.4 Written standards

- A. The licensee of a facility that provides care for ill children shall develop and carry into effect written standards for the operation of the facility.
- B. The standards must include:
 - 1. An admission policy;
 - 2. Procedures for the control of infection;
 - 3. Methods for the daily care of children;
 - 4. Procedures for recording information about a child;
 - 5. Plans for the training of staff;
 - 6. Procedures for the care and referral of a child with worsening symptoms;
 - 7. Procedures for communication by staff to parents and health care providers;
 - 8. Procedures for feeding and bathing a child;
 - 9. Procedures for a daily examination of each child in accordance with Section 37.13 of this regulation;
 - 10. Procedures for providing emergency health care, including community resources and referrals;
 - 11. Procedures for the use and administration of medication in accordance with Section 37.5 of this Regulation;
 - 12. Procedures for cleaning the facility;
 - 13. Procedures for administering first aid; and
 - 14. Procedures for storage of sanitizing material;
 - 15. A requirement that each room in which an ill child resides must have a sink for washing hands that is equipped with soap and paper towels; and

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16. A requirement that separate areas must be provided for changing the diapers of children who are ill and children who are well.

37.5 Administration of medication. Procedures for the use and administration of medication must include the following provisions:

- A. Only the Director or a person designated by him may administer medication to a child or provide assistance to a child who administers medication to himself.
- B. All prescription medications must be:
 1. Authorized by a physician;
 2. In the original container which must have a child proof lid;
 3. Labeled with the name of the child, the date and directions for administration; and
 4. Refrigerated, if required.
- C. All nonprescription medications must be:
 1. Authorized by a physician, health care provider or emergency care provider;
 2. Labeled with the name of the child, the date and directions for administration;
 3. Refrigerated, if required; and
 4. Kept in the original container which has a child proof lid.
- D. Except as provided in Subsection 37.5.J, the Director may administer medication to a child after receiving an oral order from a physician if the Director requests a written confirmation of the order from the physician.
- E. Except as otherwise provided in Subsection F, all medications must be locked and inaccessible to children.
- F. Medications that require refrigeration must be kept separate from food and inaccessible to children.
- G. Unused medication must be returned to a parent and outdated medicine must be discarded.
- H. The Director shall post a chart in a conspicuous place that includes:
 1. Information on the health and medication of the children in the facility; and

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Regulations for Child Care Facilities Additional Requirements for the Care of Ill Children

2. A record of the administration of medication to each child.
- I. A member of the staff shall note in the record of a child and the Director shall advise a parent of:
 1. All medication administered to a child; and
 2. The occurrence of any health problem, including diarrhea, vomiting, continuous hunger, refusal to eat, a nosebleed, a skin rash or high temperature.
- J. Only persons trained in the administration of medication by a health care professional or a parent of a child cared for in a facility authorized pursuant to NRS 453.375 or 454.213 may administer medication to the child.

37.6 Admittance

- A. Before a child is admitted into a facility that provides care for ill children, the Director:
 1. Shall conduct an assessment of the health of the child; and
 2. Receive from the parent:
 - a. A medical history of the child, which must include allergies and dietary problems, on a form provided by the facility;
 - b. A medical release form provided by the facility and signed by the parent;
 - c. The name, address and telephone number of the child's physician, health care provider or emergency care provider and any other information needed for obtaining emergency medical care;
 - d. The record of immunizations of the child; and
 - e. A statement of the current and recent illnesses or disabilities of the child, his medical needs and any symptoms that require notification of a parent or physician.
 3. Shall develop a plan of care for the child with the parent. The plan must be in writing and signed and dated by the parent.
- B. The Director may:
 1. Admit a child only after evaluating the medical history, symptoms and physical condition of the child; and

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2. Require an examination of a child by a physician, including a diagnosis, treatment and prognosis, before accepting the child.

37.7 Director qualifications

- A. The Director must be:
 1. A physician as defined in NRS 630.014;
 2. A physician's assistant as defined in NRS 630.015;
 3. An advanced practitioner of nursing, as defined in NRS 632.012, who has a specialty in pediatrics;
 4. A registered nurse as defined in NRS 632.019; or
 5. A licensed practical nurse, as defined in NRS 632.016, who has two years of experience in pediatric nursing.
- B. The Director shall complete a total of 60 hours of initial training in:
 1. The control of communicable diseases; and
 2. The recognition of symptoms and the care of childhood illnesses.
- C. The Director must be at least 21 years of age.

37.8 Staff qualifications

- A. Each member of the staff of a facility that provides care for ill children:
 1. Must be at least 18 years of age.
 2. Must be trained and certified in first aid and cardiopulmonary resuscitation (CPR) as outlined in Section 22.2.G in these Regulations.
 3. Shall earn a total of three hours of training each year in the control of communicable diseases and the recognition and treatment of childhood illnesses.
 4. Shall earn a total of three hours of training each year in a course directly related to the developmentally appropriate practices of young children.
 5. Shall provide to the facility his record of immunizations before beginning employment.

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- B. Evidence that a member of the staff has completed the requirements of paragraphs 2, 3, 4 and 5 of Subsection A must be included in his personnel file kept at the facility.

37.9 Staff-to-child ratio

- A. A licensee of a facility that provides care for ill children shall have on duty at least the following number of staff:
 - 1. If all children in the facility are younger than two years old, one member of the staff for every three children;
 - 2. If all children in the facility are between two years and three years old, one member of the staff for every four children;
 - 3. If all children in the facility are between three years and six years old, one member of the staff for every five children;
 - 4. If all children in the facility are older than six years, one member of the staff for every seven children.
- B. If the Director provides care for ill children, he may be included in calculating the ratio of staff to children.
- C. If a facility that provides care for ill children contains children from more than one of these age groups, the required number of staff is determined by computing the average of the ages of all children attending the facility and using the average age to determine the applicable ratio of staff to children.
- D. Only staff providing direct care to the children will be counted in the ratio of staff to children.

37.10 Isolation area

- A. A facility that provides care for ill children must have an area to isolate, if necessary, and care for a child whose condition has worsened until the child is removed from the facility.
- B. A child who is in an area of isolation must be under constant visual observation by a member of the staff.

37.11 Notification to parents

- A. The Director of a facility that provides care for ill children shall:
 - 1. Immediately notify a parent of any significant change in his child's illness or injury received in the facility more serious than a minor cut or scratch; and

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2. Obtain instructions from the parent for a course of action.
- B. If the Director determines that a child's illness or injury exceeds the maximum level of care for which the facility is licensed, the parent must be notified and the child must be removed from the facility. If the parent cannot be contacted, the Director shall follow the provisions for emergency care on the medical release form.

37.12 Dual facility additional requirements

- A. A facility that provides care for ill children in conjunction with a child care center must:
 1. Keep on file a daily schedule of work for all members of the staff.
 2. Not transfer a child from the facility to the center during any day that the child began at the facility.

37.13 Initial evaluation

- A. The Director may admit a child to a facility that provides care for ill children only if a parent brings the child to the facility and releases the child to a member of the staff.
- B. An initial evaluation of each child must be conducted upon his arrival by the Director or a physician, a physician's assistant, an advanced practitioner of nursing, a registered nurse or a licensed practical nurse who has the qualifications required by Subsection A of Section 37.7 of this Regulation.
- C. The initial evaluation must include:
 1. An assessment and the name of the person making the assessment;
 2. The status of the child's illness, including contagion and duration;
 3. A recommendation for the number of evaluations of the child to be conducted by a member of the staff during the day; and
 4. Recommendations for the diet and activity level of the child.

37.14 Ongoing evaluations

- A. A member of the staff shall conduct evaluations of each child as recommended by the Director or health care provider who performed the initial evaluation of the child.
- B. After each evaluation the member of the staff shall record:
 1. The date and time of each evaluation;

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2. The temperature, pulse and respiration of the child;
3. The amount of food and fluid ingested by the child;
4. The color, consistency and number of the child's stools; and
5. A description of the activity of the child, including sleep, rest and play.

37.15 Activities. The Director of a facility that provides care for ill children shall:

- A. Provide a child with activities during the day that meet the needs of the child, including:
 1. Activities that take place inside or outside and which are consistent with the developmental level, ability and physical condition of the child and the plan of care for the child;
 2. Rest and relaxation;
 3. Eating and drinking; and
 4. Toileting and personal hygiene.
- B. Modify the plan of care for each child daily.
- C. Monitor the records completed by staff.
- D. Notify a parent of his child's progress.

37.16 Nap/rest period

- A. A licensee of a facility that provides care for ill children must provide:
 1. An area for each child to rest without disturbance from other activities; and
 2. A bed or crib for each child that must be a least six inches above the floor.
- B. A member of the staff shall supervise a resting child.

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Regulations for Child Care Facilities Additional Requirements for Facilities for Special Events

SECTION 38 ADDITIONAL REQUIREMENTS FOR FACILITIES FOR SPECIAL EVENTS

38.1 Application and Licensure

- A. The application for a license to operate the facility for special events must be submitted at least 60 working days before the date on which the special event begins and must include the following:
1. The appropriate fee as outlined in Section 5.4.C of these Regulations;
 2. The name of the special event and the address at which the special event will occur;
 3. The square footage and a diagram of the specific area in which child care will be provided;
 4. Written approval from the owner or operator of the premises of the business at which the special event will be held;
 5. A copy of the contract which will be provided to the parent of a child who will receive care provided by the facility for special events;
 6. The plan for the program of care for the children who will receive child care by the facility for special events, which must be broken down by the age groups of children who will be served and the ages and number of children to whom child care services will be provided;
 7. A copy of the statement that will be provided to each parent of a child who receives care provided by the facility which indicates the members of the staff of the facility may have varied levels of training and experience; and
 8. A permanent physical location for the business where the records concerning the facility will be maintained when the special event is not occurring.
- B. The license to operate a facility for special events will not be renewed.

38.2 Provisions of care. Child care that is provided by the facility for special events may be provided only:

- A. If the special events facility is physically located in such a manner that any sale or dispensing of alcohol and any participation in gaming ventures are obscured from the view and hearing of children in the facility;
- B. To the children of persons who are attending the special event; and

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- C. On the dates on which the special event is occurring and may not be provided for more than:
 - 1. Seven days; and
 - 2. Ten hours in one day.

38.3 Administration

- A. A parent of a child who is receiving care must provide to the facility the full name, address, and telephone number or pager number of at least two persons who may be contacted by the facility in an emergency involving the child.
- B. A facility for special events shall provide and accurately maintain a sheet for signing children and members of the staff in and out of the facility.
- C. All records concerning the children receiving care at the facility for special events must be maintained on-site and available for review at the facility.
- D. A parent of a child receiving care at the facility must provide proper photo identification to remove the child from the facility.
- E. A person other than the child's parent can remove the child from the facility only if:
 - 1. The person is preauthorized by the parent as a person allowed to remove the child from the facility; and
 - 2. The person provides proper photo identification.
- F. Each facility for special events shall ensure that a parent of a child is notified upon checking the child into the facility of an off-site emergency location where the children receiving care at the facility will be taken if the facility is evacuated. The emergency location must:
 - 1. Be predetermined by the facility after consultation with, and approval of, the security department of the business at which the special event is being held, if any; and
 - 2. Not be above the main floor of the facility at which the special event is being held, or the secondary location the children have been evacuated to.
- G. Each facility shall ensure that a person designated as a supervisor who is 21 years of age or older is on duty at the specific area in which child care is being provided at all times that child care is being provided by the facility.

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Regulations for Child Care Facilities Additional Requirements for Facilities for Special Events

- H. Immunization records required by NRS 432A.230 for enrollment in a facility may be sent by facsimile to the facility.

38.4 Field trips

- A. A facility for special events shall submit to the Agency a program plan for each field trip the facility plans at least 14 days before the field trip is to occur. The plan must include, without limitation:
 - 1. The company that will be providing transportation;
 - 2. An itinerary of the field trip;
 - 3. An estimated time of departure for and return from the field trip;
 - 4. The plan for food service, which must comply with any applicable requirements of state and local health agencies;
 - 5. The approximate ages and number of children who will be participating in the field trip;
 - 6. Lists for the members of the staff of the facility that identify the group of children for whom each member of the staff will be responsible during the trip;
 - 7. A system of identification that will be prominently displayed and will assist each member of the staff in readily identifying each child who is in the group of children for whom the member of the staff of the facility will be responsible during the field trip;
 - 8. Copies of the notices of the field trip that were sent to and authorized by a parent of each child who will be participating in the field trip;
 - 9. The telephone number and names of at least two persons for each child attending the field trip who may be contacted by the facility in an emergency involving the child; and
 - 10. A statement signed by a parent of each child attending the field trip that the child does not have any health issues that would prevent the child from participating in the field trip.
- B. Children who are five years of age and less must not participate in any field trips sponsored by the facility unless the child is accompanied by a parent.

- 38.5 Meals and snacks. Refer to Section 27.3 regarding the amount of food that must be offered to children while in care at the facility. Any meals or snacks may be provided by the facility or a parent of a child cared for in the facility. Food prepared at home by a parent of

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a child cared for in the facility may only be consumed by that child at the facility in accordance with state and local health agencies.

- 38.6 Staff to child ratio. The staff to child ratio requirement for Facilities for Special Events is outlined in Section 24.4 of these Regulations.

PERSONS UNQUALIFIED FOR LICENSURE - Referred to in Section 3

*The following list is comprised of both State of Nevada and Federal criminal charges and may not be an exhaustive list. Please refer to NRS as referenced below.

- Murder, Voluntary Manslaughter, Involuntary manslaughter (felony and gross misdemeanor), Mayhem
- Kidnapping
- Any felony involving the use of a firearm or other deadly weapon
- Assault with intent to kill or commit sexual assault or mayhem
- Sexual assault, statutory sexual seduction (felony and gross misdemeanor), incest, lewdness, indecent exposure or any other sexually related crime
- Abuse or neglect of a child or contributory delinquency
- Prostitution
- Pandering
- Assault
- Battery, including, without limitation, battery which constitutes domestic violence
- Explosives and bomb threats
- Any violation of any federal or state law regulating the possession or use of any controlled substance or dangerous drug as defined in chapter 454 of NRS within the immediately preceding 5 years
- Any offense relating to the distribution or manufacture of any controlled substances or any dangerous drug as defined in chapter 454 of NRS
- Abuse, neglect, exploitation, isolation or abandonment of older person or vulnerable persons, including without limitation a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct
- Any crime against a child, including, without limitation, abuse, neglect or endangerment of a child, contributory delinquency or pornography involving a minor
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property within the immediately preceding 7 years
- A crime that constitutes domestic violence pursuant to NRS 33.018
- A violation of NRS 484C.430 (driving under the influence related)
- A violation of NRS 484C.101 or 484C.120 within the immediately preceding 5 years
- Arson
- Any violation of NRS 200, 201, or 202

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Addendum II

RESTRAINT OF CHILDREN - Referred to in Section 18

*1. Children must be restrained in accordance to NRS 484B.157 when riding in a motor vehicle.

*2. This Section does not apply:

- a) To a person who is transporting a child in a means of public transportation, including a taxi, school bus or emergency vehicle;
- b) When a physician determines that the use of such a restraining device for the particular child would be impractical or dangerous because of such factors as the child's weight, physical unfitness or medical condition. In this case, the person transporting the child shall carry in the vehicle the signed statement of the physician to that effect.

Buckle Up!

The Laws of Nevada
Nevada Revised Statutes require front and rear seat occupants of almost all passenger vehicles to wear safety belts or ride in an approved child restraint system. (NRS 484B.495 and 484B.157)

The Laws of Physics
If you crash or slam on your brakes, your car comes to a sudden stop. But you will keep moving until you, too, are stopped – by the windshield, dashboard, pavement or seat belt.



Air Bags



Air bags are more effective when you're buckled up and can be dangerous if you're not. You should be seated at least 10" away from the air bag as measured from the center of the steering wheel to your breastbone.

Air bags should be turned off only for those with certain medical conditions, those who cannot sit 10" away and when transporting young children in the front seat.

Never place a rear-facing child safety seat in front of an air bag! Children under 12 should ride in the back.

Expectant mothers should buckle up and leave the air bag on. Never place the lap belt above or on your belly.



Did you know?



Seven of ten child safety seats are installed improperly.

Free inspections and advice are offered throughout Nevada. Call 866-SEAT-CHECK or visit www.seatcheck.org to find one in your area.

Child Seat Law

Any child less than 6 years of age who weighs less than 60 pounds must ride in an approved child restraint system. (NRS 484B.157)

Best Practices

Keep children in the back seat until at least age 12. Select a car seat based on your child's age and size and use it every time.

Birth – 12 Months



Use a rear-facing car seat through age 1 and until your baby reaches the seat manufacturer's height and weight limits.

1 – 3 Years



Keep your child rear-facing as long as possible. Then use a forward-facing toddler seat with a harness until your toddler outgrows that seat's limits.

4 – 7 Years



Once your child has outgrown the seat with a harness, use a booster seat until he or she is large enough for seat belts. Stay in the back seat.

8 – 12 Years



Use safety belts once they fit properly. The lap belt should lie across the thighs, not the stomach. The shoulder belt should not cross the neck or face.

Seat Belt Tips

Never use just a lap belt across a child sitting in a booster seat designed for shoulder belts.

Never use pillows, books, or towels to boost a child. They can slide around and hit the occupant.

Never put a shoulder belt behind anyone's arm or back because it eliminates the protection for the upper part of the body and increases the risk of severe injury in a crash.

Kids Aren't Cargo!

Passengers under 18 may not ride in the back of a pickup or flatbed truck. This does not apply, however, to farming and ranching activity, parades or to camper shells or slide-in campers. (NRS 484B.160)



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Addendum III

CODE OF FEDERAL REGULATION – Toy Size Safety - Referred to in Section 19 of the Regulations

According to the federal government's small parts standard on a safe size toy for children under three years of age, a toy or toy component should be at least 1-1/4 inches in diameter and 2-1/4 inches long. Any toy or part smaller than this is a potential choking hazard.

The federal standard that applies is Code of Federal Regulations, Title 16, Part 1501, which defines the method for identifying and testing toys and other articles intended for use by children under three years of age that present choking, aspiration, or ingestion hazards because of small parts.

To obtain this publication, contact:

Superintendent of Documents
U.S. Government Printing Office
Washington D.C. 20402

Also note ASTM F963-86 Specifications for Toy Safety. To obtain this publication, contact:

American Society for Testing and Materials
1916 Race Street
Philadelphia, Pennsylvania 19103

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Addendum IV

SUGGESTED LIST OF MATERIALS - Referred to in Section 19 of the Regulations

ART

Butcher paper
Construction paper
Typing paper
Tissue paper
Cardboard
Paper plates
Easels
Brushes of various widths
Tempera paints
Water paints
Glue
Tape
Scissors
Old magazines
Yarn
Buttons
Other collage items
Crayons
Pencils

DRAMATIC PLAY

Child size furniture
Mirrors
Stuffed animals
Dolls
Doll clothes
Blankets
Dress-up clothes
Telephones
Dishes
Pots and pans
Measuring cups
Bowls
Cooking utensils
Canned foods
Empty food cartons/boxes

LANGUAGE AND BOOKS

Variety of books on many topics
Book case or rack
Pictures for discussion
Magazines
Language games
Story records
Audio Players

MANIPULATIVE ACTIVITIES

Tabletop blocks
Puzzles
Legos
Lincoln Logs
Bristle Blocks
Other building games
Nesting toys
Nuts and bolts of various sizes
Lacing shoe
Zippers, buttons, hooks, etc. to open and close

MOTOR ACTIVITY

Unit blocks
Large hollow blocks
Cardboard blocks
Blocks made from covered milk cartons
Trucks
Wooden animal/people
Indoor climbing frame
Indoor slide
Rocking boat
Parachute
Balls
Hula hoops

MUSIC

Rhythm instruments
Xylophones
Records
Record player
Autoharp
Piano/guitar for teacher
Props for dancing

PRE-MATH

Seriation games
Classification games
Matching games
Counting rods
Measuring cups
Measuring spoons
Number cards
Games involving counting

SCIENCE

Small animals/pets
Plants
Nature collections
Magnets
Prism
Scale
Magnifying glasses

SENSORY ACTIVITIES

Sand table
Water table
Buckets
Shovels/spoons
Hoses, funnels, etc.
Feely bags
Bins with various textured materials
Sound discrimination cans
Smell discrimination

WOODWORKING

Sturdy tools
Vise
Scrap wood
Nails
Work table
Safe tool storage

OUTDOOR PLAY

Swings, slides, climbers
Playhouse
Tricycles
Wagons, scooters
Sand and implements
Balls
Boxes, tires
Planks
Gardening tools

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Addendum V

IMMUNIZATIONS - See Section 26 of the Regulations for NRS 432A.230 TO 432A.280

IMMUNIZATIONS REQUIRED FOR CHILD CARE ENTRY

Effective 2018

A copy of this guide should be posted on a wall or desk top as a handy, quick reference for assessing the immunization status of children before they are allowed to attend your facility. If you need more information, please consult the Immunization Coordinator at your local health department.

Important! Parents must present a certificate, issued by the local health department or an authorized physician, of their child's immunizations before he or she can attend your facility. The certificate must include the following: vaccine name, month, day, year given, and provider name.

Use the tables found in this Section to evaluate each child's immunization status.

A. Conditional Admission of Non-Permanent Residents:

A child, whose parent or guardian has not established a permanent residence in the county in which a childcare facility is located and whose history of immunization cannot be immediately confirmed by a physician in the state or a local health department may enter the childcare facility conditionally. The parent or guardian must submit within 30 days documentation from a physician or health department that the child has received or is receiving the required immunization(s) and provide proof that they have not established a permanent residency in the county in which the facility is located.

B. Pupils Not Meeting Requirements:

Refer pupils who do not meet these county requirements to their physician or local health department, providing them with a written notice and indicating which doses are missing. If documentation of immunizations showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 30 days after the child was conditionally admitted, the child must be excluded from the facility.. Parents or guardians who refuse to remove their children from the facility when directed by the child care facility operator for failures to comply with immunization requirements are guilty of a misdemeanor (NRS 432.280).

AGE AT ENTRY	VACCINES REQUIRED	DOSES REQUIRED
Younger than 2 months	None <i>Note: Birth dose Hep B is a valid dose</i>	0
2-3 months	DTaP/DTP/DT	1
	HepB	1
	IPV	1
	Hib	1
	PCV 13	1

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Addendum V

4-5 months	DTaP/DTP/DT	2
	HepB	2
	IPV	2
	Hib	2
	PCV 13	2
6-11 months	DTaP/DTP/DT	3
	HepB	3
	IPV	3
	Hib	2-3
	PCV 13	3
12-14 months	DTaP/DTP/DT	3
	HepB	3
	IPV	3
	Hib	3-4
	PCV 13	4
	Hep A	1
	MMR	1
15-17 months	DTaP/DTP/DT	4
	HepB	3
	IPV	3
	Hib	3-4
	PCV 13	4
	Hep A	1
	MMR	1
18- months-3 years 11 months	DTaP/DTP/DT	4
	HepB	3
	IPV	3
	Hib	3-4
	PCV 13	4
	Hep A	2
	MMR	1
4 years	DTaP/DTP/DT	5
	HepB	3
	IPV	4
	Hib	3-4
	PCV 13	4
	Hep A	2
	MMR	2
	VAR	2

Vaccine	Routine Schedule (Required for childcare)	'Minimum' Interval/Age Requirements	Exceptions/Other
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Washoe County Human Services Department

Regulations for Child Care Facilities

Addendum V

DTaP (Diphtheria, Tetanus, acellular Pertussis), Brand names: Infanrix, Daptacel Combo vaccines: Pediarix (DTaP-Hep B-IPV) Pentacel (DTaP-IPV/Hib) Kinrix (DTaP-IPV) DT (Diphtheria, Tetanus)	Dose 1: 2 months (2 mo) Dose 2: 4 months (4 mo) Dose 3: 6 months (6 mo) Dose 4: 15-18 months (required at 15 months) Dose 5: 4-6 years (required at 4 years old)	- At least 6 weeks old at dose 1 4 weeks between dose 1 & 2 4 weeks between dose 2 & 3 6 months between dose 3 & 4* 6 months between dose 4 & 5	5th dose not necessary if 4th dose received on or after the 4th birthday and at least 6 months between dose 3 and dose 4 - Dose 4 can be given as early as 12 months of age and at least 6 months between dose 3 and dose 4 *Dose 4 is valid and does not need to be repeated if given at least 4 months after dose 3 - DT is only used for children with medical contraindication to Pertussis vaccine and requires a "Medical exemption"
IPV (Inactivated Polio Vaccine) Brand Names: Ipol Combo vaccines: Pediarix (DTaP-Hep B-IPV) Pentacel (DTaP-IPV/Hib) Kinrix (DTaP-IPV)	Dose 1: 2 months (2 mo) Dose 2: 4 months (4 mo) Dose 3: 6-18 months (required at 6 months) Dose 4: 4-6 years (required at 4 years old)	- At least 6 weeks old at dose 1 4 weeks between dose 1 & 2 4 weeks between dose 2 & 3 6 months between dose 3 & 4	4th dose not necessary if 3rd dose received on or after the 4th birthday, and at least 6 months between dose 2 and dose 3 - Last dose must be on or after the 4th birthday and 6 months from the previous dose regardless of the # of previous doses - Starting April 1, 2016, OPV doses given worldwide are not valid in the US (not trivalent)
Hib (Haemophilus Influenzae Type B) Brand names: ActHIB (PRP-T): 4 doses PedvaxHIB (PRP-OMP): 3 doses Combination vaccines: Pentacel (DTaP-IPV/Hib)	Dose 1: 2 months (2 mo) Dose 2: 4 months (4 mo) Dose 3: 6 months (6 mo) Dose 4: 12-15 months (required at 12 months)	- At least 6 weeks old at dose 1 4 weeks between dose 1 & 2 4 weeks between dose 2 & 3 8 weeks between dose 3 & 4 - Minimum age for last dose is 12 months of age - Maximum age for routine vaccination is 4 years of age - Minimum interval between last 2 doses in the series is 8 weeks	- ActHIB (PRP-T) Unvaccinated children 7 months or older require fewer doses to complete series - PedvaxHIB (PRP-OMP) Unvaccinated children 12 months or older require fewer doses to complete series - If PedvaxHIB was used for dose 1 and 2, dose 3 is not required until 12 months 4 doses are required to complete the Hib series if a combination of Hib (PRP-T and PRP-OMP) vaccines are used - If at least 1 dose was received on or after 15 months of age, no further doses are needed - Not required for childcare for children 5 years or older
HAV (Hepatitis A) Brand names: Havrix and VAQTA	Dose 1: 12-23 months (required at 12 months) Dose 2: 18-23 months (required at 18 months)	- Minimum age for dose 1 is 12 months 6 months between dose 1 & 2	

Washoe County Human Services Department

Regulations for Child Care Facilities

Addendum V

Vaccine	Routine Schedule (Required for childcare)	'Minimum' Interval/Age Requirements	Exceptions/Other
HBV (Hepatitis B) Brand names: Engerix-B Recombivax HB Combination vaccines: Pediarix (DTaP-Hep B-IPV)	Dose 1: Birth <i>(required at 2 months)</i> Dose 2: 1-2 months <i>(required at 4 months)</i> Dose 3: 6-18 months <i>(required at 6 months)</i>	• 4 weeks between dose 1 & 2 • 8 weeks between dose 2 & 3 • 16 weeks between dose 1 & 3 • Must be 6 months old or at least 24 weeks at dose 3	• 4 doses maybe given if combination vaccines have been used (birth dose plus Pediarix) • If dose 1 given at birth and dose 2 at 2 months, dose 3 is not required until 6 months of age
PCV-7/PCV-13 (Pneumococcal Conjugate Vaccine) Brand names: Prenar (PCV7) Prenar (PCV13)	Dose 1: 2 months (2 mo) Dose 2: 4 months (4 mo) Dose 3: 6 months (6 mo) Dose 4: 12-15 months <i>(required at 12 months)</i>	• At least 6 weeks old at dose 1 • 4 weeks between dose 1 & 2 • 4 weeks between dose 2 & 3 • 8 weeks between dose 3 & 4 • Minimum age for last dose is 12 months of age • Maximum age for routine vaccination is 4 years of age • Minimum interval between last 2 doses in the series is 8 weeks	• Unvaccinated children 7 months or older require fewer doses to complete series • If at least 1 dose was received on or after 2 years of age, no further doses are needed • Not required for childcare for children 5 years or older
MMR (Measles, Mumps and Rubella) Brand name: M-M-R II Combination vaccines: ProQuad (MMRV)	Dose 1: 12-15 months <i>(required at 12 months)</i> Dose 2: 4-6 years <i>(required at 4 years)</i>	• 4 weeks between dose 1 & 2 • Minimum age for dose 1 is 12 months of age • Minimum age for dose 2 is 13 months of age	• 2nd dose given before age 4 years is acceptable as long as there has been 4 weeks between dose 1 and dose 2, no dose needed at age 4 • If dose 1 given before 12 months of age, the dose is <i>invalid</i> and must be repeated at or after 12 months of age and there has been at least 4 weeks from the previous dose
VZV (Chickenpox) Brand names: Varivax (VAR) Combination vaccines: ProQuad (MMRV)	Dose 1: 12-15 months <i>(required at 12 months)</i> Dose 2: 4-6 years <i>(required at 4 years)</i>	• 3 months between dose 1 and dose 2 for children 12 months to 12 years of age • Minimum age for dose 1 is 12 months of age • Minimum age for dose 2 is 15 months of age	• 2nd dose given before age 4 years is acceptable as long as there has been 4 weeks between dose 1 and dose 2, no dose needed at age 4 • If dose 1 given before 12 months of age, the dose is <i>invalid</i> and must be repeated at or after 12 months of age and there has been at least 12 weeks from the previous dose • Parental history of disease is <i>not</i> acceptable • Parents must submit proof of immunity to Varicella to be exempted: ➢ Laboratory evidence of immunity or laboratory confirmation of disease ➢ A healthcare provider's diagnosis of Varicella or verification of history of Varicella

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VI

LIST OF REPORTABLE DISEASES AND CONDITIONS - Referred to in Subsections 22.5 and 26.15 of the Regulations

- * MUST REPORT IMMEDIATELY - anytime, day or night, including weekends and holidays, by calling (775) 328-2447.
- † Must report when suspect

Washoe County Health District
P.O. Box 11130, Reno, Nevada 89520
Telephone No. 328-2447 FAX 328-3764

- | | |
|---|--|
| AIDS | † Measles (rubeola) |
| Amebiasis | Meningitis (specify type) |
| Anaplasmosis | * † Meningococcal disease |
| Animal bite from a rabies susceptible species | Mumps |
| * † Anthrax | * † Outbreak, All (E.G. Foodborne, Norovirus) |
| * † Botulism | Pertussis |
| Brucellosis | * † Plague |
| Campylobacteriosis | * † Poliomyelitis |
| Chancroid | Psittacosis |
| Chlamydia | Q Fever |
| Cholera | Rabies, animal |
| Coccidioidomycosis | * † Rabies, human |
| Cryptosporidiosis | Relapsing Fever |
| † Diphtheria | Respiratory Syncytial Virus Infection (RSV) |
| Ehrlichiosis | Rotavirus infection |
| Encephalitis | † Rubella (including congenital) |
| Enterohemorrhagic <i>Escherichia coli</i> (shiga toxin-producing <i>E. coli</i> , including <i>E. coli</i> O157:H7) | Salmonellosis |
| * † Extraordinary occurrence of illness | Severe Reaction to Immunization |
| Giardiasis | Shigellosis |
| Gonorrhea | Spotted fever rickettsioses (including Rocky Mountain Spotted Fever) |
| Granuloma inguinale | <i>Staphylococcus aureus</i> (vancomycin – intermediate or vancomycin-resistant) |
| <i>Haemophilus influenzae</i> (invasive) | <i>Streptococcus pneumoniae</i> (invasive) |
| Hansen's Disease (leprosy) | Syphilis (including congenital) |
| Hantavirus | Tetanus |
| Hemolytic-uremic syndrome (HUS) | Toxic Shock Syndrome |
| Hepatitis A, B, C, Delta, E, unspecified | Trichinosis |
| HIV infection | † Tuberculosis |
| | * † Tularemia |

(Continued on next page)

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VI

* † Illness known or suspected to be the result
of intentional transmission or bioterrorism

Influenza

Legionellosis

Leptospirosis

Listeriosis

Lyme Disease

Lymphogranuloma venereum

Malaria

Streptococcus pneumoniae (invasive)

Syphilis (including congenital)

Tetanus

Typhoid Fever

Vibriosis

* † Viral Hemorrhagic Fever

West Nile Virus

Yellow Fever

Yersiniosis

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VII

INFORMATION ON NUTRITION - Referred to in Section 27 of the Regulations

Infant Meal Pattern

Breakfast		
<i>Birth through 3 Months</i>	<i>4 through 7 Months</i>	<i>8 through 11 Months</i>
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk; ^{2,3} 0-3 tablespoons of infant cereal ^{1,4}	6-8 fluid ounces of formula ¹ or breastmilk; ^{2,3} and 2-4 tablespoons of infant cereal; ¹ and 1-4 tablespoons of fruit or vegetable or both

¹ Infant formula and dry infant cereal must be iron-fortified.

² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VII

Infant Meal Pattern

Lunch or Supper		
<i>Birth through 3 Months</i>	<i>4 through 7 Months</i>	<i>8 through 11 Months</i>
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk; ^{2,3} 0-3 tablespoons of infant cereal; ^{1,4} and 0-3 tablespoons of fruit or vegetable or both ⁴	6-8 fluid ounces of formula ¹ or breastmilk; ^{2,3} 2-4 tablespoons of infant cereal; ¹ and/or 1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or 1/2-2 ounces of cheese; or 1-4 ounces (volume) of cottage cheese; or 1-4 ounces (weight) of cheese food or cheese spread; and 1-4 tablespoons of fruit or vegetable or both

¹ Infant formula and dry infant cereal must be iron-fortified.
² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.
³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breastmilk offered if the infant is still hungry.
⁴ A serving of this component is required when the infant is developmentally ready to accept it.

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VII

Infant Meal Pattern

Snack		
<i>Birth through 3 Months</i>	<i>4 through 7 Months</i>	<i>8 through 11 Months</i>
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	2-4 fluid ounces of formula ¹ or breastmilk, ^{2,3} or fruit juice, ⁵ and 0-1½ bread ^{4, 6} or 0-2 crackers ^{4, 6}
¹ Infant formula and dry infant cereal must be iron-fortified. ² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. ³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breastmilk offered if the infant is still hungry. ⁴ A serving of this component is required when the infant is developmentally ready to accept it. ⁵ Fruit juice must be full-strength. ⁶ A serving of this component must be made from whole-grain or enriched meal or flour.		

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VII



United States Department of Agriculture

CHILD MEAL PATTERN

Breakfast (Select all three components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both ⁴	¼ cup	½ cup	½ cup	½ cup
Grains (oz eq) ^{5,6,7}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9}				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅓ cup	⅓ cup	¾ cup	¾ cup

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VII

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁶ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving size specified in this Section for ready-to-eat breakfast cereals must be served.

Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is $\frac{1}{4}$ cup for children ages 1-2; $\frac{1}{3}$ cup for children ages 3-5; and $\frac{3}{4}$ cup for children ages 6-12.

CHILD MEAL PATTERN

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products ⁴	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)				
	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%

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Vegetables⁶	1/8 cup	1/4 cup	1/2 cup	1/2 cup
Fruits^{6,7}	1/8 cup	1/4 cup	1/2 cup	1/2 cup
Grains (oz eq)^{8,9}				
Whole grain-rich or enriched bread	1/2 slice	1/2 slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	1/2 serving	1/2 serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup

Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

⁹ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.

¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

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Regulations for Child Care Facilities

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CHILD MEAL PATTERN

Snack (Select two of the five components for a reimbursable snack)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products ⁴	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅔ cup	⅔ cup	¾ cup	¾ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp	2 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
Vegetables ⁶	½ cup	½ cup	¾ cup	¾ cup
Fruits ⁶	½ cup	½ cup	¾ cup	¾ cup
Grains (oz eq) ^{7,8}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving

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Whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{9,10}				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	½ cup	½ cup	¾ cup	¾ cup

¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁸ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

¹⁰ Beginning October 1, 2019, the minimum serving sizes specified in this Section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-1

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum VIII

SUGGESTED FIRST AID KIT CHECKLIST

An **information sheet** with the following information:

EMS telephone number
Ambulance telephone number
Fire and/or rescue number
Name and address of Emergency Shelter
Information to be given over the phone

Police telephone number
Hospital telephone number

First Aid Booklet
CPR Instructions

Supplies:

_____ One package of 4 x 4 dressing
_____ One package of 2 x 2 dressing
_____ Kling 2" and 3" bandage
_____ Ace 3" bandage
_____ Scissors
_____ Antibacterial Ointment
_____ Pocket mask
_____ Non-glass thermometer
_____ Cold Pack
_____ Water

_____ Band aids
_____ Butterflies
_____ Eye patches (pediatric sizes)
_____ Tape
_____ Tweezers
_____ Liquid soap
_____ Disposable gloves
_____ Safety Pins
_____ Coins for pay phone
_____ Small plastic or metal splints

The facility should maintain at least one readily available first aid kit. Each kit should be a closed container for storing first aid supplies, accessible to child care staff at all times but out of reach of children.

PLAYGROUND SAFETY CHECKLIST

1. Make sure surfaces around playground equipment have at least 12 inches of wood chips, mulch, sand, or pea gravel, or mats made of safety-tested rubber or rubber-like materials.
2. Check that protective surfacing extends at least 6 feet in all directions from play equipment. For swings, be sure surfacing extends, in back and front, twice the height of the suspending bar.
3. Make sure play structures more than 30 inches high are spaced at least 9 feet apart.
4. Check for dangerous hardware, like open 'S' hooks or protruding bolt ends.
5. Make sure spaces that could trap children, such as openings in guardrails or between ladder rungs, measure less than 3.5 inches or more than 9 inches.
6. Check for sharp points or edges in equipment.
7. Look out for tripping hazards, like exposed concrete footings, tree stumps, and rocks.
8. Make sure elevated surfaces, like platforms and ramps, have guardrails to prevent falls.
9. Check playgrounds regularly to see that equipment and surfacing are in good condition.
10. Carefully supervise children on playgrounds to make sure they are safe.

Reprinted from material from the United States Consumer Products Safety Commission (CPSC).
1-800-638-2772, <http://www.cpsc.gov>

HOW TO MIX BLEACH SOLUTIONS

How to Mix 8.25% Household Bleach Solutions with Water

Solution	General Sanitization		Disinfection For Spills of Blood or Blood-Containing Body Fluids (CDC Recommendation)	
Purpose	 Use to sanitize toys, tables, diaper changing tables, cribs, sleeping mats, etc.		 Use to disinfect surfaces that have come into contact with blood/blood containing body fluids. Use to disinfect surfaces that will not have contact with food or the mouth (e.g. floors, etc.)	
Item	Water	Bleach	Water	Bleach
Amount	1 gallon	3 Tablespoons	1 gallon	1 ½ Cups
	1 quart	2 teaspoons		
	1 pint	1 teaspoon		

NOTE:

- **Never mix bleach with ammonia or any other cleaning agent! Toxic gases or acids are produced which will cause choking, serious breathing problems, burns to skin and respiratory system.**
- Make solutions fresh daily, use non-scented bleach, label with date and contents.
- Store bleach out of reach of children.
- **FOR NOROVIRUS:** 1 gallon water to 6Tbsp bleach (1 quart to 4 teaspoons, etc.)

WASH AND RINSE BEFORE YOU SANITIZE OR DISINFECT!!

Washoe County Human Services Agency

Regulations for Child Care Facilities

Addendum XI

CLEANING AND SANITIZING GUIDELINES FOR SPECIFIC ITEMS

All items must be cleaned with soap or detergent and water; then rinsed before sanitizing or disinfecting.

Area	Items to be Cleaned	Clean	Sanitize	Frequency
Classrooms / Child Care / Food Areas	Uncarpeted floors	X	X	Swept and mopped daily and when soiled
	Tabletops used for eating	X	X	Before and after contact with food activity.
	Surfaces and toys that go into the mouth or have been in contact with saliva	X	X	After each child's use, or use disposable, one-time utensils or toys.
	Bottles, bottle caps, nipples, pacifiers, teething toys	X	X	After each use. Clean insides of bottles, caps & nipples with a bottle brush & soapy water; squirt water through nipple, sanitize after each cleaning.
	Thermometers	X	X	After each use.
	High chair trays	X	X	At least daily and when soiled.
	Toys in rooms where older, non-diapered children are cared for	X	X	Weekly or sooner if soiled.
	Frequently touched toys in rooms in which infants and toddlers are cared for	X	X	Daily or sooner if soiled.
	Sleeping devices including cribs, crib mattresses, portable cribs and playpens	X	X	Weekly, before use by a different child, and whenever soiled or wet.
	Phone receivers	X	X	Weekly
	Water play table	X	X	Before adding water to table, discard after play done. Let air dry after sanitizing.
	Dress-up clothes not worn on the head. Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, wash cloth and machine-washable cloth toys. (None of these items should be shared between children.)	X		Laundry machine washable items and place into a hot dryer weekly or sooner if soiled. During lice or similar infestation such items shall not be used.
	Carpets and large area rugs	X		Vacuum daily when children are not present. Clean carpets only when children will not be present until the carpet is dry. Clean carpets every three months or more often if necessary.
	Small rugs	X		Shake outdoors or vacuum daily, launder weekly.
	Hats	X		After each child's use or use disposable hats that only one child wears.
Toilet & Diapering Areas	Hand washing sinks, faucets, surrounding counters, soap dispensers, door knobs	X	X	Daily and when soiled.
	Toilet seats, toilet handles, door knobs or cubicle handles, bathroom floors	X	X	Daily, or immediately if visibly soiled.
	Toilet bowls	X	X	Daily.
	Changing tables, potty chairs (use of potty chairs in child care is discouraged because of high risk of contamination).	X	X	After each child's use.
General Facility	Mops	X	X	Before and after a day of use, wash mops in detergent and water, rinse in water, immerse in sanitizing solution, and wring out as dry as possible. After cleaning and sanitizing, hang mops or rags to dry.
	Cleaning rags	X	X	Laundry rags separately after each use. Place used rags in a receptacle with a tight fitting lid.
	Wade pools	X	X	Empty, clean and disinfect after each use.
	Waste and diaper containers	X	X	Daily and when visibly soiled.
	Any surface contaminated with body fluids: saliva, mucus, vomit, urine, or stool	X	X	Immediately after each soiling.

Adapted from: *Caring for Our Children: National Health and Safety Performance Standards*. American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care, 2011.
Infectious Diseases in Child Care Settings: Information for Directors, Caregivers, Parents & Guardians, and School Health Staff, Hennepin County Community Health Department, 2003.

